Rutland County Council

Community Support Services

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Community Support Services provides personal care to older and younger adults, living with physical disability, mental health conditions and learning disabilities living in their own houses or in supported living accommodation.

People's experience of using this service:
People received outstanding care from staff who were kind, compassionate and passionate in supporting them to live fulfilling lives. Person centred care was promoted and encouraged, and independence was embedded in planning and practice. People were actively involved and supported to be part of the community. The service had provided training and voluntary opportunities to provide people with skills and experience to support them into employment.

People were supported and empowered to be fully involved in their care. Where people had communication difficulties, the service adapted to the individual to ensure people were included and listened to and able to express themselves. People's choices, lifestyle, religion and culture as well as their personal and health care needs were all included in the care planning process. The service worked in partnership with health care professionals to ensure timely access to health care services.

People's needs were met by good planning and coordination of care. Admission into the service was well planned with the management and staff team working in partnership with people, their family and professionals to ensure a smooth transition. People were engaged in regular reviews of their care and changes in need were recognised promptly and communicated effectively. A well-managed complaints procedure was in place and people felt confident that problems would be responded to appropriately.

People received safe care. Risk assessments were reviewed regularly to ensure safe care, and people were included in the risk assessment process, positive risk taking was supported. Staff were well trained and could recognise signs of abuse and knew how to report it. Safe recruitment procedures meant that only suitable staff were employed. People were actively involved in the recruitment process and formed part of the interview panel. Staff training schedules meant people could be assured staff had the knowledge and skills to do their job. Medicines were managed safely. Staff used protective personal equipment (PPE) to prevent the spread of infection this included gloves, aprons and hand gels.

The provider, management team and staff had developed an open and honest culture, people and staff found them friendly and supportive. The registered manager was an active part of the team, this along with robust quality monitoring processes meant they maintained good oversight of the service. The registered manager encouraged continuous learning and ensured that the service continued to evolve to meet people's needs. The staff and management team worked in partnership with people, their family and professionals to achieve positive outcomes for people.

People received care in line with the law and guidance and were supported in the least restrictive way

possible. The service worked closely with advocacy services to support people when needed.

Rating at last inspection: The service had changed provider, this was a first comprehensive inspection.

Why we inspected: This was a scheduled first inspection. The service is rated good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

For more details, please see the full report which is on the CQC 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 exceptionally caring. Details are in our caring findings below.	**Outstanding** ☆
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**

Community Support Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Community Support Services provides personal care to older and younger adults, living with physical disability, mental health conditions and learning disabilities living in their own houses or in supported living accommodation. At the time of our inspection eight people were being supported in their own houses and twelve people were being supported in supported living accommodation.

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 manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 29 March 2019 and ended on 1 April 2019. We visited the office location and supported living houses on 29 March and 1 April 2019 to see the manager and staff; and to review care records and policies and procedures.

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and

improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered. We also contacted the local authority for feedback.

During the inspection we spoke with four people who use the service and two relatives of people who use the service. We had discussions with six staff members including the registered manager, the service manager, the head of adult care services and three care and support staff. We also spoke with three care commissioners from the local authority.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
● People told us they felt safe, one person said, "I feel safe at the service staff are caring and supportive." People were empowered and supported to protect themselves from abuse, they were given information leaflets on recognising the signs and who to contact for help. Safeguarding leaflets had been made available for people in easy read format where required. We saw that one person had been given the outcome of a safeguarding investigation in easy read format. This detailed what the person had told them, what the person wanted to happen about it and what action had been taken.
● Police community support officers had visited people considered vulnerable to ensure good relationships of trust were built. The registered manager and staff wanted to ensure that people felt comfortable and confident in accessing various sources of help and support if they needed to.
● Staff had received training in safeguarding people from abuse. Staff could explain the physical and emotional signs to look for and knew the procedure to follow to report concerns.

Assessing risk, safety monitoring and management:
● Support with positive risk taking was embedded in practice. Risk assessments had been completed to take into consideration people's choices around taking risk and these were reviewed regularly. People told us they had been involved in assessing their own risk and we saw that records were made available for people in easy read format where required. One person told us they had decided on the level of risk that they wanted to take around their care and this had been supported by the service. The person felt that this had respected their choice and dignity. One relative told us, "They [the registered manager] listened to what we wanted." The registered manager told us, "Where people can make their own decisions around risk to themselves we encourage and support them with that."
● Staff could access information about risk and people's care plans on their smart phones, this meant they had current information of how best to support people. One staff member told us, "We are informed of any changes via a group app and [the registered manager] makes sure the care files kept in people's homes are updated regularly or when needs change as a back-up."
● The service had worked with other professionals when assessing risks to people when accessing the community. Monitoring and follow up meetings showed that close monitored support for one person had reduced. This had a positive outcome for the person with records showing increased positive behaviour. A relative described this support as, "[Relative] is given freedom but with guidance."

Staffing and recruitment:
● The registered manager had a caring attitude towards recruits and told us, "Filling out the application form can be quite daunting for some people as it asks for a lot of information. To avoid discouraging people from applying we can offer one to one guidance or telephone support with completing applications, we can also provide application forms in different formats such as, large print, paper copies and online forms."

● There were enough staff to meet people's needs. Staff schedules were managed to ensure people were supported by staff that knew them and their care needs well. One person told us, "There are plenty of staff, I get the support I need." A staff member confirmed, "There are plenty of staff, casual staff are available to help when needed."
● The registered manager had a team of casual staff that were available to cover for holidays and sickness when required. A local care agency also provided staff if required, we saw that the registered manager had robust systems in place to ensure casual staff were monitored and managed safely.
● Safe recruitment processes ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were repeated every three years. The DBS check supports employers to make safer recruitment decisions.

Using medicines safely:
● Medicines were managed safely. People had medicines charts in place and these were monitored regularly by the management team. Staff knew what to do if there was a mistake. One staff member told us, "I would seek medical advice and inform the manager immediately."
● Medicines were stored safely and appropriately. Where there was a potential risk to people, medicines were stored securely.

Preventing and controlling infection:
● Personal protective equipment (PPE) was readily available to staff. One staff member told us, "We have gloves and aprons and hand gels, we can collect them from the office whenever we need them."
● We saw that people were supported with independence in housekeeping tasks and keeping the environment clean. Whilst visiting the supported living houses one person told us, "I help with the washing and hanging the washing out." Another person told us how staff had supported people to liaise with the house landlord to arrange for the washing up sink area to be adapted to be height adjustable so that they could participate in the washing up.

Learning lessons when things go wrong:
● We saw that the service constantly evolved to meet people's needs via lessons learned. We saw that for one person the decoration of a room had caused them a level of distress and put them at risk of injury. The staff and management team recognised this, they worked with the person and their family and supported adaptations to fully support the persons needs and prevent any further distress and potential risk of harm. Records showed that this had had a positive impact on the person's well-being and had addressed safety concerns. We saw that the person was comfortable and settled in their environment.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People's care needs were assessed and detailed in their care plans, this included lifestyle choices, religion, relationships, culture and diet. People's goals and aspirations had been considered and staff were supporting people to achieve them. One person told us about the goal that they had set and how with the support of staff, they had learnt valuable skills that meant they were on track to achieve their goal.

Staff support: induction, training, skills and experience:
● Staff had received an induction and regular training that ensured they had the skills they needed to do their job. There was a training schedule to monitor when updates were due, the registered manager and management team encouraged and supported learning, extra training was widely available. One staff member told us, "The training is very good here, we get a five-day induction before starting and can ask for extra training whenever we want it."
● Staff confirmed they received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role. One staff member said, "There is a twenty-four-hour support line that we can access if we need to."

Supporting people to eat and drink enough to maintain a balanced diet:
● Care plans detailed peoples likes, dislikes and any specialist diets or allergies. Where needed people were supported and encouraged to eat and drink. One person told us, "They (staff) are helping with nutrition for me at the moment, as poor nutrition can trigger my [condition]" Staff were working alongside and following the advice of a dietician.
● A staff member told us, "When we first supported [person's name] they would only eat one type of food, now they are eating a varied diet and enjoy cooking and preparing different foods."
● We saw in the supported living service, weekly meetings to discuss the shopping lists and meals were arranged which people enjoyed attending and having their input. One person told us, "We have a meeting, and all choose and agree on what we would like, but we can have whatever we want, we go out a lot with staff or with family."

Staff working with other agencies to provide consistent, effective, timely care:
● People were supported by regular staff who knew them well.
● Where people had transitioned from another service we saw that this had been well planned and had been in collaboration with people, their families and other professionals.

Supporting people to live healthier lives, access healthcare services and support:
● Care plans supported people with their healthcare needs including their eyesight, hearing and dental care.

Care plans included details of professionals involved and the level of support needed. One person said, "They (staff) helped me arrange physiotherapy, I am now out of a wheelchair and walking again."

● Emergency grab sheets were in place and were reviewed regularly, this meant that in an emergency the person would have information about them readily available for healthcare professionals.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw that people were being supported in the least restrictive way possible.

● Mental capacity assessments were assessed on individual decisions. Decisions that people were able to make for themselves were recorded. For example, one person decided to eat a certain food even though it made them feel ill. A staff member told us, "We know that's an unwise decision but [person's name] understands the consequence of eating that food. We explain to them each time and are confident they understand, and they have the capacity to make that decision."

● Where decisions were being made in people's best interest, we saw that people their family or representative and other professionals such as GP and Occupational Therapists had been at the meetings and decisions had been recorded in detail.

● People were supported where needed by Independent Mental Capacity Advocates (IMCA). IMCAs are a legal safeguard for people who lack capacity to make specific important decisions.

● Care plans were signed by people or their relatives. One relative told us that the staff never take over or stop their relative doing something. They told us, "If [relative] says they want to do their own [personal care] then [relative] does it." A staff member said. "The guys (people) do what they want to do."

Outstanding ☆

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Supporting people to express their views and be involved in making decisions about their care:
● The service had an exceptional understanding of the importance of ensuring people had control and choice in the planning and delivery of their care. One person had hand written their own care plan in their own words and the plan was being followed as per the persons wishes. One person told us, "At the end of a staff visit I sit down with [staff member] and we write the care notes together on what we did and what we achieved."
● One person had a specific way of communicating using sign language that was unique to them. Guidance on this person's unique style of sign language had been prepared for staff to follow so that they could be sure they understood the persons wishes and choices. Staff were responding to the person signing during our inspection, communication was effective the person remained happy settled and content with the responses.
● People were included in regular reviews of care. Where possible people were supported to chair their own review meetings which included family and professionals involved in their care. Staff supported people to set an agenda and provided materials such as white boards and flip charts. Some people had been encouraged to engage in reviews by staff cutting and decorating flip charts into the person's favourite character or object. A commissioner for the service told us, "They (staff and management) think outside of the box and have a can-do attitude." A person told us, "That's what I like about the service is that you (the person) lead it from the beginning I have the confidence to trust them."
● People were involved in the recruitment of staff for the service. People staff and management had worked together to promote the service to potential new staff by hosting a recruitment open day where one person had showcased their art work and people and staff had talked with potential new staff members about their experience of the service. Staff interviews were held by a panel, the panel included people who used the service. People wrote their own questions to ask potential new staff at interview, we saw examples of these from previous interviews. For people with visual impairment their questions were typed and made available for them to refer to in large print. Decisions on who to recruit were made by people and the staff and management team.

Respecting and promoting people's privacy, dignity and independence:
● A culture of promoting privacy, dignity and independence was embedded in practice. One person described the support they receive as a "A bridge to get me from one place to the other." While another person said, "I have learnt skills that mean I can work towards living on my own."
● The ethos of the whole team was to continually evolve and adapt the service to the individual's needs, with an end goal of reducing dependence on care as much as possible. We saw several examples of this ethos being successful in practice. For example, one person using the service told us, "It has transformed my

life from being fully dependant on support of care staff and living in residential care, to living independently back in my own home with minimal support." This person had had a significant reduction in the amount of support hours they received as they no longer required the levels of support they had once needed. A relative said, "It really is a breath of fresh air to see my [relative] to be given a life that every person should have",

● The staff and management team had created an employment initiative for people by setting up a weekly café in the local town which was open to the public. People had received training, learned skills and were supported to prepare and serve food and drinks in the café. Some of the food had been grown by people supported by staff on a local allotment. People were supported and encouraged to hold meetings and prepare minuets to decide how to spend any profit made in the café. People were also being supported back into employment by working voluntarily for a day centre associated with the service. The manager told us this was a supportive approach as people would be working alongside staff that were familiar to them and could support them if needed. A person explained to us that their previous employment skills were going to be utilized in their voluntary role they said, "I've been out of work for years they (staff) have supported me into a voluntary role I feel so proud of what I've achieved."

● Care planning and risk assessments reflected and encouraged independence. Where people had been assessed as potentially vulnerable in the community steps had been taken to support rather than discourage, for example. The service had adopted a community initiative known as "keep safe cards." This meant that people who may require support whilst out independently in the community carried a card that displayed pictures of local businesses, emergency contact details and health information such as allergies or conditions such as epilepsy. Participating local businesses displayed a sticker in their window to identify themselves as a safe place and would use the persons card to assist them. This system had been used for several people in the service with positive outcomes. We saw that some people were accessing the community independently with this system in place as a safeguard for them. A commissioner for the service told us "People are part of the community they are supported to be independent".

● People were encouraged and supported to be as independent as possible with shopping and cooking. One person told us how staff had supported them to be gain more independence they said, "I didn't have any domestic skills when I first came here, now I know how to clean and cook and do the washing."

● People's privacy was respected. For example, records were stored in locked cabinets and records that were being transported in the community were locked into tamper proof document bags. Throughout our inspection staff closed people's bedroom doors while supporting them and staff were respectful and careful of people's personal belongings.

● People and staff with similar interests were matched. For example, one person enjoyed the company of a staff member as they had a mutual interest in a sport on television. The staff member was afforded regular time in their schedule to accommodate this.

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

● Staff were kind compassionate and caring we saw that staff had developed positive relationships with people and that they enjoyed each other's company. One person told us, we have built trust and a relationship." One person had spent some time in hospital, staff schedules had been arranged so that the person would get a daily visit from a staff member that they knew. One staff member told us, "I went in and spent Christmas day with [person's name] in hospital so they weren't alone."

● The registered manager and staff team worked closely with other organisation to build a support network around people. One person told us, "They (staff) found [local support group] for me, it's a social group for people with [health condition]."

● The registered manager and the staff team had arranged for a human rights information session to ensure people understood their human rights, information had been made available to people across the service.

● Care plans reflected people's culture religion sexuality and family relationships. People had been

supported to relocate back to the county so that they could maintain closer family relationships and live in an area they were familiar with. One relative described how important this had been to the person and their family, they told us, "When [person] was out of county we couldn't visit that often. We can visit anytime now there are no visiting restrictions we are always welcome we don't have to phone." Family and friend relationships were valued and supported by the service. People had an individual record called a "relationship circle" this contained photographs of family members for them to look at. One person also had a box that had been put together with photographs of friends that they could look through. One person was being supported with exchanging text messages and photo's with family a staff member said, "They make [person] smile." Birthdays and special dates were recorded so that staff could support people with sending cards and gifts.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

● Comprehensive care and support plans were in place and written with people at the centre. They covered every aspect of care and support including, choice and desired outcomes, religion, culture, eating, drinking, communication, finances and health. Care plans were regularly reviewed and changed where needed with the involvement of people using the service. Care plans had been made available in easy read format where needed.

● An innovative approach to care and support had been adopted rather than a traditional model of care. People could use their allocated hours flexibly when they chose to, this meant that people were reassured that they could access care exactly when they needed it and that sudden changes to need were accommodated. One person told us, "The hours are flexible I can access the support anytime I need it." Another person told us, "The (service) philosophy is looking at the whole person, care is not task focused."

● People with communication difficulties were supported by staff trained in sign language to ensure people were fully engaged in their care. A relative of a person who uses sign language told us, "They (staff) are very involved in [relatives] care and support and they listen."

● The registered manager and staff were passionate in supporting people to live fulfilling lives. We saw that people were enjoying holidays, day trips and social events. One person showed us photographs of social outings and holidays that they had particularly enjoyed. A staff member said, "I love that we support people to live fulfilling lives."

● Staff schedules were well organised to ensure people were supported by staff who knew them well and could meet their needs and preferences. There was an electronic system in place to alert the office team if carers had not arrived for their visit or were running late. This meant that people were assured that their visits were monitored and managed well and prevented the risk of a missed visit.

Improving care quality in response to complaints or concerns:

● As part of a review of the complaints procedure the registered manager had carried out a survey across the service to ensure that people understood how to make complaint and who to contact. The findings were that people understood the complaints procedure. A relative told us, "I feel comfortable sharing any ideas or concerns with any member of the team. A person told us they had not had any problems but said, "I would feel comfortable to tell the staff if I had a problem or concern."

● Information on how to make a complaint was displayed clearly in the entrance of supported living properties and we saw leaflets at the front of people's personal care files in their homes. Easy read information on how to make a compliant was also clearly displayed.

End of life care and support:

● Staff had received training in supporting people at the end of their life. Staff we spoke with told us of the importance in following people's wishes. One staff member spoke fondly of a person the service had

supported at the end of their life, they said, "[Persons name] wanted to come home from hospital to be supported, they (the person) wanted that. [Person's name] wanted to get outside into the garden so that's what we did. It's good to know we made an impact on someone's life."

● End of life care plans were in place for people who had wanted to engage in the process. Information included people's preference and choices around their care as well as information around equipment that could be sourced to provide physical comfort. One person had made decisions around the level of medical intervention they wanted and what equipment they wanted to use. This person's decision had been respected and alternatives acceptable to the person had been sourced and implemented. People's family had also been considered in the planning of end of life care and support where required had been planned and implemented.

● The staff and management team had worked with other professionals to support people at the end of their life. We saw a compliment from an IMCA that had worked in partnership with the service they said, "I was struck by the care and devotion staff showed to a very sick [person] approaching end of life." A commissioner for the service told us that end of life care was very good in the service and that the staff and management team had been instrumental in getting a person home for end of life care and support. The commissioner said, "The service kept the vision that the person wanted to go home and made it happen."

Good

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider, registered manager and management team put people at the centre of the service. They were passionate about ensuring peoples choices, goals, aspirations and feelings were considered and incorporated into care. A relative told us, "[Registered manager] makes care personal, [registered manager] is a good manager, works very hard and wouldn't just go home at p.m. if something needs doing, [registered manager] takes pride in the job."
- Care plans were reviewed regularly to ensure planned care continued to meet people needs. The registered manager was leading the way in ensuring that the care service adapted to meet the individual needs of people with the end vision of ensuring people were supported to be as independent as possible and felt part of the community. A member of staff told us, "We have a champion in [the registered manager], the service is second to none it's the best I have worked in. The management team have put a lot of work into helping people live fulfilling lives." The registered manager had received an internal award given to staff considered fearless enough to take things in a new direction. When discussing the care provided to one person the registered manager told us, "We owed it to [person] to give them a chance to be In supported living in the county that they were from and where their family are, we spoke openly and honestly as a team about that the service may not work for this person but we adapted the service to make it work. "Some of the people using the service would not ordinarily be considered suitable for a community-based service, we feel passionately about and work hard to make the service work for people, we don't give up on people."

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

- The provider, registered manager and management team were prepared to support people to take positive risk and actively promoted independence whilst understanding their duty to support people to stay safe. This ethos was imbedded in the way we saw staff interact with people. People's activities weren't restricted because it was messy or had elements of risk, quick thinking staff looked at how to reduce risk without limiting people. For example, we saw a person enjoying a very messy gardening activity staff were unperturbed by the mess and dirt but advised that safer footwear might be a good idea to which the person agreed. The staff member told us, "That's a lovely sensory experience for [person]."
- Regular record and systems check's took place to monitor the quality of the service. Areas for improvement were highlighted and action plans developed.
- Staff received regular supervision, appraisal and spot checks. These were used to offer guidance and support as well as monitor quality.
- The service notified the Care Quality Commission of significant events appropriately. Policies and

procedures were in place and were updated periodically to ensure information was current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● Staff and people using the service had held sponsored activities to raise money for local charities. One of the achievements was a changing table for people with disabilities at the local community swimming pool.
● Staff told us they felt well supported and were confident in the management team. One staff member told us, "They (management team) are open and approachable." Staff told us they were proud of the service and all that it had achieved in supporting people.
● Information provided by the service for people and their family was clear and user friendly, easy read and pictorial records were widely available and used.
● People were included in decisions about their care and support. Regular meetings for people took place and the registered manager and management team were regular visitors to the supported living accommodation and to people in the community. We saw that people knew them well and were comfortable in their company sharing smiles and laughter.
● Regular staff and people surveys were used to collate people's feedback and feedback was collected at review meetings and used to drive improvements.

Continuous learning and improving care; Working in partnership with others:
● The registered manger and management team worked in partnership with others. We saw that regular contact with occupational therapists, GP, commissioners and district nurses took place to ensure positive outcomes for people. A relative told us they, "Feel part of the team." A Commissioner told us, [Registered manager] moved mountains to work with the MDT (other professionals) to support a person with transition (from another service). [person's] progress has been amazing." Another commissioner commended the registered manager and staff team for the work they had done with a person who previously would not engage in services. The commissioner said, "They (staff team) put any judgements to one side and fully supported this person, they built a trusting relationship and supported the person to engage with health and social care services. "They work out ways to work with people, It's a unique and innovative service. [Registered manager] is proactive to change and always keen to meet with professionals involved in people's care to solve problems rather than stop support.
● There was an honest and open culture, when things had gone wrong the registered manager had shared information and findings with people and their families and had worked with them and other professionals to drive learning and improvement. We saw evidence of where the registered manager had shared learning and sought and followed guidance from other professionals around a person's behaviour during a transition period. This had a positive impact on the person who following changes, had made positive progress. A Staff member said, "learning from mistakes is very important."
● Staff were supported with extra learning, one staff member told us they had just completed a care management course. Staff told us training was readily available to them. One staff member said, "There are plenty of extra courses we can go on, we just ask the manager."