

Active Prospects

Community Prospects

Inspection report

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07 July 2022

15 July 2022

26 July 2022

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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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Community Prospects is a service providing care to people in several supported living settings and to people in their own homes. The service is registered to provide care to autistic people, people with a learning disability, mental health conditions and older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 15 people receiving personal care across eight different locations at the time of the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

Staff supported people to live as independently as possible and be in control of their daily lives. People were supported by staff to take up paid employment which helped them to maintain their independence and reduce the level of support they required from staff. People were provided with a choice in all their decision-making and families were involved where they wanted to be. People's risks in relation to their care were managed well. Staff understood how to maintain and improve people's independence, including taking positive risks. There were sufficient staff to meet people's needs and their individual one-to-one hours were met. We were assured that the service were following good infection prevention and control (IPC) procedures to keep people safe.

Right Care:

People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. People told us that the care they received was consistent and that staff knew them well. Service managers tried to match people with carers of their choice wherever possible. Kitchen areas were always accessible to people and they were able to choose their meals with appropriate support from staff. People's right to privacy was respected and staff encouraged people to regularly provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences, challenges and hobbies. People's preferences and abilities in relation to oral care were recorded clearly in care plans. Services were located in residential streets and there were no outward signs to differentiate them from neighbouring properties.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Right Culture:

The culture of the service was open, inclusive and empowered people to live independent lives. The service was exceptionally well-led from the top and feedback from people, their relatives, staff, healthcare professionals and the systems in place reflected this. People and their relatives felt their ideas and concerns would be listened to by management. People told us they felt that staff had helped them become more confident and independent. Management had undertaken regular audits to look at ways of improving the service and identifying issues. Staff were complimentary about the management of the service, felt valued and told us they were able to raise concerns with the manager. Staff were encouraged by management to undertake training and were encouraged to follow a career path should they wish to. Management had worked exceptionally closely with healthcare professionals to achieve positive outcomes for people. This included setting up a Proactive Community for people and chaired by people. Management had engaged people who used the service and staff in different projects to tackle current healthcare challenges, such as obesity affecting people with learning disabilities and working with external organisations to create a healthy eating mobile phone application. People who used the service were actively encouraged to attend and contribute to staff training sessions.

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

Rating at last inspection

This service was registered with us on 29 August 2019 and this is the first inspection at this address. The last rating for the service at the previous premises was good published on 29 November 2016.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on the date it registered with the Care Quality Commission.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Community Prospects

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 team consisted of two inspectors.

Service and service type

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

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 were two registered managers in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 5 July 2022 and ended on 26 July 2022. We visited the location's services and people's homes where a regulated activity was taking place on 5, 6, 7 and 15 July 2022.

What we did before the inspection

We reviewed information we held about the service since its registration at the current address. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We reviewed six people's care records and five people's medication administration records. We spoke with 12 members of staff including one of the registered managers, an administrator, the head of quality, supported living service managers, assistant service managers, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed interactions between staff and people who used the service. We received feedback from six healthcare professionals who regularly worked with the service. We reviewed five staff recruitment files.

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; Learning lessons when things go wrong

- There were systems and processes in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe when being supported by staff. One person told us, "I feel safe. I always get the help I need." A relative told us, "It's always been safe there." Another relative told us, "Yes, [person] is safe there."
- Staff understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "There is nine types [including] physical abuse and financial abuse. Any kind of being rough. If I witnessed that, it would be reported straight away." Another member of staff told us, "Physical for instance, if you come in and the person has a mark on the body. You report to the manager or if it was the manager, then you report to CQC."
- Staff had received regular training for safeguarding and whistleblowing. Staff had discussed safeguarding incidents at meetings and looked at lessons that could be learnt to reduce the risk of them happening again. One member of staff told us, "Safeguarding [training]– I have had it." Another member of staff told us, "Yes, we're always talking about incidents when we have meetings. There is always something different we could try."
- The provider undertook a regular analysis of accidents and incidents and looked at steps to reduce the risk of them happening again and any lessons which could be learnt.
- The provider had created a handbook 'to enable managers to be aware of their own responsibilities within local and national policies and guidance when managing cases of suspected adult abuse using the multi-disciplinary approach'. This gave managers the necessary information required when responding to alerts of suspected abuse.

Assessing risk, safety monitoring and management

- People and their relatives told us that staff took steps to identify risks to people and looked at ways of reducing these. People were involved in the development of risk reducing strategies. One person told us, "I know my early warning signs and my triggers. I know how to ask for help and they know me." A relative told us, "When [person] used to become a bit agitated, they knew what to do."
- Staff told us they knew risks associated with people's care and the steps they should take to reduce these. One member of staff told us, "Both the people we support have epilepsy, so I have done epilepsy training."
- Care records included clear instructions for staff on what to do in order to reduce risks associated with people's care. For example, where a person had issues with their skin, there was information on which soap to use specifically for the person's skin. Where a person was living with epilepsy, there was detailed information on how the person may present in the build up to a seizure and the steps staff should follow to reduce the risk of injury.

- People had positive behaviour support (PBS) plans and the service had a PBS specialist who advised staff on the steps that could be taken to reduce the risk of behaviours that may challenge staff. The PBS specialist completed comprehensive plans which included person-centred background information, mental capacity considerations, crisis phase risk management and the views of the individual. The plans provided staff and healthcare professionals with the information of the specific behaviours and preventative strategies, such as observing the individual for reactions to certain noises and odours and meant instances of behaviours of concern were reduced by identifying them early.
- The provider had a business continuity plan to ensure people would continue to receive a service if there was an emergency. We saw training in relation to business continuity planning which was delivered by the provider to all service managers. This was done to ensure that key contacts, staffing resources and local information were included in the planning.

Staffing and recruitment

- People and their relatives told us there were sufficient staff employed at the service to meet their needs. One person told us, "I can go to them and they will help me straight away." A relative told us, "There's more than enough staff." Another relative told us, "[Person] never had to wait for one of the carers."
- We observed there were sufficient staff to meet people's needs during the inspection. People did not appear rushed and one-to-one hours were being met. Where people required further one-to-one hours, the provider worked with the local authority to review the number of hours available. One person told us, "They're really supportive. They've been flexible."
- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were appropriately supported by staff to take their prescribed medicines. Medicines were received, stored, administered and disposed of safely. People had medication administration records (MARs) in place. MAR folders included a recent photograph of the person, stock balances, allergies, the prescribing GP's details and where to apply topical medicines (medicines that are applied to the skin).
- Where people were prescribed 'as required' (PRN) medicines, there were clear protocols in place for staff to follow. This included the maximum dose, the time intervals between doses and how to spot that the medicine may be required.
- The provider had systems in place to regularly audit MARs and address shortfalls. We saw that the audits were dynamic and where the provider was made aware of areas of improvement, these were included as part of the auditing process in order to improve the management of medicines across the organisation. Actions identified were addressed immediately and the provider communicated with staff to ensure any learning was embedded.
- People were supported to self-administer medicines and staff provided them with the appropriate tools to do so. One person told us, "I want to get my tablets back in control of me. It's that extra bit of independence. They think I'm very capable of doing it."
- Staff had undertaken training and competency checks to administer medicines. One member of staff told us, "We have to do a test before we give out any medication."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were asked to undertake a rapid test for COVID-19 and return a negative result prior to entering a supported living service. We were assured that relatives and other visitors were able to visit at a time that suited them.

Staff helped facilitate visits where this was necessary.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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's healthcare and social care needs were assessed in a person-centred and holistic way to ensure staff were able to support the person appropriately. Assessments included information on people's social care needs to reduce the risk of isolation, medical conditions, preferred communication methods and behaviours that may challenge staff. Assessments also included information on who was important to the person and how they wished to stay in contact with their loved ones.
- Relatives told us they felt the assessment process was thorough and ensured people's needs could be met. Assessments included information on the person's future ambitions and goals in relation to living independently once they felt confident to do so with the support of staff. One relative told us, "Absolutely, they made sure they could care for [person]."
- The provider was aware of their responsibility to deliver care in line with national guidance and legislation. Care was delivered in line with legislation and we saw this from care and training records we reviewed which referenced CQC Regulations, the Care Act 2014 and the Equality Act 2010.
- Staff were provided with training which incorporated the Right Support, Right Care, Right Culture guidance and current guidance from the National Institute for Clinical Excellence (NICE). This meant all staff providing support for a person with learning disabilities and/or autism had undertaken the relevant training.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff had the skills, experience and training to provide effective care. One person told us, "They do know how to do the job and they're [my] friends." A relative told us, "The clinical director ran person-centred training sessions [specifically for relatives]."
- Staff told us they had received induction training, refreshers and competency checks. Training was delivered in an engaging way and people who used the service were involved in the delivery. One member of staff told us, "The training was very sufficient. It's not your standard training. The trainer kept the room engaged in training." Another member of staff told us, "My induction was informative. This was a whole different domain. I was given all of the information and the coaching I required."
- Staff had undertaken relevant training to support people with learning disabilities and/or autism.
- Managers had regularly undertaken supervisions with staff to provide support and monitor performance. One member of staff told us, "I've got supervisions with [manager]. Active Prospects have offered me an NVQ (National Vocational Qualification)."

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

- People were encouraged to maintain a nutritionally balanced diet whilst their choice to have an alternative diet was respected. Staff supported people appropriately with their meal preparations. Relatives told us staff encouraged people to increase their independence. One relative told us, "They made [person] as independent as [they] could be. I've got pictures of [person] making pizzas."
- Staff told us they understood their role and responsibilities in supporting people to maintain a balanced diet. One member of staff told us, "We have a rolling two-week meal plan and for each meal there's two options, but they can choose something else."
- Where there were concerns with people's dietary intake or swallowing, there were systems in place to make referrals to relevant healthcare professionals and inform loved ones.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us that they were able to access healthcare services with the support of staff. One person told us, "I can book the doctor myself. If I can't then they would book appointments for me." A relative told us, "Recently, we've been discussing an issue around health concerns at length. I will go to the next appointment to the doctor with the support worker." Another relative told us, "They were on top of everything. If it wasn't the GP then it was the hospital. They were always on top of that."
- People were encouraged to have regular reviews with healthcare professionals and there were assessments in place on how best to support the individual to attend appointments. Where people declined to see a healthcare professional, this was documented in their care records.
- We saw in care records that staff had referred people to relevant healthcare professionals, such as the community team for people with learning disabilities and physiotherapists.
- People's teeth and mouth care needs and preferences were clearly recorded in care plans. For example, we saw in care plans details of which toothpaste and toothbrush people preferred, and how staff could encourage them to regularly brush their teeth and attend the dentist.
- People had a separate tenancy agreement and care agreement. People and their relatives were informed that they were able to change care providers as the premises and the care agreement were separately provided. We saw that this was the case where one person wished to use a different care provider but continued to live in premises operated by the provider. People and their relatives were provided with a tenant handbook which highlighted their rights and what people could expect.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care was being provided in line with the principles of the MCA. People's relatives and advocates acted on behalf of people where they were unable to make informed decisions. A relative told us, "As court appointed deputy, I am involved in medical and welfare discussions. We speak regularly about [person]."
- We observed staff seeking consent prior to assisting people with tasks and respecting their wishes where they chose not to participate.
- Staff had undertaken training on the MCA and understood the principles of the framework and how to apply this to their day-to-day work. One member of staff told us, "We always try the least restrictive option."
- We saw in care records that appropriate authorities had been informed of changes to people's capacity in relation to specific decisions. Staff had worked together with relevant healthcare professionals in order to provide appropriate support to people.

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 and their relatives told us they were treated well by staff who respected them and knew them well. One person told us, "They are very kind and caring, definitely. It's the greatest support I've had." Another person told us, "They are friendly bunch of people." A relative told us, "They're all very kind and knowledgeable about [person] which is what it's all about."
- We observed kind and caring interactions between people who used the service and staff. People appeared to be at ease and staff were polite, spoke in a respectful manner and supported people appropriately.
- Staff had undertaken training for 'Equity, Diversity and Inclusion' which included discussing everyday behaviours and language that could have a positive impact on people. The training provided staff with the knowledge around relevant legislation such as the Equality Act 2010.
- People's care plans included information on people's preferred pronouns and sexual preferences, and staff wore badges which told people and colleagues what their preferred pronouns were.
- Where people had specific cultural or individual needs, they were supported with these by staff. For example, care plans included information on people's religious needs, to what extent they would like to follow their religion and how they wished to be supported by staff.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were respected and treated with dignity by staff. One relative told us, "They've always been very respectful towards [person]."
- People's right to privacy was respected and we observed staff gently encouraging people to attend an activity but respecting their wishes when they chose to remain in the comfort of their own room. People's information was kept securely and only accessible by those people authorised to do so.
- Staff encouraged and supported people to be as independent as possible. People told us staff had supported them to take up paid employment and plan for trips to be taken independently or with remote support from staff. For example, one person's funded support hours were reduced as a result of gaining further independence with the support of staff. This had a positive impact to encourage the individual to become further independent.

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

- People and their relatives were involved in decisions relating to their care. One person told us, "I am fully involved." A relative told us, "We speak regularly. They're very approachable."

- We reviewed care plans which showed that people who used the service and their relatives had been involved in their care planning. For example, where a person's family wished to be involved closely in the care of their loved one, this was clearly recorded together with the information staff required if they needed to contact them.
- Staff worked with independent advocacy services where this was required. Independent advocates are those who speak up on people's behalf when needed, for example if they have no family members able to do so.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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's care and support was planned to meet their individual needs and preferences. People had individual allocated one-to-one hours which they were able to utilise in accordance with their preferred schedules. Spiritual, cultural and religious needs were documented and staff provided the support to meet these. One person told us, "We do go through my care plan. I am involved in it always. We always sit down with my keyworker and we do the care plan together."
- People's goals were recorded and regularly reviewed with the individual, relatives and the person's key worker. One person told us, "I have shot up since they've been helping me. My next step is a studio flat." One relative told us, "I'm constantly asked, 'what do you think of this? Can we try this?' by his key worker: Trying a bigger range of activities and introducing [person] to newer things." Another relative told us, "I know [manager] wants to keep instilling that to try and encourage [person]."
- People had weekly timetables in place and were encouraged and supported to take up paid employment. Timetables were developed with a focus on people's interests and involved the person, their relatives, healthcare professionals and staff.
- Staff had supported people to adjust their financial assistance once they had started earning their own income. One person told us, "I had to do a PW1 (Department for Work and Pensions permitted work) form. We did it together." This helped people to live a more independent life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed and recorded in their care plans. Where communication needs and support were identified, this was clearly highlighted in care plans with steps for staff to follow in order to support the individual. For example, where a person was unable to respond to staff verbally, there was detailed information for staff on which communication systems were preferred including using objects of reference.
- Communication passports were in place for people which informed staff of the preferred communication method of the individual. These included trigger words to avoid and how to ensure staff were actively

listening and responding. One relative told us, "I gave them a phonetic dictionary. I've been really happy with that. They've asked if they don't know something or if they're not sure."

- Staff ensured up to date information was available to people in a format they could understand. Care records, policies and procedures were available in various formats according to people's needs, including pictorial, easy to read and large print.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt the provider took complaints and concerns seriously and acted appropriately in response. One person told us, "They are good at sorting it out, so it's quite rare to raise it again." A relative told us, "I felt any concerns I had, they managed very well."

- The provider had responded to complaints and involved an independent third party to investigate where this was appropriate. The provider had shared concerns, complaints and any action taken as a result with the person, relatives and the local authority.

End of life care and support

- The service was not providing people with end of life care at the time of the inspection. Where people and their relatives wished to discuss end of life care provisions and preferences, they were supported by staff to make arrangements according to their wishes.

- Care records included an 'after the funeral ceremony' plan which detailed preferences in relation to funeral arrangements and how the individual would like to be remembered.

- Relatives told us staff were compassionate in caring for their loved ones at the end of their lives and senior management showed exceptional understanding of the impact on other people who used the service and staff when someone had passed away. We have reported on this in the well-led section of this report. One relative told us, "They were fantastic. Ten of them (staff) came to [person's] funeral. One of the other residents came because [person] was very close to [person who had passed away]. They all came to the funeral. It meant a lot to us."

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 outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider's vision was about empowering people to lead aspiring and independent lives and this was reflected in the feedback we received. One person told us, "They sit me down and try to talk and see what's going on and we come up with a solution. Having Active Prospects - It does make a difference. It helps me to be independent. It's a support but it's also a friend who is near so I can talk to them about my problems and we can resolve them. They've been brilliant with leading aspiring lives, because that's what they do, and they do it well." Another person told us, "The staff are absolutely outstanding. They are respectful towards your wishes and concerns. They are so understanding. It gives me the drive to do it."
- People and their relatives told us the support they had received had been invaluable and that the service had an exceptionally positive impact on their lives. One relative told us, "I can't praise them enough. It's like I've been paid to say it. It's the best three years of [person's] life. I would recommend it so strongly. I trust them (management) and I am able to sleep at night." Another relative told us, "I feel very fortunate because I am very reassured. I would recommend them."
- Managers went to exceptional lengths to support people's mental health as well as their physical health. For example, managers supported an individual to make sure they could be accompanied by their pet who was very important to them. We were told by the person, "[Manager has] been helping me with the move situation. I've been let down by [other parties involved], so we've been trying to find out what we can do so I don't feel the loneliness. The [pet] is very important. They've (management) been brilliant."
- The provider's approach underpinned the way in which they wanted staff to support people, and senior managers knew people extremely well despite the number of services they operated. The provider's head of quality told us, "It is a way of ensuring people have as much choice and control as possible. It is a way of working; it is a way of thinking. Staff think and reflect about how people can be involved in managing their one care. It influences the culture about not being task-based but being person-centred." We found this to be the case during our inspection.
- Managers consistently showed exceptional compassion and placed people at the heart of what they did. In one instance, where an individual had passed away, senior managers looked for ways the individual could be remembered and how they could best support the person's friends following the death. This included organising a memorial for the individual and commissioning a headstone, so that friends and staff had a place to visit and remember the individual.
- Staff told us they knew who to approach with concerns about their wellbeing and that managers operated an open-door policy. One member of staff told us, "I wouldn't have stayed if the atmosphere, the wellbeing,

the work environment wasn't correct." Another member of staff told us, "I can go to [senior manager] for everything. [They have] really helped me with the coaching. Make sure we are on the same page. You can call them day or night."

- The provider had undertaken a project to understand new employee experiences, how to increase employee retention and maintain high standards of care. New employees were regularly interviewed once they had started their induction and the provider had plans to implement recommendations once the project was completed.
- Staff were extremely complimentary about the leadership and culture of the service. They told us they felt proud to be working for the organisation and people were at the heart of what they did. One member of staff told us, "They don't just let me carry it alone. There's teamwork. Management are very approachable" Another member of staff commented, "The atmosphere is really positive here. The people we support always come first." A third member of staff told us, "I am proud and I am lucky to work here."

Continuous learning and improving care

- The provider had worked closely with the local authority on a 'Whole Systems Approach to Obesity framework' and this was already showing results within the wider organisation, and was helping to shape the wider care within the social care system in Surrey by encouraging an individual-led approach to discussing weight management and making appropriate changes to lifestyles. A relative told us, "It's been absolutely amazing the progress. They've done really well with that. [Person is] drinking a green smoothie every day. I never believed they could have done that." A healthcare professional told us, "The framework has been driven alongside adults with lived experience, which has enabled the process to gain invaluable insight into the needs, wants and gaps in provision, to help shape and guide actions going forward. Active Prospects genuinely ensure that the people they support are heard, right from the very start."
- The provider placed particular emphasis on continuous improvement and involved people to improve care within the organisation and the wider system. The provider recognised that people with learning disabilities may be disproportionately affected by health inequalities. The provider undertook a project with local system partners to reduce health inequalities in people with learning disabilities which meant people's voices were being heard clearly and were affecting care delivery across the wider area. One healthcare professional told us, "I have found all the staff I have engaged with to be positive, professional and helpful and fair. They have demonstrated a passion for the work they do and a good relationship with their clients. It has been an excellent experience and I would not hesitate to work with them again."
- The provider had embedded robust auditing systems within the service. These identified issues in a timely fashion and the provider went to exceptional lengths to work with people who used the service, staff, local partners and independent parties to address any issues identified.
- The provider had a wider health and wellbeing strategy which was due to run until 2023. The purpose of the strategy was to give "opportunity for people to make their own decisions around their health and wellbeing, with informed choice and opportunity". The provider had worked with local NHS trusts and sponsors to develop workshops for people who used this service and people from other services across East Surrey. The workshops promoted 'keeping well and healthy' and everybody was invited. Topics included the menopause and menstruation and helped explain the biological processes to people and how they could seek support should they wish to.

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

- Expectations of staff were clearly communicated to them in order to maintain high standards of care and there were robust systems in place to make improvements where shortfalls were identified. One person who used the service told us, "They do know what they're doing." A member of staff told us, "They've (management) always been super approachable when I've had to ask them what to do. There's a system

and all the on-call numbers are there for staff to call."

- The provider had undertaken regular quality assurance reviews of the care provided and had robust systems in place. The questions in these reviews were developed in co-production with people who used the service. Parts of the auditing process were undertaken by people who used the service who had received specialist training as 'experts by experience' around how to carry out reviews and the kinds of things to look out for. Where actions were identified, there was a clear timeline by which to complete these, and more complex actions were added to the service annual plan or the service business plan.
- Senior managers and service managers placed emphasis on treating people and staff as individuals. This meant ensuring staff had undertaken relevant training and discussed what it meant to have an 'ordinary life', such as going to discos late in the evening.
- Staff had completed mandatory workshops which were designed to make staff understand that people deserve to live ordinary lives every day. For example, training highlighted to staff that a brief holiday once a year was not good enough if there was no meaningful engagement happening for the rest of the year. Staff were required to undertake this training and were encouraged to share their ideas on how to promote people's independence and engagement. We saw during the inspection that this was taking place, as people were getting ready to attend an annual awards ceremony organised by the provider which aimed to recognise staff and people's personal achievements. A relative told us, "[Person who used the service] was nominated for an award. They asked me if I would contribute."
- Staff told us they felt exceptionally supported and valued by management. There were career and upskilling pathways and staff were actively encouraged by managers to undertake nationally recognised qualifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service and the provider had set up a 'Proactive Community'. This involved holding regular meetings remotely across the provider's services and was chaired by people who used the service.
- Directors were part of the 'Proactive Community' meetings and ensured everyone who wished to participate was able to. For example, people had discussed taking part in an 'Active Prospects In Bloom' competition to create eco gardens which encouraged people to use their gardens. Everyone was welcome to join in wherever they lived and we saw staff actively supported people to create small, manageable areas in their gardens. The meetings were also used to discuss current healthcare issues with guest speakers, such as constipation and what steps people could take to prevent this.
- There was a strong organisational commitment and effective action had been taken towards ensuring that there was equality and inclusion across the organisation. People's differences were respected throughout the organisation and there was a clear strategy which placed emphasis on tackling "inequalities and promote equity, diversity and inclusion and human rights". One of the actions the provider committed to was to ensure properties and physical were "accessible and in good locations that support proactive and inclusive community engagement". We saw that this was the case and people were actively engaged in their local communities where they wished to.
- The provider had organised LGBTQIA Pride events and people had created 'bitesized' videos describing protected characteristics which raised awareness within the organisation and the local community. We saw in meeting minutes that staff had discussed how to support people who were coming out and concluded that "the individual is still that same person, just with a new perspective on part of their life."
- There were regular meetings for people who used the service and staff. These meetings were an opportunity to feed back on the service and people were empowered to speak up where they had ideas to improve the service. One person who used the service told us, "We have tenants' meetings. You can definitely say what's on your mind." Another person told us, "They are good at sorting problems out, so it's quite rare to raise it again." One member of staff told us, "The directors are approachable and we can always

debate things."

- People and their relatives told us they were sent regular surveys seeking feedback and we reviewed surveys in different formats in a way people could understand, such as easy read. Action was taken by the provider where issues were identified, and the provider communicated openly with all interested parties to let them know the outcome. One relative told us, "I got their annual feedback form, but they ask for feedback on the phone anyway."
- Healthcare professionals were complimentary about the service and had worked closely with them to achieve positive outcomes for people. One healthcare professional commented, "staff [were] highly professional and treated other professionals, members, and support workers with the upmost respect. I have found staff to be knowledgeable and eager to engage with others in the industry." Another healthcare professional told us that the provider ensured they had completed a "comprehensive initial PBS (positive behaviour support) assessment of possible environmental, communication and staffing factors. More importantly there has always been sensible attempts to correct any factors over several months before a [appropriate] referral is made." This meant people were less likely to be prescribed medicines to manage behaviours as there was a strong emphasis from managers on trying alternative methods first which improved people's quality of life.
- One person had lived in a shared household but with the continued support of staff and management was able to ultimately move into their own independent home. Staff helped the person to personalise their environment, offered distractions when they became distressed and the family thanked staff for their patience. With the patience and encouragement from staff, this gave them the confidence to start speaking and engaging with other people – something they were unable to do before. The person's medicines to manage behaviours and the number of incidents significantly fell. The family fed back that they were grateful to management and staff for how they were able to settle the person into their new home.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider was aware of their responsibilities and had informed the CQC of events including significant incidents and safeguarding concerns in line with legal requirements.
- Relatives told us they had been contacted when there had been incidents and that the provider kept them updated throughout. One relative told us, "There was a safeguarding [incident] a while back. The communication was excellent in terms of keeping me informed." Another relative said, "With regards to communication [about incidents and accidents], they've been absolutely fantastic and transparent."