North London Homecare and Support Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service:
•North London Homecare and Support Limited is a domiciliary care agency.
•It provides a personal care support service to people with a learning disability or autistic spectrum disorder, a mental health condition, a physical disability, sensory impairment, dementia, older people and younger adults living in their own homes and in supported living services.
•Not everyone using North London Homecare and Support Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
•At the time of the inspection, it was providing personal care support to 39 people.

People's experience of using this service:
•People and relatives told us the registered manager and office and care staff were exceptionally caring and this was evident in the whole ethos of the organisation.
•People received high-quality and person-centred care where staff knew people extremely well.
•People were encouraged to live their lives as independently as possible.
•People were encouraged to voice their wishes and aspirations and supported to live their dreams.
•Lesbian, gay, bisexual and transgender people were encouraged to use the service, and received personalised care that met their individualised needs.
•People were supported to identify and access activities that were meaningful and improved their wellbeing.
•The registered manager demonstrated exceptional leadership which positively impacted people's and staff's lives and the whole organisation.
•The registered manager had created excellent community links that benefitted people. They had a strong focus on reducing isolation and loneliness in the community.
•Staff were well supported, and their views and opinions listened to and used to improve the care delivery.
•Staff developed highly positive and trusting relationships with people and their relatives.
•Staff were provided with equal and inclusive developmental opportunities to progress their careers with the provider.
• The service was safe. People and relatives told us staff provided safe care. The provider ensured people's safety by involving outside organisations in promoting safety.
•People were supported by sufficient staff who were suitably recruited, and knew the risks associated with people's needs and how to manage them safely.
•People were protected from the risk of abuse, harm, poor care and neglect.
•People's needs were assessed before they started to receive support, and received consistent, timely and effective care.
•People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
•People were encouraged to live healthy lives with effective support from staff.
•People's end of life care needs was met sensitively.
•People and relatives were satisfied with how complaints were addressed.

•The service met the characteristics of outstanding in caring and well-led.

Rating at last inspection:
•Good (report published 14 June 2016)

Why we inspected:
•This was a planned inspection to check that this service remained Good.

Follow up:
•We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information 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?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

North London Homecare & Support Limited

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:
•The inspection team consisted of one inspector.

Service and service type:
•North London Homecare and Support Limited is a domiciliary care agency. It provides personal care to people living in their own homes.
•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:
•Our inspection was announced.
•The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.
•Our inspection process commenced on 5 March 2019 and concluded on 8 March 2019. It included visiting the service's office, telephoning people who used the service and their relatives. We visited the office location on 5 March 2019 to see the registered manager and care staff, and to review care records and policies and procedures.

What we did:
•Our inspection was informed by evidence we already held about the service including any statutory

notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

•We spoke with five people who used the service and two relatives.

•We spoke with the registered manager, one care coordinator, a team leader and three care staff.

•We received feedback from healthcare and community professionals, social workers and the local authority commissioning team.

•We reviewed six people's care records, five staff files that included recruitment, training and supervision records, staff rotas and other records related to the management of the regulated activity.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe care. A person said, "I feel safe and secure with [staff member] and in her care." A relative commented, "Oh [person who used the service] is totally safe. Yes, [we] trust [staff], if we didn't [we] wouldn't let them in."
- Staff were trained in safeguarding and whistleblowing procedures, and knew how to safeguard people from abuse. A staff member said, "Our role is to protect people from abuse and from anything can cause them harm. I would inform my manager. The manager would investigate concerns. [I] would call social workers, the police and the CQC if my manager doesn't act promptly." The team leader told us, "It is protecting individuals who are [in] danger of harm, from themselves and from others. We [would] raise safeguarding [alert] where needed and liaise with the safeguarding team."
- Healthcare professionals, the local authority and the safeguarding team told us they did not have any concerns about people's safety. A social worker said, "[The management] are quick to report any incidents and safeguards to social workers."
- Safeguarding records were appropriately completed and showed the registered manager alerted the safeguarding team and notified the CQC promptly of safeguarding concerns, and took timely actions to ensure people's safety.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify, assess and mitigate risks to people.
- Staff demonstrated a good understanding of risks to people and how to manage them safely so that people were provided with safe care. A staff member said, "Before [person's] bathroom was not suitable and was unsafe. We helped him to put in a new walk-in shower and he now can access his shower safely."
- People's risk assessments were individualised and regularly reviewed. They provided staff with information on identified risks and how to mitigate them whilst respecting people's freedom and independence. Staff told us the risk assessments were accessible and appropriately reviewed. A staff member said, "[Risk assessments] are kept in people's homes. They are helpful. If I notice any changes in [people's] needs, I report it to the office and then care plans and risk assessments are updated."
- The risk assessments were for areas such as the environment, fire safety, infection control, medicines, personal hygiene, diet, finances, behaviour and accessing the community.
- This showed the provider ensured risks to people were mitigated and they received safe care.

Staffing and recruitment

- People and relatives were happy with staff timekeeping and there were enough staff to provide cover when the regular staff were on leave.
- The provider followed appropriate recruitment procedures to ensure sufficient and suitable staff were in

place to meet people's needs safely. Staff recruitment records showed they were appropriately vetted and necessary checks carried out before they started working with people.

●Staff told us they were satisfied with how the care visits were scheduled and had enough travel time.

●The registered manager ensured people, and where necessary their relatives, were informed in a timely manner when staff were running late. The registered manager maintained missed and late visit logs and the records detailed proactive actions they had taken and the lessons learnt to minimise the reoccurrences.

Using medicines safely

●People were safely supported with their medicines management needs by staff who were appropriately trained and their competency assessed. People and relatives told us they were satisfied with medicines support.

●Staff were knowledgeable about how to safely support people with their medicines needs and knew what actions to take if people refused their medicines.

●Information in people's care files reflected their medicines needs and how they liked to be supported.

●During the inspection, we found the medicines administration records (MAR) did not include people's allergies and the codes for staff to use when the medicines had not been administered. However, this information was recorded in people's care files and daily care logs for staff's easy access. Following the inspection, the registered manager sent us reviewed and updated MAR templates that included missing areas of information.

●Staff generally completed MAR appropriately. Where there were issues and gaps, these were identified and acted on promptly.

●The provider was aware of the new National Institute for Health and Care Excellence (NICE) guidelines and was in the process of updating their medicines paperwork as per the NICE guidelines.

Preventing and controlling infection

●Staff were trained in infection control and followed safe procedures to protect people from the risk of spread of infection. A staff member said, "[I] wash my hands, wear gloves, and aprons where necessary, beddings and clothes washed properly. Floors and bathrooms are kept clean. Yes, been given sufficient personal protective equipment to avoid risk of contamination."

●This meant the provider ensured people were protected from the risk of infection.

Learning lessons when things go wrong

●The provider had systems in place to report, record, investigate and learn lessons from accidents and incidents.

●Staff were trained in health and safety. They knew the actions they were required to take in case of accidents and incidents. A staff member said, "[I] cannot pick [people] up when they have a fall. [I] have to assess the situation, where they are badly injured I will have to call 999. I will inform the office, have to [complete] an incident form and bring it in the office." An office staff member told us, "I will tell the [staff member] to call the ambulance, ask them stay with the [person] till they get medical intervention. Ask them to fill out the incident form and these are reviewed by [the management]."

●Accidents and incident records were clear and detailed the event and actions taken to keep people safe. However, they did not always record lessons learnt. The registered manager told us moving forward they would include lessons learnt in a format that would provide a better audit trail and easy access.

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

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

- Records showed people's needs were thoroughly assessed before they started receiving care. People and relatives confirmed this. A relative said, "When we first contacted the [service], the [team leader] came over to ours and asked what [person who used the service] needs were, what level of support was needed, her routines, what time she wanted carers to come over."
- The provider spoke to the people, their relatives where necessary, and healthcare professionals involved in people's care to identify their needs, abilities, choice and risks associated with their care. The needs assessment process was comprehensive and gathered information related to people's healthcare needs, personal care, medicines, diet, communication, social and religious and cultural needs.

Staff support: induction, training, skills and experience

- People and relatives told us staff were skilled and knew how to meet their individualised needs. A person said, "[Staff] take good care of me. I have mobility problems, [staff] help me with things around the house, washing me and they also help me with shopping." A relative commented, "[Staff] use hoist properly to support [person]. They know what they are doing."
- Staff received sufficient induction, specialist and refresher training to enable them to meet people's needs effectively. Records confirmed staff were provided with appropriate and regular training.
- Staff told us they found the training helpful and felt confident in their job. A staff member said, "[Training] is brilliant, I find it really helpful. We recently did manual handling and risk assessment training. Most of the training is done face to face."
- Staff were provided with regular one to one and group supervisions, and records confirmed this. A staff member said, "I get regular one to one supervisions, having them every three months, [they are] helpful. Sometimes it is nice to offload, I feel better afterwards."
- Appraisal records showed staff were provided with annual appraisals where their performance was assessed, and objectives set and reviewed.
- This meant staff were provided ongoing support and training to enable them to provide effective care.

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

- Where people required support with nutrition and hydration this was provided. People and relatives were satisfied with the dietary support.
- People's care plans detailed their dietary needs, risks associated with those needs and the support they required. For example, a person's care plan stated they required full support with preparing and cooking their meals, and instructions for staff to assist them whilst they fed themselves to reduce the risk of choking whilst still respecting their independence.
- Staff knew how to meet people's individual dietary needs. A staff member said, "[Person] was diagnosed as

pre-diabetes, in the past he had ready-made meals. We assisted him in cooking fresh meals and eating a balanced diet. He has now lost weight and this has improved his overall health."
●People's daily care logs showed how staff supported them with food and drinks and this enabled them to monitor their food and fluid intake.
●This meant people were supported effectively with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●People and relatives told us they were supported to access healthcare services. A person said, "When I was very unwell, [staff] took me to hospital and visited me regularly."
●Staff worked with other agencies and healthcare professionals to ensure people received consistent, effective and timely care to help them live healthier lives. A staff member said, "[Person who used the service] had blisters on his legs, we worked with district nurses and now he doesn't have any blisters. I take him to health visits. His health has improved because of the consistent care we provide him."
●There were records of healthcare professionals' correspondence, referrals and assessment forms that confirmed where requested, people were supported to access healthcare services and support in a timely manner.

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".

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.
●During the needs assessment process, the provider identified whether or not people had capacity to make decisions related to their care and treatment. Where people lacked the capacity, the registered manager ensured their care plans clearly stated this and the details of their legal representatives who made decisions on their behalf. Records confirmed this.
●People and relatives told us staff encouraged them to make decisions by giving them choices and sought their consent before they provided care.
●Staff knew the importance of giving choices and asking people's permission before providing care. Staff comments included, "As much as I can I would encourage [people] to make decisions. I would give them choices. For example, I will show [person] what is in the fridge and this would enable him to make a decision" and "I always ask [person] what he wants to do today and he would tell me."
●This showed the service worked within the principles of the MCA.

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.

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

●People and relatives told us they received an exceptionally caring service from staff who went above and beyond in helping them. For example, one person with substance dependency told us that, through the caring and individualised support of their care staff, they had been encouraged to live a life without substance dependency. They told us, "I put it as [the service] saved my life. The [staff] are friendly, warm and helpful. They have provided incredible emotional support. If it wasn't for [staff], I don't know what I would have done."

●Healthcare and community professionals told us the service was extremely caring and staff provided an important service. A community professional commented, "I would like to say that [the service] support some of our most vulnerable [people who used the service] and in terms of the support given re: their [needs] I have nothing but praise for them. Without their continued support we would not be able to manage these [people's] [needs]."

●People received outstanding care from staff who were extremely caring and kind. A person said, "[Staff] take [a] personal view of you, I am not just a task for them." The provider recruited staff who had caring traits and were passionate about making positive difference to people's lives. The service worked with a group of people who used the service to develop interview questions that enabled them to select staff who displayed caring characteristics.

●Staff provided care that was significant to people. For example, one person who was supported to go to hospital asked the staff to take care of their pet whilst they were in the hospital. Staff visited the person's pet regularly and ensured they were fed and cared for.

●The service was committed to delivering person-centred care that reflected people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010. These applied to people who used the service which included age, disability, gender, marital status, race, religion and sexual orientation.

●Lesbian, gay, bisexual and transgender (LGBT) people were supported with their specific needs. Their sexuality and gender needs were identified and recorded in their care plans as per their wishes. For example, one person expressed their wish to wear clothes of the gender they identified with. The service made sure the person was listened to and not discriminated in anyway and was supported to express their wishes and preferences. Their care plan stated their wish and instructed staff to meet their needs sensitively.

●LGBT people were supported to attend events and access suitable services. For example, one LGBT person's aspiration was to attend London Gay Pride. Staff worked with the person and supported them to attend this event. This enabled the person to feel less isolated and more included in society, and enabled new friendships.

●Staff were highly motivated, and through their consistent caring support made positive differences to people's lives. For example, one person with autism who had not spoken as a child and an adolescent,

through staff's consistent care and support and effective healthcare professionals' intervention, started talking. The staff member who had been supporting this person for many years told us, "My absolute highlight was when [person] spoke and it was huge as he never had in the past."

●Staff were passionate and committed to providing exceptional care and support to people and their relatives. For example, a person whose relative was supported by the service for many years, formed a strong emotional bond with the staff. Following the person's death, staff and the registered manager continued to provide the relative with emotional support and invited them to the service's events and parties. This way the service supported people in their own time and 'going the extra mile' to enable people to have meaningful lives, and reduce the risk of social isolation. A relative commented, "Nothing is too much for [staff], they are always ready to help."

●Staff morale was high and staff told us they were proud of their job. A staff member told us, "Seeing [people who used the service] grow daily, is extremely rewarding. It is a privilege."

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

●People were supported to voice their dreams and aspirations, and staff assisted in enabling people to live their dreams. For example, one person who dreamt of travelling was supported to go on a trip to Paris. The staff member supported the person to apply for a passport and engaged with them to identify places they wanted to visit. After some engagement sessions, the person said they wanted to go to Paris to see the Eiffel Tower. The staff member supported the person to develop the travel plan and accompanied them to Paris. We saw the 'trip to Paris' pictorial memories booklet they developed following their return. The booklet showed the places they visited in Paris, food and drinks they tried, and the beautiful memories they made.

●Staff positively welcomed the involvement of advocates. and actively worked with them to support people to explore their care and support options. For example, in situations where people's relatives did not share the same view as the person, the service supported people to have their voice heard. The service involved advocacy to mediate and support people to live their lives the way they chose to, and not so much imposed upon by their relatives' views.

●People, and where appropriate their relatives, were involved in their care planning, and the service ensured people were at the heart of the process. The service used creative ways of recording people's histories, and religious and cultural needs. Staff were matched with people as per their interests, preferred gender of their carer, cultural backgrounds and language skills. Where this was not always possible, staff were provided with personalised information to enable them to meet people's diverse needs. For example, the care plan for one person, whose first language was not English, stated familiar and key words in their preferred language. These words were chosen by the person and their relative, and this made the communication effective and improved the overall care experience for the person and the staff.

●Staff respected people's views in relation to their care and followed their lead with sensitivity. For example, a person wanted a new care plan after their pet went missing. Their pet was an integral part of their life and formed an important part of their care plan. On the day of inspection, we saw this person's care plan was reviewed and updated as per their wish.

Respecting and promoting people's privacy, dignity and independence

● The service was committed to promoting people's independence, in a manner that enhanced their self-esteem and achieved their aspirations. A person said, "When I started using the service, I was in a bad state and [staff] helped me out a lot, my health improved, and I can now walk."

●Staff encouraged people's independence and took proactive actions to enable their independence. For example, one person was supported to have adaptations made to their bathroom to enable them to shower independently. Another person wanted to independently transfer themselves from their wheelchair to the sofa. Staff recognised how important this was for their independence. They carried out risk assessments, made referrals to support the person to make changes to their home environment and access necessary

equipment. This enabled staff to promote the person's independence in making choices and supporting the person to transfer themselves independently.

●People and relatives were extremely complimentary about the staff and told us they were supported by the same staff. The service provided the continuity of care that allowed staff to build up positive, trusting and meaningful relationships with people. The registered manager and the office staff provided care support to people during staff absences.

●Respect for privacy and dignity was at the core of the service's culture and values. All staff were trained in dignity and respect. People and relatives consistently told us staff treated them with dignity and respect. A person said, "[Staff] treat me as if I matter and my opinions are important."

Good

Is the service responsive?

Our findings

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

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

●People, relatives and the healthcare professionals told us the service was responsive and met people's personal needs. A person said, "[The service] definitely adjust to my needs. For example, if I ask now for more carers this evening or at short notice, I absolutely have no doubt it would be taken care of." A relative told us, "They provide care that meets her individual needs. Oh, yes they are flexible and responsive." A healthcare professional commented, "They are very good at addressing and working around issues."

● Staff knew people's likes and dislikes, and how to provide personalised care. A staff member said, "A [person who used the service] likes to be touched gently, doesn't like loud noises, dogs, and don't like to be in large crowds. When I work with her when planning activities, I take her dislikes into consideration."

● People's care plans were person-centred and gave staff information on their background history, likes, dislikes, healthcare needs, routines, important things and people in their lives, what they were frightened of, care outcomes, how they would like to be supported and preferred care visit times.

●The care plans also provided information on people's communication needs, their preferred communication methods and instructions for staff on how to communicate with people. This enabled staff to meet people's individual communication needs.

●Staff were knowledgeable about people's preferred communication methods. A staff member said, "[Person] is a selective mute. She does her own signs. To find out what she needs, we worked with her to learn what signs she uses, and how she communicates, such as hitting her leg means she is saying she is in pain." Selective mutism is an anxiety disorder in which a person who is normally capable of speech cannot speak in specific situations or to specific people.

●Staff were provided with training where required to communicate with people effectively. A team leader said, "We have one individual who uses sign language to communicate. [Person] uses her own style of sign language, some Makaton signs along with some British Sign Language signs and some that she has developed herself. Along with the community speech and language professional, [the management] arranged sign language training for her regular staff team, specific to her communication needs." Makaton uses signs and symbols to help people communicate. It is designed to support the development of spoken language.

●This meant the provider met the accessible information standards (AIS). The AIS set out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

●People's care was reviewed regularly and their care plans were updated where necessary. People, relatives and records confirmed this. This meant staff were provided up-to-date information on people's needs that enabled them to provide personalised care.

Improving care quality in response to complaints or concerns

●People and relatives knew how to raise concerns and make complaints, and told us they were satisfied

with how their complaints were addressed. A person said, "I have made one complaint in the last three years. I was listened to and they dealt with it completely and [since then] it hasn't happened again. I wasn't made to feel terrible because I made a complaint. I wasn't frightened at all." A relative commented, "Everything is ok, we have not had a need to complain."

●There had been two complaints since the last inspection. The complaint records showed the complaint was recorded appropriately, investigated and addressed in a timely manner.

End of life care and support

●The provider had systems and processes in place to support people with their end of life care and palliative care needs.

●People's care plans contained their end of life care needs and instructions for staff to follow to meet their individual needs sensitively and with compassion. For example, one person's end of life care plan recorded the support they required. It stated, "I would like to die at home with my family around me. I know I am dying, please reassure me and make me comfortable. I need support during the night. If you are spending the night with me please let me sleep as I wish, if I am awake, I enjoy being read to and have books by the side of my bed. I also like to have the television on in the background. Please reassure my family, too." Their care plan also gave contact details of a 'hospice at home' service that was providing palliative care support.

●Staff were trained in end of life care and the registered manager had recently completed an advanced 'train the trainer' course in end of life care which was delivered by a local hospice. The registered manager told us they were in the process of scheduling training dates for staff.

●Staff demonstrated a good understanding of how to provide personalised care to people with their end of life care needs. A staff member said, "I have supported a lady who was on end of life. I took her to hospice, visited her and provided emotional support. It is very difficult for the family, we would give [relative] a break by going in, we would sit by the person and speak to them, and made sure she was comfortable."

●Staff told us they were offered counselling which enabled them to deal with people's death.

●This showed people were supported at the end of their life to have a comfortable, dignified and pain-free death.

Outstanding ☆

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.

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

●We received excellent feedback from people and relatives in relation to the leadership of the service and how well the service was managed. A person commented they were happy with the service and it was well led. They said, "[Registered manager] is very down to earth, and she respects her staff. I have utmost respect for her. I have absolutely brilliant care and would not hesitate in recommending the service to others." A relative said, "Yes [the service] is well managed. Staff in the office are fantastic, really helpful. The manager is approachable and easy to talk to. We are happy with the service."

● Healthcare and community professionals told us the leadership was exceptional and ensured people received safe and high-quality service. A healthcare professional commented, "The agency is extremely well managed and the manager knows the people they are working with well. They are always approachable and come back to me straight away. They work with me to solve problems." A community professional said, "My opinion of [registered manager] as a manager is that she is very helpful, supportive and very passionate about the adults they support and she always wants the best for them. She manages her team well to provide the best of services they can offer to their client base."

●The service was consistently well managed by a registered manager who had been working with this service for over 15 years. They started working as a care staff member and progressed their career. They had been managing the service for several years and demonstrated exceptionally well their understanding of care delivery requirements and managerial responsibilities. For example, the registered manager kept up-to-date with changes in the care sector to ensure the quality and safety of the care delivery. They continuously reviewed their staffing levels and the structure to ensure there was sufficient back office support for the smooth functioning of the service. They were skilled, trained and had number of years of experience in working with the people the service provided care for.

●The registered manager created and promoted an exceptional person-centred service which was open, inclusive and empowering. The service focused on people's physical and emotional wellbeing, and ensured they had access to services, information and advice to meet their individual needs. They achieved this by empowering people to lead their own lives, make choices and maximise their independence whilst providing people with appropriate care and support. The service's practices were underpinned by a set of values including involvement, compassion, dignity, independence, respect, equality and safety.

●The service had a strong organisational commitment and the registered manager was inclusive in their management approach and provided equal opportunities to staff to further their careers with the provider. The registered manager told us they took pride in enabling staff to realise their potential and this promoted high levels of satisfaction across all staff.

●Staff were motivated by and proud of the service. The service had a high staff retention and some staff had been working for this provider for over 10 years. Staff told us they felt well supported and were provided with plenty of opportunities to develop their skills. Three staff we spoke with told us they had been promoted in the last few years. A staff member said, "I like it here, I have been given opportunity to grow in the company. I started as a care staff [member] and became a [team leader]. I love my job and enjoy working with people with disabilities."

●Staff told us the registered manager cared about their health, considered any changes in their circumstances and were flexible towards their needs. A staff member commented, "The good thing with this company is that they were able to understand the complications involved with what I could do due to my health situation. [Registered manager] was extremely helpful and supportive. She came to see me in hospital when I was not well. She is very caring and very supportive."

●Staff were strongly collaborative and told us they felt valued, that their opinions and views mattered. A staff member said, "I took a [person] to Paris. I came to [registered manager] and expressed [person's] wish and she supported me. I always have the backing and support from [registered manager]. She always advises on what route to take. Yes, I am listened to and my opinions are respected. I feel respected. We learn from each other."

●There were effective auditing systems in place to drive and improve high-quality and person-centred care. Records showed audits and checks were carried out for care plans, risk assessments, medicines administration records, healthcare appointments, staff training, safeguarding, complaints, accidents, and finances.

●There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service.

●The provider carried out comprehensive compliance audits and records showed that the areas that required improvements were identified and action plans developed to make necessary improvements. The registered manager saw good governance as a key responsibility and was extremely responsive in implementing action points to make improvements.

●The registered manager demonstrated their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

●Staff performance management processes were effective, reviewed regularly, and reflected best practice. The registered manager carried out one to one supervisions and annual appraisals where they fed-back to staff on their performance, acknowledged their strengths and discussed areas of improvement.

●This showed governance was extremely well embedded in the service and the registered manager had a robust oversight of the management of the service to ensure the care delivered was safe and of high quality.

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

●The registered manager developed and implemented innovative ways of involving people, relatives, the public and staff in developing high quality care and outstanding practice that was sustained over time. For example, the service involved a group of people who used the service to review and redesign their 'service user' guide so that it was more user friendly.

●The service was an integral part of the community. The registered manager consistently engaged with people who used the service and staff to develop services that reflected the needs and preferences of people living in the community. For example, the service started a cooperative group that was owned by the group members who had learning disabilities. The members were supported by the provider to deliver services to people from diverse backgrounds and with different needs who led isolated lives in the community and were vulnerable. The services provided by the cooperative group included shopping, gardening, dog walking and befriending. This reduced isolation and loneliness amongst people living in the

community and enabled the members to learn new independent living skills, volunteering skills, and enabled new relationships and friendships.

●The views of people who used the service and their relatives were at the core of quality monitoring and assurance arrangements, and innovation was celebrated. For example, the service had taken on board the feedback and suggestion from a relative in relation to introducing the staff recognition award. A person who used the service had passed away after being supported by the service for many years. Their relative wanted to express their gratitude to staff for their exceptionally caring service and suggested this was recognised in the form of an annual staff award. This award was named after the person who used the service and had been going on for two years. During the year staff were required to nominate a staff member for 'going the extra mile' and for providing a remarkable service. At the end of the year, the staff member with the most nominations received this award. Staff told us they felt motivated by this recognition award.

●The staff recognition award increased staff morale and improved staff engagement. In order to maximise the benefits of this award the provider introduced it across other services they provided.

●The service used creative ways to enable people to be empowered and voice their opinions, and involved them in improving other people's lives. For example, the service was in the process of developing a 'community cookbook' for and by the people who used the service. People's various skills and strengths were taken into consideration in developing this community cookbook such as a person who was good at designing and painting was asked to design the front page. Another person was developing some of their family recipes which would go in the cookbook. This enabled people to use the skills they had to give something back to the community and improve other people's lives.

●The service worked collaboratively with community organisations, charities, healthcare and community professionals, the local authority and the commissioning team to build seamless experiences for people based on good practice and people's informed preferences. For example, the service worked in partnership with another provider to arrange social groups for adults with disabilities within the lesbian, gay, bisexual and transgender community.

●The registered manager attended quarterly forums called 'neighbourhood meetings' where they met with representatives from GP surgeries, the continuing health care team and the discharge team. This networking meeting provided an excellent opportunity for the provider to learn where the care had failed and how to make improvements. For example, at the last meeting the discussion was on how to reduce hospital admissions and premature discharges.

●The service had a track record of being an excellent role model for other services. For example, the service found various clubs and centres, and supported people who were lonely and isolated to access them. This enabled people to meet new people and improve their wellbeing.

●The service placed a strong emphasis on continuous improvement and learning from concerns and incidents. Throughout the inspection, the registered manager, office staff and the care staff showed commitment and openness to continuous improvement.

●There were records of monthly telephone monitoring checks, quarterly spot checks and annual surveys to ensure the safety and high quality of the care being delivered. The overall feedback from people and relatives was consistently positive.

●The provider had introduced staff away days where they engaged with staff and involved them in strategic thinking and developing innovative ways of providing high-quality and person-centred care.