

New Boundaries Community Services Limited

New Boundaries Group - 331 Fakenham Road

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

331 Fakenham road is a residential care service providing personal and nursing care to five people under 65. The five people living at the service had complex needs and histories and had learning disabilities, autism and mental health needs. One person had non-verbal communication.

Fakenham road accommodates five people in one adapted building. Each had their own room, ensuite accommodation and shared communal space. The house was in the centre of a busy community and people regularly accessed community services.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service was exceptionally well managed. Staff worked inclusively to provide care and support to people around their individual needs. All staff were involved in decision making and able to influence the service provision. We spoke with the registered manager after the inspection as they were on leave on the day. They were passionate. They told us how they developed and supported staff to work well individually and as part of a team. The registered manager told us about people's individual progress which was reflected in their care plans and support plans and families spoke very highly of the support provided. People felt safe and secure in the knowledge that staff understood their needs.

We observed staff practice which helped to confirm that they understood people extremely well and were able to provide consistent, supportive care which reduced people's anxieties and helped them engage in everyday tasks. Staff demonstrated good interpersonal skills in their communication with people. Staff were cheerful and showed tolerance and patience. They supported people to make their own decisions and gave people the tools they needed to overcome the difficulties they faced.

Staff provided people opportunities to engage in regular activity which enhanced their mental and physical health. Staff worked in a holistic way to ensure people had the best opportunity to success and they took into account people's histories which for some had been restrictive. Negative trends of behaviour were recognised, and staff worked with individuals, families and health care professionals to create positive opportunities for self-growth, learning and development.

People's health care needs were very well managed, and the staff had been successful in reducing people's risk factors which were having a detrimental effect on the mental and physical health. People were

encouraged to live well, and staff worked creatively to help people achieve this.

The service was exceptionally clean and well organised to ensure the risk of cross infection was reduced and people took a sense of pride in their environment and contributed to its upkeep. Staff supported people to develop new skills and take an active part in meal preparation, cooking and other essential life skills.

Risks to people's safety were reduced because staff were carefully selected and well supported to ensure they had the key competencies and skills to deliver safe care and carry out every aspect of the regulated activity well. For example, staff administered medicines to people. There were robust processes in place to ensure this was done properly and staff had ongoing training and support to ensure they were comfortable doing it. All staff were able to tell us about people's needs and how their training and life experience had helped them support people in ways that were appropriate. Staff said they did not work in isolation but always worked with other health care professionals and acted on their advice.

Paperwork and care plans were well kept and reflected the person-centred care we observed. Staff knew how to raise concerns or recognise what might constitute a safeguarding concern and actions they should take.

Management and oversight of the service was robust, and the staff worked in partnership to provide the best possible outcomes for people. There were well developed quality assurance mechanisms which took into account people's feedback and how the staff were meeting people's needs in line with their wishes and expectations.

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

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

Rating at last inspection the last rating for this service was good (Report published 29 November 2016.)

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Boundaries Group – 331 Fakenham Road on our website at www.cqc.org.uk.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

New Boundaries Group - 331 Fakenham Road

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

331 Fakenham Road is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

This inspection was unannounced.

What we did before the inspection

The inspection planning took into account what we already know about this service and the provider including previous inspection reports, notifications which are important events the service is required to tell us about and any feedback about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We used mainly observation to make a judgement about people's care and support. People were anxious by our visit and although we spoke with people we were mindful of their anxiety and routines. We met four people and spoke with three. We spoke with the deputy manager and three other staff. We reviewed one care and support plan, staff records and other records relating to the management of the business. We observed the medicines round, meal preparation and activities undertaken in the house.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted two family members who we spoke with at length. We spoke with a health care professional, commissioners and viewed written feedback from health care professionals.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding people from abuse, the training was regularly updated and there were clear policies for staff to follow. Guidance was available for people using the service.
- Staff had a good understanding of what might constitute actual abuse or harm and recognised that people might be vulnerable in certain situations.
- Staff knew what actions to take to keep people safe and were mindful of people's behaviours when out in the community and how these should be supported. Staff told us they helped people to understand how their actions could impact on their relationships with other people. This helped to keep them safe whilst also supporting their learning.

Assessing risk, safety monitoring and management

- Support plans gave details of how to support people with their behaviour particularly when people could display antisocial behaviour or experience high anxiety. Staff were familiar with the support plans and had an input into these. This helped ensure people received consistent support because staff understood people's conditions and history.
- People and their families told us the staff provided security and people felt safe. Relatives described incidents and how staff had stepped in to advocate and support people.
- The environment lent itself to people's needs and there were no obvious hazards. Health and safety records and audits clearly showed how risks were reduced and equipment tested and serviced to ensure it remained safe to use.

Staffing and recruitment

- There continued to be robust recruitment processes in place to help ensure only staff suitable to work in care were employed.
- Staffing levels were maintained using both permanent and agency staff. We met two agency staff, both told us they worked exclusively for this provider. This meant they had the opportunity to build up relationships with the individual people and provide consistency. This helped people have confidence in all staff working at the service.
- Family members told us their relatives had one to one support and they always knew in advance who was supporting them and had key people to refer to. Continuity of support helped people to feel safe because things were more predictable.

Using medicines safely

- People received medicines as prescribed, by staff who had first received in-depth training and observations of their practice to ensure their competencies.
- Where medicine errors occurred, this was investigated promptly to ensure there was no negative impact

on people. They were followed up with a review of medicines and more robust procedures put in place to reduce the error reoccurring.

- People's medicines were regularly reviewed to see if they were still necessary or could be reduced.

Preventing and controlling infection

- Staff supported people to keep their bedrooms clean and respect communal areas. Staff were observed working along-side people encouraging people to participate in household jobs and life skills.
- All staff assumed responsibility for keeping the house clean and there were daily cleaning checklists and audits completed to ensure cleaning was done. The house was very organised and cleaned throughout.
- Staff had a good understanding of infection control and how to prevent the spread of infection.

Learning lessons when things go wrong

- All the staff were observed to be open and transparent and effective communicators. Where something had occurred, staff discussed this with the person, each other and involved families and health care professionals as necessary.
- Records documented any incidents, and these were considered in terms of what happened, how was it managed, and whether anything could have been done differently to avoid or reduce the level of risk.
- There was sharing across the organisation with managers meeting monthly to discuss their services and share both good practice and anything of concern in line with best practice.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Policies and training were in place to support staff with their practices and the registered manager regularly supervised staff to help improve and maintain their practice.
- The service worked in line with best practice, for example 'STOMP' which stands for Stopping Over Medication of People, of people with a learning disability, autism or both with psychotropic medicines. This is a national project and its target is to reduce medication. Staff had been successful in significantly reducing the amount of medicines people were taking and family members reported this had changed people's lives and opportunities to live their best life.
- Staff had access to the necessary resources, reading materials and health and safety guidance.

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

- The service worked holistically and accessed health, social, voluntary and community-based resources including therapy to support people.
- Staff helped to increase people's life expectancy by reversing health care conditions which impacted on people's health. For example, by supporting people to reduce an unhealthy body mass index and in one case reducing a person's high blood sugars from being pre-diabetic to being within normal range. Another person had improved joint pain after losing weight. One person had lost seven stone and encouraged to do daily exercise. This had led to a reduction in their medicines. Relatives told us in the past they had been on so much medication they had been unable to function or take an active part in their life. This was confirmed by records and professionals we spoke with.
- Changes in people's physical health led to positive changes to people's mental health and a significant reduction in incidents as seen by an analysis of records. Proactive reduction in people's medicines had enabled people to engage more as they were more alert, and staff had developed positive behavioural strategies which were working well.

Staff support: induction, training, skills and experience

- Staff received training in line with people's assessed needs. Staff told us it was in-depth when it needed to be particularly around mental health, learning disability, autism and how to deescalate behaviours which could challenge. Staff said they could usually identify the triggers and were confident they could reduce the risk of an incident occurring through the de-escalation techniques they had learnt.
- Staff induction was robust giving staff the opportunity to work with other staff. Staff told us they had been given chance to get to know people and how to support them.
- Staff described their work experience as life changing and told us they were encouraged to 'think outside the box' to identify areas of additional training they may need or had an interest in. Training had recently

been overhauled and was more interactive training opportunities.

- Staff hand over was observed. It was informative and focussed on how people had been, any concerns and support required which helped ensure people's needs were known and responded to in a timely way.

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

- People were supported to develop their menus and consider healthy options which were reflected in the weekly menus. Staff did not buy processed food but supported people to cook from fresh. For example, if a person chose a pizza, they would be supported to buy a wholemeal base and the toppings of their choice. They might be encouraged to have made potato wedges instead of processed / fried chips. Staff told us they focused on portion sizes to help people maintain their weight targets. This was confirmed by the dietician who told us the staff were proactive in this area of health care.

- Staff encouraged people to go shopping and cook for themselves and others if they wanted but meals were centred on the individual needs and preferences of people being supported.

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

- During the inspection staff were supporting a person to make a visit to family. Due to a number of associated risks the staff were speaking with the Local Authority social work department and family to ensure the visit went as smoothly as possible and risks were managed in a positive way.

- People's records were in-depth and showed regular consultation and engagement with a wide range of health and social care professionals, families and advocacy groups for advice about how best to meet people's needs and promote their rights.

- A health care professional told us ... "In my experience this is one of best providers in dietary care, they do a fantastic job and meet the needs of people in a non -restrictive, person centred way." They told us their involvement was minimal as staff embraced any advice and implemented it and had achieved positive outcomes for people.

- Hospital passports were in place which documented people's main needs, things that were important to the person and how these needs should be met. This helped ensure that if a person required hospital care there was enough information to help hospital staff to provide the care.

- Visiting professionals took students along as they felt this was a service implementing best practice.

- Staff worked closely with other health care professionals, dieticians and speech and language to help support people achieve positive health goals

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

- The service was fit for purpose and met people's needs. Accommodation was flexible which enabled one person to have upstairs accommodation which was more suited to their needs and gave them the privacy they wanted. Other people lived downstairs in line with their physical care needs. Bedrooms were en-suite and personalised and a space which provided people with security and comfort.

- Communal areas were sufficiently comfortable and could accommodate people although staff said they were mindful of people needing their own space. People were supported individually to access the kitchen and be respectful of other people's needs.

- The court yard garden had an abundance of flowers and hanging baskets and people took pride in this. Staff told us people had won awards for the best kept garden from the provider.

- The registered manager kept under review people's needs and the continued suitability of the service and had moved people to more appropriate accommodation in the past

- Family confirmed this and said their relative had thrived in the right environment. One person showed us their room and was clearly delighted by all the personal possessions they had and their collection of things that were important to them. Another person told us they could retreat to their room whenever they wanted and everyone one had televisions and personal affects.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. In care services, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own services 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated through actions that they supported people in the least restrictive way and enabled people to have the fullest life possible without limits. Staff were mindful that people could regress both mentally and physically unless the barriers to them accessing the services they needed were removed. Staff accessed the right services including advocacy services to ensure people were well supported.
- Some people had been in long stay hospitals and were under regular review as part of their discharge conditions. This helped ensure where people were deprived on their liberty, the rationale was clear, and people had their rights upheld and their needs kept under review.
- Reviews were multi- disciplinary and firmly put the person in the centre and established their views and wishes.
- Staff received training on applying the Mental Capacity Act and each member of staff demonstrated an understanding of least restrictive practice.

Is the service caring?

Our findings

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

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

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

- Staff took into account what people wanted support with and people were fully involved in their assessment, plan of care and review of their needs.
- People were able to decide what they wanted to do and where this involve risk, staff looked at this and agreed a way forward. For example, where a person embarked on a relationship where both parties were considered vulnerable, staff provided support, guidance and established some basic ground rules which were supportive rather than punitive.
- People's preferences were recorded, and staff took into account people's human rights and prejudice people had faced due to their disability and behaviour which at times made them stand out. Staff were positive role models and spoke with people in a way which respected their personhood and gave them clear choices and support.

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

- Care and support was consensual, and staff set clear parameters. Communication across the service was excellent with staff and managers working side by side to support people and ensure they had a voice.
- White boards and staff planners were used to help let people know which staff were on, who was supporting them and what activities were planned. People met weekly to discuss the week ahead and agree their individual menu and activity plan.
- Staff used advocacy services to support people when necessary and families were as involved as they wanted to be and in line with people's wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff followed people's care and support plans and decided with people what their priorities were and how these could be achieved. For example, one person was asked to set himself a target in terms of his health, clear outcomes were agreed, and the person said he would like to go to the zoo with another person from another service if he achieved his goal. Incentives were agreed as rewards for positive changes, for example football cards were purchased and issued for weight loss. Staff were aware of what motivated people and asked people to define their own goals.
- Another person came from a previous placement and had chosen for staff to manage their finances and book and requested their money when they needed. Over the past 18 months they had been supported to develop their budgeting skills and to plan how to budget their money. They used an activity planner so were aware of how much things cost. They now have the confidence to have their money in their room in their safe and hold the key.

- People had been supported to get bus passes and use public transport to access local resources, cinema, restaurants and people planned their holiday preferences.
- On the day of our inspection people were consulted and asked if they wished to speak with the inspector, most people were happy to but commented only on the staff and what they had been doing/planned. One person showed us around the service and explained their routines. They were respectful not to go into other people's rooms but pointed them out. They went to show us upstairs but were advised by staff that it was not safe to go upstairs. They told us how proud they were of the garden and had contributed to its upkeep. They told us what the fire procedures were and said that everyone knew what to do.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Many people had come to the service mentally and physically unwell and had negative life experiences. A family member told us about their relative who had spent years in different community and hospital settings, unable to work, unsupported and wrongly diagnosed. They said medicines were used to reduce unwanted behaviours but impacted on their ability to function and participate. They said since living at this service their needs had changed beyond recognition and they now went out regularly with staff. They had a range of interests and able to undertake a number of jobs for which they received a small wage which contributed to higher self-esteem. The family member said, "They have brought them back to life."
- People's needs were carefully considered and planned for. Care plans included 'All about me' which gave a profile of the person's main needs, life story and interests and hobbies. Staff worked in an inclusive way which enhanced people's experiences and any barriers to their progress. Goals were tangible and in line with people's preferences and aspirations.
- Staff supported people to develop essential life skills and we observed people participating in different activities, shopping, meal preparation, budgeting and attending day activities.
- The registered manager told us people made significant progress in the service to the extent they felt everyone was in a good place mentally and physically. This was confirmed by family members who had nothing but praise. People told us they were happy at the service and talked eagerly about trips and holidays they were planning.
- The staff team worked together to try and identify how best to support people and look at possible reasons for a change in behaviour or need and how it could be addressed. Examples were given in relation to people's health, where staff considered the route cause considering environmental, physical and psychological factors. Changes to the environment, a consistent staff approach and supporting the person when an incident occurred in a positive way helped to reduce incidents and demonstrated a holistic approach.
- Risks associated with poor life style were proactively addressed in line with the persons consent and in their best interest. Areas addressed included weight reduction, through exercise, healthy eating and giving up smoking. Staff acted on the advice of a multitude of professionals and in line with good practice guidelines such as National Institute for Clinical Excellence, '(NICE)
- People were given incentives to achieve their goals and support to help them achieve them. For example, counselling, advocacy and belonging to slimming world. People could identify tangible rewards such as one person chose a day at the zoo with their friend for reaching a specific goal. Others chose to have treat days, which included foods they most enjoyed, such as a take away.
- Long-term medication had been a factor in weight gain and staff had addressed this with professionals to

carefully reduce and monitor medicines. A family member told us how their relatives' anxiety had traditionally been managed through medication. Whenever they became upset they would be administered medicines to help them calm down. This they told us had a significant impact on their quality of life. They said since moving here medicines were hardly ever used for this purpose. Staff confirmed that by developing a trusting relationship with people where they felt safe they were better able to regulate their emotions and staff gave them support to reduce their anxiety.

- People were positively engaged and supported to maintain relationships and access social activities and events in the community. At the time of inspection one person was planning to go on their holidays, another to visit family, and another to attend a wedding. Everyone was going out and making plans for the weekend.
- People had bus passes and were able to access a wide range of facilities and walk locally and one person tracked their steps as part of improving their overall fitness.
- One person wanted to do some volunteering an organisation which had some significance to them. They were supported through the application and interview process. They then had an induction which staff did with them, so they could support the person when employed. The person has continued to undertake independent study and did a power point at a local college about becoming 'a support worker.'
- One person told us they went fishing at the weekend with staff and had fish tanks which included baby fish they were supported to sale. They told us staff supported them to visit family and celebrate their forthcoming birthday.
- People were supported to take pride in their rooms and contribute towards communal living and in developing key life skills and staff regularly reviewed with people what they would like to achieve and if they were happy to continue to live at the service and what their long-term goals were.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us one person had non-verbal communication and they provided information to them in a way which was clear and accessible. Each person had clear guidance about their needs which included any communication needs, sensory processing and anything which might impact on the person's ability to communicate their needs.
- For the person with non-verbal skills staff have put together an effective positive behaviour support plan which helped to identify how the person communicates and what might cause them anxiety and how this could be reduced. Visual aids and prompt cards were used to aid communication and supports the person to make informed choices. The staff worked with speech and language teams and people had computers and apps they used.
- One person was found through assessment to have a limited understanding of communication and could be vulnerable in understanding and interpreting the world around them. The staff with the person compiled an internet safety awareness folder to aid their understanding in this area and developed other tools to support people.
- We observed staff talking with people and they did so in a way which was clear, considered and gave people clear choices and time to respond.

Improving care quality in response to complaints or concerns

- One person told us, "No problems I am able to speak to staff if I have any concerns and happy they will resolve things." Other people said they could speak with staff at any-time. We observed staff listening to people.
- Information was accessible, and people met regularly with staff to discuss how they were and if they were

unhappy about any aspects of their support. The registered manager operated an open-door policy and actively encouraged people to discuss things. The registered manager and deputy were skilled communicators and we observed staff talking to people empathetically and respecting their point of view and experiences.

- Staff were aware of the potential pitfalls and consequences of people's behaviour and how this could be misunderstood so they would intervene as necessary to ensure people's interests were protected.
- Family members told us that their concerns were listened to and when they had issues they wished to discuss they had been able to meet the provider in person, and or the area manager and managers all who were described as open and addressed things immediately.

End of life care and support

- People's needs were reviewed in an ongoing way and this included people's wishes and preferences in relation to ongoing treatment as they were growing older. Each person was treated as an individual and as such staff knew people's histories and discussed with people their future so plans could be put in place.
- Relatives told us staff were aware of their family members' cultural and spiritual needs and staff supported them with these. For example, one person regularly went to church with family and staff took the person there and picked them up.
- Staff had an awareness of the person's circles of support and where people had lost relatives and they engaged the right level of support to help people.

Is the service well-led?

Our findings

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

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

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

- The leadership and culture were outstanding. Staff work tirelessly to ensure people were supported positively and they balanced people's self-determination and being able to take risks with a duty of care.
- The outcomes for people were consistently good and people shared how they had changed and what they had achieved proudly. This demonstrated the approach staff took was working. People had the right level of support in place to help them maintain (and in some cases improve) positive mental and physical health.
- Staff worked flexibly and in collaboration, so people had consistency or care across the day. People told us they had confidence in the team and there were many examples of positive professional relationships which people valued. There was focus on encouraging and supporting people to maintain healthy relationships in and outside of the service. Staff recognised that people were especially vulnerable in this area but had sought support from other professionals, recognised potential risks and worked closely with people to make it happen.
- The registered manager recognised there were no limits to what people could achieve and this ethos was spread throughout the staff team. Everyone had a voice to express their views, but the focus was always on what was right for the individual at that time.
- They told us they were in the process of reviewing how they could further promote people's independence in more specific areas of their lives including accessing services and resources and pursuing specific interests and holidays which people already did. Family members said the progression they had seen had transformed their relatives lives and had been positive and they would not hesitate to recommend the service.
- Experiences for people were positive and life changing and had helped people have a fuller life and one that recognised their needs.

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

- Staff were open and transparent and reviewed every incident in a timely way to consider what had happened and if anything could have been managed differently. They did this with the involvement of others including the Local Authority safeguarding team and Commissioners.
- Incidents were notified to the relevant authorities where appropriate.
- Healthcare professionals told us the service took duty of care very seriously and worked within the principles of The Mental Capacity Act 2005 to ensure people were supported in the least restrictive way and risks were known, discussed and positive plans were put in place which enabled people to undertake

activities as safely as possible.

- Decision making involved the person, support staff, professionals and others. Every aspect of a person's life was considered holistically. Staff learned from every experience, using safeguarding and links with professionals to put in place robust systems which helped to protect the person but also support their life skills and experience. As a result, people could make choices that could be considered risky, but they were well planned, discussed and supported by a plan of care. People had support around developing positive relationships with people which benefited them living in the service and when they went out into the community. This also helped them to build and develop life skills towards greater independence and autonomy. Staff actively encouraged this and told us about the benefits and changes they had seen in people they supported.
- Group therapy and counselling had been accessed to further support people to manage their past experiences and make new decisions in the future. This demonstrated staff were proactive.

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

- The provider has a group of ten services all are rated good and good practice was shared across the group and the managers and the provider were supportive of each other.
- The registered manager told us they had the opportunity to meet regularly with other managers and the provider and take agreed actions forward to improve the service.
- They told us the provider was readily available and responsive to the needs of the service and knew people using the services and the staff. Family members confirmed they knew the provider and described them as open and transparent and knew what was happening in the service. They told us the service had been recommended by those in the profession and it had exceeded all their expectations.
- The provider ensured a regular newsletter went out which focused on events, changes in the service and the achievements of staff and people using the service. For example, qualifications being awarded to staff and people using the service.
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- The registered manager was of long standing and had a wealth of experience and was trusted and respected by all staff spoken with, people and relatives. Everyone said they were very visible and a good motivator. Family members said staff employed were of long standing and passionate about what they did. They said the service was always well organised and everything was done in a safe, methodical way and the service was seamless.
- We viewed audits which were robust and clearly identified areas of responsibility for each member of staff and checklists to help staff remember everything they should do when supporting a person with their care and support needs.
- Other auditors commented positively of the safety and organisation of the service. For example, the service had been awarded five stars by the environmental health department.

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

- People's care, and support was agreed and reviewed with them and who they chose to support them which could be a family member or advocate. Professional meetings were held, and people's needs monitored.
- The staff were mindful of family's needs and facilitated regular contact and visits when both parties wished for this to happen.
- Staff told us they felt empowered and a valued member of the team. Everything was discussed openly, and staff's views, and experiences respected.
- People were supported to safely and regularly access the community and establish links with others. All the houses were situated within residential areas and provided people with opportunities afforded to

others.

Continuous learning and improving care

- The service was progressive in terms of meeting people's needs and recognising changes particularly in relation to health and potential effects of reduced medicines.
- We sought feedback from health care professionals but also viewed the services feedback. They collated feedback from people regularly and asked professionals and families to comment on the care provided and how the service could be improved upon. All the feedback we sought was positive with no improvements identified. One professional said, 'Personalised support is key here and they try really hard to meet each person's needs. We have regular discussion about risk management and it is clearly well thought out and thorough.'
- Audits were completed by all staff, the registered manager and senior management teams who identified and actioned any improvements required. We found however the staff were very proactive and resolved things quickly.

Working in partnership with others

- The services within the provider group had opportunities to meet and be involved in joint projects such as horticulture and a charity football match. The services shared agency staff and regular meetings with the provider gave the registered managers the opportunity to meet, support each other and share good practice.
- Professionals told us staff regularly engaged with them to ensure the best possible outcomes for people and they believed staff always acted in people's best interest.
- Families told us their input was valued and they felt listened to and respected.