

Positive Steps Specialist Care Services Limited

Laurel House

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

Laurel House is a supported living service providing personal care and support to nine younger adults at the time of the inspection at two houses. The houses have a shared lounge area, dining room, bathroom and toilet facilities and a shared garden. One of the houses has the services office from which the regulated activity of personal care is carried out from. The office will be moving outside of this supported living address.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence. We also expect 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:

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 systems in the service supported this practice. Staff empowered people to be as independent as possible. People were encouraged to have as much control over their own lives as practicable. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to pursue their hobbies and leisure pursuits and to achieve their aspirations and goals. This included living as independent a life as possible.

Staff worked with people to plan for when they experienced periods of anxiety. This was so people's freedoms were restricted only if there was no alternative. Staff learned from those incidents and how they might be avoided or reduced. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that achieved the best possible health outcome.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. Staff knew how to protect people from poor care and harm. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently. Staff understood people's individual

communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff enabled people and those important to them worked with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 18 June 2021 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 15 March 2019.

Why we inspected

This is the first rating of this service under the new provider. This inspection was prompted by a review of the information we held about this service.

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 well-led.

Details are in our well-led findings below.

Good ●

Laurel House

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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in two 'supported living' settings, 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 was a registered manager in post.

Notice of inspection

This inspection was announced. 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 19 July 2022 and ended on 2 August 2022. We visited the location's office and supported living settings on 26 July 2022 and 2 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 information gathered as part of monitoring activity that took place on 10 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We met eight out of nine people who used the service, however not all people due to their complex communication styles were able to feedback verbally. We were able to speak with one person, four relatives, a social worker and a care leaver advisor about their experience of the care provided. We also observed how people were being cared for and supported.

We spoke with five members of staff including the nominated individual who is also a director of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, deputy manager, and two care workers.

We reviewed a range of records. This included three people's care records and three people's medication records. We looked at records in relation to tenancy and care agreements, complaints, incident and accidents, unannounced spot checks, and safeguarding. We also looked at staff rotas, staff training, and staff supervision. A variety of governance records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider around people's personal expenditure financial audits and people's feedback on the service. This was to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Most relatives of people spoken with felt they were kept safe by staff. One relative told us of some recent incidents by their family member. Additional support from staff was now in place to help reduce the risk of recurrence.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "Externally you can report safeguarding concerns to local authority and the CQC. There is also a whistle-blowing helpline you can ring. I would whistle-blow. Mostly for the service users as they are vulnerable adults that need protecting."
- The registered manager completed safeguarding audits to establish any patterns and trends. For example, we saw actions taken after liaising with the local authority and learning disability specialists to reduce the risk to one person. A relative told us how additional support was now in place.
- Staff documented people's individual expenditure such as items bought, meals out, and the cost of hobbies and leisure pursuits. These records were reviewed and checked monthly by either the registered manager or deputy manager as part of their governance process.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. Relatives, a social worker and care leaver advisor told us how people were supported to be as independent as possible. A staff member confirmed, "You redirect people regarding any unsafe risk rather than a NO."
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep the person or others safe. Relatives, a social worker and care leaver advisor told us they were confident positive behaviour support strategies were in place within people's care plans. These were in place to be implemented should a person become agitated.
- Staff were trained to use a proactive approach when dealing with people's behaviours that could harm themselves and others. Staff told us these techniques, which were a safe type of restraint called 'team teach,' would be used as a last resort. This would be when distractions and 'talk down' methods were not working. A staff member said, "We use distractions such as calming people down with talking. We have steps to use to try to calm people down before we use team teach...we barely use it."
- Staff kept accurate, complete, legible and up-to-date records, and stored them securely.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. The service had enough staff, including for one-to-one and two-to-one support for people to take part in leisure pursuits and hobbies when they wanted. Relatives, a social worker and care leaver advisor told us that people were encouraged by staff to have access to a wide range of leisure pursuits and hobbies. Both inside and outside of the service. A relative said, "[Named person] loves to go out and about and they (staff) always take them out, that is something they do really well."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals. A staff member said, "(When recruited I had an) application submitted, two interviews, reference from previous employer and DBS. All in place before starting. Induction was training and completing shadow shifts." Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager arranged shift patterns so that people who were family did not regularly work together. One staff member confirmed to us how they and a family member worked at the different supported living locations to ensure there was no conflict of interest.
- Every person had a 'quick glance' care record with essential information with do's and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating.
- Staff followed good practice to check that people had the correct medicines when they went to stay with family or went on an overnight stay. Relatives, a social worker and care leaver advisor told us that medicines were ordered in a timely manner, counted, stored safely and given safely and appropriately.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. However, we found in one of the supported living locations there needed to be a more robust system of counting and recording people's medicines stock tallies. The registered manager told us they would make this improvement.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic. Relatives, a social worker and care leaver advisor told us they felt staff kept people safe and protected throughout COVID-19. People were supported by staff to self-isolate when needed.
- Staff used personal protective equipment (PPE) effectively and safely. A staff member said, "(We) LFD (rapid COVID-19 swab) test twice a week and await result before coming in to start work. (We have) plenty of PPE."
- The service made sure that infection outbreaks could be effectively prevented or managed. It had contingency plans to alert other agencies to concerns affecting people's health and wellbeing.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The registered manager investigated incidents and shared what went well and any lessons learned. After staff used restrictive practice or there was an incident, they and the people involved

took part in post incident reviews. These discussions were recorded and considered what the triggers were, what was done well, and what could be done to avoid the need for its use in similar circumstances. A staff member said, "[Staff] have debriefs at staff meetings after incidents regarding any learning and also what worked well. It is positive learning."

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. A relative told us about a one-off incident that had occurred which they reported. The registered manager and staff team took action to resolve this to reduce the risk of further incidents.

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 our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained 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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. They also included people's physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's individualised needs. This included relevant assessments of people's communication support and sensory needs. A relative confirmed, "Since [family member] has been there they've developed words, the staff work really hard to understand [named person]."
- Peoples care records set out current needs, promoted strategies to enhance independence. They also demonstrated evidence of planning and consideration of the longer-term aspirations of each person. Relatives, a social worker and care leaver advisor told us how staff empowered people to make progress and develop their independence. A relative said, "(Staff are) very patient with [named person] and encourage and persuade them which actually works a lot of the time."
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans. People's main aspiration was to lead as normal and independent lives as possible. A care leaver advisor told us, "[Named person] is accessing education now after two years of being out of school and the staff helped to sort this out."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. Relatives, a social worker and care leaver advisor told us the strategy of 'shadowing' more experienced staff was the most effective way for new staff to become equipped to support people. A staff member confirmed, "Care records are useful but working with people is what is really useful."
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.
- Updated training and refresher courses helped staff continuously apply best practice. A staff member told us, "(I have had) better training here than any other care company I have worked for."
- The service checked staff's competency to ensure they understood and applied training and best practice. Staff received support in the form of supervision, appraisal, and skills development. A staff member confirmed, "The provider is introducing CPD (continual professional development) for staff re training. I am being supported to undertake a team leader NVQ (national vocational qualification) qualification. They are

keen to support staff development."

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

- People received support to eat and drink enough to maintain a balanced diet. People were supported to eat and drink in line with their cultural preferences and beliefs when required. Staff ensured people were involved in choosing their food, shopping, and planning their meals. Staff encouraged people to eat a healthy and nutritional diet. A relative said, "The food is lovely, and the menus are planned. [Named person] gets a choice of what they would like to eat and is also involved in menu planning."
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. During our site visit we saw people developing their life skills by helping staff in the kitchen and clearing up after they had their meal.
- People could have a drink or snack at any time. This included eating out in restaurants and cafes when out and about with staff support. We observed staff asking a person when returning to the service if they had eaten and whether they wanted something to eat. A relative told us, "[Named person] is eating really well now, they didn't before so that's a good sign they are settled and happy."
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A couple of relatives told us they thought their family member may have put on some weight during COVID-19 lockdown. But went on to say that staff encouraged people to eat healthy food choices and exercise by doing walking, swimming and athletics.

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

- People were supported to attend dentist appointments, annual health checks, screening and primary care services. Relatives, a social worker and care leaver advisor told us that people were supported by staff to access local health services such as the GP and dentist when needed.
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and social events. The registered manager told us how they planned people's medicines in advance of any travel, trips away, days out and, or home visits.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative said, "One thing they did exceptionally well was getting [named person] to have two COVID-19 vaccines, they did marvellously to achieve that!"

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.

- Staff empowered people to make their own decisions about their care and support. We saw people being asked their choice and encouraged by staff to make a choice which was listened to and respected. For example, what they wanted to eat for lunch and when and where they wanted to go on a day out.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff were able to demonstrate they sought people's decisions by communicating with them in their individualised and preferred way. This could be a form of sign language, Makaton, social stories (pictures), body language, facial expressions and or words. A social worker told us, "They use things like social stories, that's how they explained COVID-19 to [named person]"
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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 our last inspection under the previous provider we rated this key question good. At this inspection the rating has remained 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

- Staff saw people as their equal and created a warm and inclusive atmosphere. A social worker said, "It's a very homely environment, it's personalised with photos and comfortable furniture, it's safe and secure. We're very happy with how [named person] is doing there and wouldn't want them to move out of there."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff members showed warmth and respect when interacting with people. A relative told us, "I feel [named person] is actually loved by many of the staff. I've got nothing but praise, [named person] wouldn't be there if I wasn't happy."
- Staff were patient and used appropriate styles of interaction with people. Staff were calm, focussed and attentive to people's emotions and support needs. A care leaver advisor confirmed, "The staff are very attentive."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. A care leaver advisor told us, "They put the right amount of support in place to help [named person] maximise their life experiences."

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

- People felt listened to and valued by staff. People were given time to listen, process information and respond to staff and other professionals. Relatives, a social worker and care leaver advisor told us they were involved in decisions made about their family members, person they supported care. They said staff were always welcoming and accessible to them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. We saw and were told about how social stories (pictorial stories) were used to communicate with people. For example, about why a new person was moving into the service and about COVID-19.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. Staff supported a person to go to the religious service of their choice at the location of their choosing as this was important to the person.
- Staff supported people to maintain links with those that were important to them. People, and those important to them, took part in making decisions and planning of their care and risk assessments. A staff member confirmed, "[Named person] has a formal advocate to help with [named persons] decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. A family member said, "They respect [named persons]"

privacy. [Named person], likes to spend a lot of time in their room and the [staff] will sit outside to make sure they're ok."

- Each person had a plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. The registered manager told us that the service aim was to help people to achieve an independent life as possible. They gave an example of a person who with staff support had been able to move outside of the service into independent living with minimal support. They also gave examples of how staff were currently trying to encourage a person to go out independently. A family member said of the life skills staff were encouraging their family member to achieve. They told us, "The staff do their best, [named person] needs encouraging to have a shower and a shave. It isn't always easy to persuade them, but the staff really do try their best to teach personal hygiene."

- For people living in supported living services, the provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy. Tenancy and separate care agreements were available in different formats such as pictorial and easy read to help aid people's understanding.

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. At this inspection the rating 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication and support plans. A staff member said, "Staff try to be person centred in their approach. Right support, Right care, Right culture, means giving people choices and as much independence as possible."
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. A staff member told us, "Right support, Right care, Right culture. It is very person centred and it is about how (people) want to be supported. Aspirations for people here is to gain more independence. Also, day to day aspirations are about learning life skills. Such as helping with food preparation."
- Staff spoke knowledgably about tailoring the level of support to individual's needs. A relative said about how staff supported the persons transition from their previous placement and got to know the person they would be supporting. They told us, "[Staff] didn't get involved too early (in the transition) because [named person] would've found that difficult. But [staff] visited [named person] and got to know them and spent time learning from the staff in [named persons] previous place. It was really well managed."
- The service met the needs of people, including those with needs related to protected characteristics. Relatives, a social worker and care leaver advisor told us the care and support staff provided was personalised. We saw a video that staff had empowered people to make. It was made by some of the people residing in one of the supported living houses. The video informed those watching what autism meant to each individual and their likes and dislikes.

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.

- Staff ensured people had access to information in formats they could understand. People had individual communication plans/ passports that detailed effective and preferred methods of communication. This included the approach to use for different situations. A family member said, "My [named person] is non-verbal and uses signs but the [staff] need to understand the context of these. [Staff] were well briefed by [named persons] previous keyworker and seem to be on the ball with what [named person] is trying to communicate."

- Staff had good awareness, skills and understanding of individual communication needs. Staff knew how to facilitate communication and when people were trying to tell them something. People's care records guided staff on what individual body language, facial expressions and words meant and what the person would be communicating. Staff demonstrated their knowledge of this. Staff learnt how to communicate with people so people could make their wishes known. Staff described to us certain individualised words and body language that meant 'hungry' or 'unhappy' and 'needs space' that people used to communicate their wishes to staff.

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 encouraged and motivated by staff to reach their goals and aspirations. We took part in a conversation with a person planning a day out which included travelling by train. They were being asked by staff what they wanted to do on this day out and staff listened and helped them plan. We also asked them whether they were enjoying their art and craft session and they gave us a 'high five.'
- Staff encouraged people to participate in their chosen social and leisure interests on a regular basis. Staff helped people to have freedom of choice and control over what they did. We saw people going out and about with staff support when they chose to do so.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone/ video calls/ social media. We observed family visiting a person during one of our site visits. The registered manager also told us how one person during the COVID-19 lockdown learnt how to use video calls to stay in touch with their advocate.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Relatives, a social worker and care leaver advisor told us any issue raised directly with care staff was acknowledged and acted upon.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results. Lessons were shared with the staff team.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. People were asked to feedback on the service provided and how they were feeling. Any queries that arose from this feedback were then explored with the person to see how it could be resolved.

End of life care and support

- People had their end of life wishes recorded should they or their family member/ advocate wish to take part in this conversation.
- Staff would support people at the end of their life with the help of the GP and community nurses to make sure the person had as dignified a death as possible in line with their wishes.

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 our last inspection under the previous provider we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At the previous inspection the registered manager was not always up to date with learning disability guidance. At this inspection the registered manager kept up to date with legislation and guidance to inform improvements to the service. This included the CQC guidance of Right support, right care, right culture.
- The provider invested sufficiently in the service, embracing change and delivering improvements. A relative said, "Everything is done well; they should be very pleased with what they are doing."
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager said, "The service is now moving forward and developing."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider and registered manager worked hard to instil a culture of care. Staff were valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff put people's needs and wishes at the heart of everything they did. A care leaver advisor told us, "We are satisfied [named person] has the right support in place and we would always be contacted if there were any problems."
- The registered manager and deputy manager were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The registered manager worked directly with people and led by example. A relative told us, "We work like a team; I talk to [named person] and the staff every night and feel like I am part of the team."
- Staff felt respected, supported and valued. This supported a positive and improvement-driven culture. A staff member said, "The new provider has been really positive, and communication is good. Staff were really supported during COVID-19. They did welfare checks on staff when staff were off having tested positive or were self-isolating." They went on to say improvements at the service, "Is a work in progress."
- The provider and registered manager promoted equality and diversity in all aspects of the running of the service. A staff member confirmed that the services aim for people was, "To be as independent as possible. For there to be no discrimination and for them to lead a normal a life as possible."
- The provider and registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. A staff member told us, "[The provider] has meetings with team leaders and the management to discuss what is happening and how we can improve. He is involved in the service."

- The service apologised to people, and those important to them, and applied duty of candour when things went wrong. As staff member said, "We also work as a team and will sit and discuss between ourselves after an incident. We reflect and discuss as a team."

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

- The provider had situated the services main office in people's own home. The provider told us they understood that this was not in line with Right Support, right care, right culture. They explained to us their plans to move the office location soon.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. A relative confirmed, "[Registered manager] is competent and approachable; they've really got to know [named person]."
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff demonstrated to us their understanding of the culture of the service and its vision. This was to empower people to live as independent a life as possible.
- Governance processes were in the main effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Audits were undertaken such as medicines audits and infection control audits. Actions were taken when improvements needed were found. However, improvement was needed at one of the locations re medicines stock tallies records.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Records seen showed that people were invited to take part and took part when they chose to do so, in reviews of their care.
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Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager sought feedback from people and those important to them and used the feedback to develop the service. Surveys were about to be sent out to relatives and advocates of people using the service. These would ask them for their feedback on the quality of service provided to people.
- The provider and registered manager empowered family and friends of people using the service to share their views and discuss issues with staff. Any suggestions or improvements required were actioned where practicable. A relative confirmed, "[Registered manager] knows [named person] to a 'T', she'd know if something is up or if they're unhappy so that makes me more relaxed."

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations. This helped to give people using the service a voice/ improve their wellbeing.
- The registered manager and staff team worked with different specialist health professionals to reduce the risk of recurrence following incidents that put a person at risk.