

## My Personal Enablement Support Partnership Community Interest Company

# My Personal Enablement Support Partnership CIC

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

My Personal Enablement Support Partnership Community Interest Company is a domiciliary care agency providing care and support to people living in their family homes. The agency is currently supporting five people. It also provides personal care and support to four people living in a supported living setting.

My Personal Enablement Support Partnership Community Interest Company provides personal care to adults who have complex care needs. They live with a learning disability and may have additional needs including autism and a mental health illness.

There is one office location where the service is co-ordinated from in Eastbourne. The supported living accommodation is in Brighton and enables people to live in their own home. People's care and housing are provided under separate contractual agreements. One person lives in a self-contained flat and three people have individual rooms with some shared communal facilities. There are communal lounges and a shared open plan kitchen, dining room. Staff are available and work within the supported living accommodation over the 24 hours.

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

People were protected against the risk of abuse or discrimination as staff had a good understanding of possible safeguarding issues and what to do. There were enough staff working to meet people's support and emotional needs. This included arrangements to cover people that required two to one staffing support and extra staff to facilitate activities. Staff were recruited safely. Risk assessments were used to guide staff on keeping people safe. Medicines were handled safely by staff trained to do so.

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. Staff were trained, supported and developed to ensure they had the skills and competencies to support people effectively. The registered manager was committed to establishing a well-trained and resilient staff team. Staff worked with health and social care professionals and close family members to understand people's need and ensure their health and well-being needs were met.

Staff were knowledgeable about and genuinely cared for the people they supported and wanted the best for them. One said, "I love working here, we focus on people and getting the best possible life for them in the way they want." Staff had built trusting relationships with people and their relatives. They treated people with respect and ensured their privacy and rights were protected. People were involved in the planning of their support and staff worked with them to promote their independence.

Care and support was delivered in a person-centred way. Each person had their needs assessed with an emphasis on understanding what was important to them. In order to do this, relatives and professionals were involved in the assessment. Staff knew people well, understood their needs and how to communicate

with them in an individual and meaningful way. People were supported to do things they enjoyed and made them happy. A complaints procedure was in place and people were listened to. Any concern was responded to with an emphasis on improving outcomes for people.

Feedback about the registered manager was positive from all contacts and they were held in high regard for their commitment and approach. They promoted an open, honest and inclusive culture, where everyone was valued and appreciated as individuals. Staff told us he was approachable and accessible, and relatives were impressed with his willingness to listen and work together for the benefit of people. The registered manager understood their responsibilities and monitored the quality outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was registered with the Care Quality Commission in March 2019 and this was their first inspection.

#### Why we inspected

This was a planned comprehensive inspection, following the registration of the location.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 well-led.

Details are in our well-Led findings below.

Good ●

# My Personal Enablement Support Partnership CIC

## **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

This service provides care and support to people living in their own family homes and a supported living setting. For people living in a supported living setting, 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 needs only.

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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office. We needed to be sure that they would be available. We visited the office location on 4 February 2020 and visited the supported living setting on 11 February 2020 to meet staff and people receiving a service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

Some people could not verbally share their views of the service. Therefore, we observed people's experiences of living at the supported living setting. This included interactions with staff. We spoke with five staff members including the registered and deputy managers, two support staff and the lifelong learning and quality of life champion.

We reviewed a range of records. This included three people's care records and four people's medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check that the records for people match the care and support, they received from staff.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence we found. We looked at training and quality assurance records. We spoke with two relatives and four professionals who provided feedback on the service provided.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse or discrimination because staff had a good understanding of possible safeguarding issues. One staff member told us, "I know the safeguarding procedures and have followed them in the past." Staff had access to safeguarding procedures that reflected the local guidelines.
- Staff received regular training and updates on safeguarding. This was provided by the registered and deputy manager who were trained trainers with the local authority.
- Safeguarding concerns had been raised appropriately with the local authority and police in the past. For example, appropriate actions had ensured the safety of people supported and reduced any risk to people in the local community from unpredictable behaviour.
- People showed they felt safe with staff, for example, we observed people approaching staff for support and reassurance. The registered manager monitored any possible emerging safeguarding to ensure it was discussed and resolved at early stage. Relatives were confident people were safe and one said, "We know they are safe as the staff have the right approach and ensure people are safe at all times."

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of risks associated with their care and support. These had been assessed and measures put in place to reduce and monitor any risk.
- People's support plans included a range of risk assessments to ensure risks were managed safely. Risk assessments related to mental and physical health and behaviours that may challenge. These were detailed and provided guidance for staff. For example, guidelines on the support for people when they went out. One person's behaviour had required a change in the level of staffing and now needed two staff when going to busy places.
- The registered manager worked with the property owners to promote a safe and attractive environment for people to live in. They had carried out risk assessments to promote people's safety. For example, windows and radiators had been assessed and we found window restrictors had been fitted to some windows.
- Fire safety procedures were known by staff and each person had a personal emergency evacuation plan.

Staffing and recruitment

- There were enough staff working to meet people's support needs and ensured the required one to one and two to one support was provided. The staffing arrangements were tailored to respond to individual needs. For example, a professional told us the provider ensured appropriate staffing provision before the service was provided. "They provided a realistic start date for my client so that they could recruit and staff the package properly and safely."

- Staff worked nights to cover people's needs if required and this included 'sleep in arrangements' in the supported living service or in people's own homes. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift. They may be called on at any time during the night depending on people's needs.
- On call procedures always ensured staff had access to either the registered manager or a deputy manager for advice and guidance.
- Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the service. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.
- Prospective staff were all interviewed by the registered manager and another member of the management team. In this way they ensured prospective staff values were assessed in a consistent way.

#### Using medicines safely

- People's medicines were managed safely. Staff who gave medicines had undergone training and competency assessments on their skills to give medicines safely. One staff member told us, "I am not giving medicines yet as I have not completed the training."
- Records supported staff to handle medicines safely. For example, each person had a medicine profile to confirm what individual support people needed and measures to reduce any associated risks. These promoted a person-centred approach to medicine management.
- The medicine administration record, (MAR) charts recorded accurately what and when medicines were given. For example, when 'as required' medicines were used these were recorded accurately with the times given. 'As required' medicines are given when needed and varied according to people's needs.
- Medicines were stored safely. Secure cupboards were used within the supported living setting and these were in people's own rooms. Staff audited MAR charts and monitored the use of medicines.

#### Preventing and controlling infection

- People were supported to live in a clean and hygienic environment. Staff received training on infection control and food hygiene and followed best practice when providing personal care. For example, staff used gloves and aprons. These were supplied from the office location.
- The registered manager was the lead on infection control and was considering further training for an allocated staff to become an 'infection control lead'.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded with information about what had happened.
- Any trends and themes were identified and discussed with allocated professionals and internal specialists. In this way risk assessments and guidelines were reviewed and updated to respond effectively to people's needs. For example, one person was falling in their room and the flooring was replaced with one that reduced the risk of any injury.
- The registered and deputy manager was aware of the need to report incidents and accidents to the local authority and CQC if they included abuse or serious injury. Incidents and accidents were discussed with staff involved in people's care and support, along with resolutions. This demonstrated the culture of the service promoted an ability to learn and develop.



# 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

- Comprehensive assessments were completed before a service was provided to inform the delivery of care. They were person centred and took account of people's physical and emotional needs along with people's choices. This gave staff a deep understanding of people's emotional and health needs and what was important to them.
- Although the person was central to the process, it took account of other key influences including family, to ensure a holistic and effective assessment process. One professional told us, "The way they are working with complexities is very intelligent and well-planned, taking into account the layers of emotional needs and understanding the family as a system in order to meet the needs of my client."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide the individualised care and support people needed. People, relatives and professionals were complimentary about the skills and competencies of staff. One relative said, "I am confident with the staff and management. I know they are on top of everything they need to be on top of."
- As a new service the staff were all recruited over the past year. However, they had come with a range of relevant experience and skills. All staff completed an induction programme based on the competencies recognised nationally as good practice. This included assessments of staff competence and time for them to understand people's needs and to form positive working relationships with them.
- The registered manager was committed to developing the skills, abilities and competence of the staff team whilst supporting them and promoting their level of well-being. Staff were provided with regular supervision, reflection sessions and an annual appraisal. Life coaching was also available. The registered manager told us, "Effective support for staff ensures they are resilient and able to provide good support and positive outcomes for people." The ethos was to support staff holistically so they could perform well. Each staff member had a well-being plan to support them.
- Staff were provided with training in a wide range of subjects relevant to their roles and the varied needs of people. This included specific care and support needs. For example, training on autism, challenging behaviour and epilepsy. One staff member told us how their management role was being developed and had used recent training in practice. This had included developing skills that enabled them to provide supervision sessions to staff.

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

- When people needed support to eat and drink, staff ensured people had food and drink that met their

choices, preferences and needs.

- Staff supported people in an individual way to make decisions on what they would like to eat and drink on a daily basis. When needed staff shopped, prepared meals and ate with people. Staff aided people to make choices by using pictures and objects of reference.
- Staff were aware of what people liked and what foods they disliked or were to be avoided for health reasons. For example, one person would eat their favourite food excessively. Staff encouraged exchanging this with similar alternatives that were healthier.

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

- People were supported and encouraged to maintain and improve their health. This was achieved by working in partnership with health and social care services and close family members. One professional told us, "They have ensured that we have been involved and kept updated with regular reports and email communication giving up to date information on the package of care and the persons progress; which has been excellent."
- People had a number of physical, emotional and mental health needs. Staff worked closely with and facilitated timely access to health care professionals ensuring people's rights to access was maintained. Staff recognised any changes in people's health and responded quickly. For example, one person's ears could become inflamed affecting their health and well-being. Staff were vigilant, monitored any concerns and ensured health interventions were used when needed.
- Staff supported people with specific and routine health appointments, which included attending the appointment. They helped with any anxiety caused and aided communication, this ensured the correct information was shared at the appointment and with the service. For example, if any medication was changed. Routine appointments included routine health checks and dental appointments.
- Each person had a health action plan that provided details of their individual health needs and how professionals were involved in planning appropriate care. They also had a hospital admission information form that would go with people if they were admitted to hospital. This recorded key information to inform hospital staff on what people's support needs included and how to provide care in a person-centred way.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had capacity to make decisions about their support and care on a daily basis. Staff encouraged them to do so and listened and responded to these decisions and there were no restrictions on people's liberty.
- Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS). Staff were able to explain the principles that supported the MCA and how staff had an

important role in enabling people to make decisions for themselves.

- When people lacked capacity to make certain decisions, appropriate representatives and social care professionals were involved and ensured any decisions were made in the person's best interest, in line with the requirements of the Mental Capacity Act 2005 (MCA). For example, some people did not understand the tenancy agreements for their accommodation and specific capacity assessments were completed to determine people's understanding before best interest decisions were made.

# 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 were treated with kindness and compassion by staff who knew them well and valued their individual uniqueness. One staff member said, "I feel blessed to be able to work with these people, they are all special individuals." A professional told us, "A caring approach has shone through in their work from the outset. They are person-centred and sensitive."
- Staff engaged with people in a friendly and approachable manner. Interaction was positive with an emphasis on providing people with the 'perfect day'. Staff demonstrated that they genuinely cared about people and their well-being. One staff member described how they spent a day searching for the right Christmas tree, visiting 15 places before the correct one was found. Staff understood this was important to them and had the patience and kindness to ensure they found the right one for them.
- Staff promoted equality and diversity and treated people and each other equally, irrespective of age, belief, disability, sex or race. Staff promoted people's equality by ensuring they were not restricted in where they went and had access as anyone else would. Staff recognised any cultural differences, for example they ensured any important dates and times were celebrated in accordance with people's wishes. Peoples' sexuality had been explored and reflected within their support plans ensuring suitable private time was available and respected.
- Relatives were very impressed with staff approach and attitude and how they treated both them and their relative. One said, "You can see how much staff care, they shine out. We can see that X is happy. You can see it in their demeanour, and they are always happy and excited to return back to the home after staying with us."
- Staff understood how important family members were to the whole care and support package for people. Relatives felt they were included, listened to and valued as part of the whole team that was working to provide the best outcomes for people. They told us the approach was 'refreshing' and benefited people. Another relative said, "Staff do things just to help you out and make your life a bit easier. They once made sure we had the correct plasters delivered to us for a dressing for X foot. It was so thoughtful."

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

- Staff were determined and committed to ensure people were central to the care and support provided and had control over their lives, support and care provided.
- Positive relationships between staff and people were vital and central to enabling people to share their thoughts, feelings and views. The registered manager worked closely with people, relatives and staff to ensure the correct match between staff and people was made. One relative told us, "The staff working with

them are the right team for them. If they are not, they are rejected by them." Another relative told us, "The manager has arranged for our relative to be involved in recruiting the next member of the staff team that is to look after them."

- Each person also had a key worker who worked with people in partnership, to develop and ensure the care and support was always person centred. Key workers developed an in depth understanding of people, and ensured they were central to any decision. The key workers priority was ensuring that the person was supported to represent themselves in the way they wanted.
- Staff could tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. One staff member told us, "I knew X from a previous placement. I know what they can accomplish. They don't like shopping so we do short quick daily shops." This was important as they could still control what they were buying but it reduced any associated anxieties.
- The registered manager also recognised the importance of involving family when understanding what people wanted. They told us "We listen to families and their stories to understand them, and their approach. This is vital to understanding the whole package of care for people." A professional told us "The registered manager has a comprehensive understanding of the importance of supporting not just the client, but how involving and supporting the family emotionally is key to the success of the arrangement."
- An evening event was arranged for families to share their experiences and stories. Staff told us this gave them a greater understanding and ability to empathise with families.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, maintained their dignity and promoted their independence. Staff respected people's own homes and accommodation and ensured they had consent to be there. Staff respected the way people wanted their accommodation to look and supported them to maintain a healthy and safe environment. For example, staff encouraged people to keep accommodation clean and checked areas for health and safety risks.
- Peoples sexuality and private time was respected. This was confirmed within sensitive support plans. This supported people's dignity and privacy.
- Staff supported people to maintain their own personal hygiene and provided support when needed. However, promoting people's independence was a priority. We were told this was achieved by a consistent approach by skilled staff. Staff knew people well and the best way to support them to achieve positive outcomes. They learnt from each other and worked out what worked best. For example, one person needed skilled support to enable them now to shower mostly independently.
- Private information was kept confidential and only shared when necessary and agreed to. Records were held securely on computer tablets which were password protected. Staff had been provided with training and guidance about the importance of managing confidential information in the right way.

# Is the service responsive?

## Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was tailored around their wishes, preferences and routines. Daily routines were agreed with people and this gave them security and structure to their day. Although routines were in place, staff were flexible and adapted to people's mood and choices. For example, if people got up later, the day was adapted and changed to their needs.
- People needs were fully assessed and support plans were developed to guide staff. Staff worked with people, their families and associated professionals to get to know people and what was important to them. One professional told us, "The manager was fully involved in family and professionals' meetings for a considerable time prior to the move, to ensure as smooth a transition as possible."
- Staff knew people and their families well and considered people's varied complex support needs and family dynamics to promote responsive care. People's life histories were shared with staff to help them know and understand the people they supported.
- People's support plans recorded, and staff knew information about people's learning disabilities, autism and health conditions and how these were met in a responsive, effective way. For example, staff used positive behaviour support plans to reduce behaviours that challenged. These recognised that behaviours were a product of individual and environmental factors interacting and gave guidelines to staff to avoid situations that may trigger behaviours that challenged.

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 worked closely with people, their families and each other to support people to communicate, and to be understood. In this way people were able to communicate their needs and wishes. One relative told us, "The staff approach is completely right. Staff need to ask questions in the right way, and they know how to do this."
- People's communication needs were assessed, and staff worked with people to develop their communication skills. Staff did this by setting long term outcomes for improvement and this in turn improved people's quality of life. For example, one person was learning Makaton signs for different activities and in this way, they were more engaged when making decisions about activities. Makaton is a language programme which uses signs and symbols to help people to communicate.

- Some people could read and write and varied easy read material was provided to facilitate understanding of information. Staff were creative in promoting communication and used different tools depending on what worked for people. For example, videos, pictures and objects were used along with sign language.
- Staff understood people and recognised verbal and non-verbal communication and what this meant for people. One staff member was pleased to hear one person was chatting to themselves and told us, "That is happy sounds."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests, hobbies and to secure employment when possible. Staff supported people to be active and to plan and organise their own activity and leisure time. This promoted active and fulfilling lives, with people spending time doing things that they enjoyed.
- Staff shared how they had worked with people to develop and achieve goals through 'lifelong learning' and in this way improved the quality of people's lives. For example, staff worked with people to develop expanding life experiences. For one person this included improving bike riding skills. Risk assessments for the use of a tandem were being progressed.
- People were supported to maintain and develop new relationships with people of their choice to reduce any risk of social isolation. Peoples families were very important to them. Overnight stays, holidays and trips out with relatives were facilitated with staff ensuring people were fully prepared. For example, staff ensured any required medicines were available.
- People were happy to spend time with staff and they formed part of their social circle. They participated in activities, for example this included playing bowls with a person during the inspection day. Staff often cooked and ate with people on a daily basis, this was time for further social enjoyment.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which was available in easy read format. This confirmed the systems to record and investigate any complaint received. Suggestion boxes were also available within the office and supported living setting for people to raise concerns anonymously.
- Records confirmed complaints raised were taken seriously and responded to, with an emphasis on taking responsibility and improving outcomes for people. For example, a recent concern raised with the registered manager was recorded as a complaint and addressed immediately. This was followed up with an apology and an investigation to ensure the concern was not repeated.
- Staff listened to people and relatives and understood the importance of responding to them quickly and showing that they had been heard. The registered manager told us they asked people what they wanted as an outcome following any concern raised. Looking for solutions and resolutions to any concern reduced anxieties of people, relatives and staff.

End of life care and support

- People living at the service were younger adults and were not receiving end of life care. However, in the past when people were seriously ill wishes and preferences around death had been explored, to ensure any death was person centred.
- Staff completed some basic end of life training and staff were aware of people's health care needs and where to go for advice and guidance.

# Is the service well-led?

## Our findings

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

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

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

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

- As a new service, it was developing and growing under the close management of the registered manager who was committed and passionate about enabling people to have a good, quality life. In order to ensure quality, the registered manager had decided to stop any service expansion at this time to consolidate what had been established so far.
- The registered manager was aware of their legal responsibilities and was quick to respond to any areas that needed to be improved. They had an action plan and were also positive about any feedback from the inspection process. For example, they ensured risk assessments were updated and planned the provision of an emergency grab bag for emergency evacuations.
- There was a clear management structure within the service that staff understood. The registered manager demonstrated strong leadership with a clear vision. They were well respected by staff and professionals who were very positive about working with him. One professional told us, "I am extremely impressed with the managers leadership skills. He values empowerment and a person-centred approach and speaks in a positive way about everyone he supports and works with. I would imagine he would be a really good boss as he is very approachable and reflective."
- The registered manager had a full oversight of the service provision. A number of quality monitoring and quality review and improvement processes were used. This included audits for medicines and a quality tool devised by the lifelong learning and quality of life champion. This tool measured a number of outcomes for people and the lead worked closely with all staff to monitor and improve these quality indicators and record them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted an open and inclusive culture where people and staff were listened to and empowered. The registered manager was accessible and approachable and led by example. They demonstrated inclusive values where everyone was respected and valued as individuals. They told us, "I have the dream job where I can make a difference. I am lucky to have these staff and to work with relatives."
- Staff told us they felt valued, supported and an important member of the team. Staff were developed, praised and thanked for their work. The deputy manager told us, "The staff are awesome, all great to work



with." Another staff member said, "We can always get hold of a manager, just at the end of a phone. The manager is a great communicator, we all feel involved and able to improve people's lives."

- Relatives and professionals knew the registered manager well and were positive about their management. One relative said, "The manager is genuine and consistent in his approach. He is good at building trust between everyone." A professional said, "I am often very impressed with the commitment and enthusiasm shown by the manager and his staff."

- The registered manager was active in receiving feedback from people, relatives and staff and acted when things went wrong to improve outcomes for people. They used surveys to gather information and were starting a staff review on themselves. They had recently noted low staff morale with a small group of staff working on a package of care. They immediately completed some team work to identify areas that were not working and for improvement.

- The registered manager was aware of their responsibilities including those under duty of candour. He was open and honest when reviewing any complaint, accident or incident. Relatives and professionals told us they were always kept up to date and informed of any occurrence in the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in a positive transparent way, looking to improve the service and quality of care for people at every opportunity. He worked in close partnership with others including relatives and professionals.

- Professionals were positive about the way the manager and staff worked with them and how this improved outcomes for people. One said, "They have been open and flexible to meet the needs of all involved; within the resources available; which has included involving specialist teams and staff from teams as required." Another said, "My emails and phone calls are answered quickly, joined up work feels effective with this service so far and suggestions I make are weaved into practice or open up a meaningful discussion where we can plan together."

- Relatives told us the approach of staff had improved the life of their relative. They were confident that they were included and part of the package of care. One said, "I feel there is a family-based partnership, it is so important to listen to each other."

- The registered manager was committed to improving local resources and understanding of people with a learning disability and autism. They had created networks within the local community. This included a small day care service to support people in the local community and facilitated training sessions that were open to the locality.