

Perthyn

# Nottinghamshire Office

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

We carried out an announced inspection of the service on 24 September and 16 October 2019.

Nottinghamshire Office is part of the Perthyn group of services and is registered to provide personal care for adults, some of whom may be living with specific mental health support needs, learning disabilities and/or autistic spectrum disorder. People supported by this service either live in their own homes, or in shared accommodation with others. At the time of the inspection there were 19 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were extremely positive about the service they received. Every person and relative we spoke with felt that they were involved as a partner in their care. People felt they were enabled to be a valued and independent member of the community.

People received exceptionally personalised care and support, which was tailored to their individual needs. People had formed positive relationships with staff who knew them well. There were sufficient staff, recruited safely to meet people's needs and provide highly individualised care and support.

The provider had a strongly embedded ethos of person-centred care. People were fully engaged in planning their own care and support, which reflected their individual strengths, goals for the future and wishes.

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

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported and educated about the risks of potential abuse by highly skilled and knowledgeable staff who understood safeguarding policies and procedures and how to report their concerns.

The providers valued their stable staff team, who were well trained and offered development opportunities. They were involved in sharing best practise in their areas of expertise on a local and national scale and worked effectively with a wide range of partners in the local area to ensure that people were fully supported.

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

#### Rating at last inspection

The previous rating for this service was Good (report published 21 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### 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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Nottinghamshire Office

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection carried out on 24 September was conducted by two inspectors.

The inspection carried out on 16 October was conducted by one inspector and an inspection manager.

#### Service and service type

This service provides care and support to 19 people living in 12 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection on 24 September. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We gave the service 48 hours' notice of the second inspection on 16 October. This was due to a technical error which occurred following the previous inspection. We revisited on this date in order to confirm our findings at the previous inspection.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection

## During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the regional director, registered manager, regional services manager, assistant director of specialist support services, regional senior human resources advisor, assistant support manager, community support manager and a community support worker.

We reviewed a range of records. This included four people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of 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 to validate evidence found. We looked at training data, the company statement of purpose and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff invested in educating and supporting people to stay safe and this had contributed to people's health and independence skills improving. For example, we saw that people had positive behaviour support plans in place which identified specific triggers for behaviours they may display which others may find challenging. We saw for one person they had reduced significantly since they had begun using the service. This person told us, "I feel a 100 % safe, staff know what they are doing. They are one step ahead of me, they knew what they were doing straight away here."
- We saw evidence that where people had a change in their needs and a multi-agency review was required; the service worked closely with all agencies involved with people's care and treatment to ensure the best support and outcomes were sought for people using the service.
- Internal systems, processes and protocols were developed to enable staff to appropriately respond to any safeguarding concerns. Staff followed these and appropriately reported and recorded their concerns internally and externally. Staff were skilled and enabled to take appropriate action to identify people at risk of abuse or harm. Safeguarding referrals to the local authorities were made in an open and transparent way by the registered manager.

Assessing risk, safety monitoring and management

- The provider had a well-developed assessment tool for staff to use when they assessed people's needs before they started using the service. This included identifying what risks may be involved and measures needed to ensure people's needs were met safely and in the least restrictive way.
- Assessments were in place to identify risks from people's care, their home environment and specific healthcare conditions they were supported with. Assessments included information on actions to take to minimise risks to people; for example, when out in the community with one person who could find this challenging due to becoming anxious or overwhelmed. They gave detailed instructions on the numbers and actions of staff needed to support people safely and to de-escalate any challenging situations for people in an appropriate and safe way for people and staff.
- Staff were extremely competent to deal with emergencies and keep people safe who live with behaviours that others may find challenging. We saw they were trained in understanding autism, positive behaviour support and specific training related to health conditions of people using the service.

Staffing and recruitment

- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. We saw that staff were 'matched' to people using the services, to

ensure that people would be supported by staff who had the skills, knowledge and experience to provide the best support available for people using the service. There were enough suitably experienced, skilled and qualified staff available to meet people's individual needs. We saw in the compliments folder that a visitor to one of the locations had written, 'I can say that I am very impressed with the can-do attitude at this service and staffing it appropriately.'

- People were involved in the recruitment process. One person using the service is invited to attend jobs fairs with staff to ensure that people are involved in this process as partners. The service was also working towards using a camera system to engage people in the recruitment process to make videos where they were not able to attend in person to ensure they have service specific interviews for each location.
- People and their relatives told us they had a consistent team of staff who attended to their needs and knew them well. They were happy with the support and told us staff supporting them were like their family. One relative told us, "The service has made a real difference to [Name]. The staff are really well trained and have a fantastic understanding of [Name's] needs, it has taken a year for the trust to develop."

#### Using medicines safely

- People told us staff supported them to take their medicines, and where people were able to take their own medicines, staff always reminded them. People and their relatives told us they felt medicines were handled and managed safely by staff.
- Medicine administration records were complete and accurate and people received their medicines as prescribed. Medicines records and stock levels were regularly audited.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for people to detail why they needed the medicine and what the maximum dosages were. This meant that guidance was in place to ensure people received the medicines they needed in a consistent manner. Staff understood how people would present when they required their medication.
- People's medicines were regularly reviewed by their GP and relevant health professionals.

#### Preventing and controlling infection

- People and relatives told us staff washed their hands and used gloves when appropriate if they were providing personal care.
- People were supported and encouraged by staff to maintain the cleanliness of their own rooms or accommodation. We saw in people's care and support plans that this was an action for people to complete to promote their independence.
- Staff were trained in infection control procedures.

#### Learning lessons when things go wrong

- With any complaint, accident, incident or safeguarding concern, managers carried out a full investigation and, where required, a robust analysis. We saw that following this, constant improvements were made to the training, governance systems, policies and procedures and support for both staff and management accordingly.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The provider had developed many excellent relationships with social care professionals, NHS staff in the local hospitals, GP's, Community Learning Disability Teams, District Nurses, a range of Housing Providers, the Fire Service, Police and the Voluntary sector. They worked closely with the local acute mental health teams and regional social work teams to assess and appropriately accommodate people prior to their discharge.
- We saw numerous positive comments from professionals involved in people's care regarding the positive outcomes seen for people. For example; one person had previously been receiving a very high level of support in a secure unit, often requiring up to five staff to support them due their potentially challenging behaviours. This person was now residing in a settled community setting with the support of two regular staff and an effective, less restrictive care and support plan. This had reduced this person feeling isolated and encouraged them to be an active and engaged participant in the community, with the support and encouragement of the skilled staff. We saw this had been achieved through a multi disciplinary approach to this person's complex care and support requirements. The person's family had been fully involved throughout the process, and a positive relationship had been built with them to ensure they were supported by the team.

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

- People were supported to enjoy the best quality of life possible within the service. People's care and support needs were assessed holistically, and staff worked with them to promote a healthy lifestyle to prevent hospital admissions. They told us they were involved as partners in their care. One person said, "The staff have gone through the care plan with me at every step of the way."
- Transition to the service for people was arranged at the person's own pace, with the support and inclusion of family, friends and professional teams involved with people's care. We saw a compliment from a family member which said, 'I just wanted to pass on my appreciation to all of the staff supporting [Name]. The manager goes that extra mile to make sure things run smoothly and has built a great team who all care for [Name] who relates so well with each of them'.
- The assessment ensured that support was planned for people's diversity needs. This was based around the service user guide for people which stated the seven principles that should be used to 'guide us' were; being seen out and about, choice, being you, being valued and respected, planning for life, learning and relationships. We saw that these encompassed all areas of people's lives such as their religion, culture and

expressing their sexuality. Assessments included clear information about what people could do themselves along with what support people may need from staff to maintain their independence.

- Prior to people moving into the service their needs were fully assessed. These assessments were highly personalised and used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person. People had individual tenancy agreements in their care plans, which staff supported them to budget for with a financial care and support plan for each person.
- We saw that people's oral health needs had been considered in their care plans. People had regular access to dentist services when required.

#### Staff support: induction, training, skills and experience

- Staff were not just following nationally recognised best practice guidelines when supporting people, but also contributed to develop best practice guidance and shared this with other providers and health professionals as well as raising awareness in the wider community.
- We saw that the provider followed best practice, for example by using a recognised guide to ensure that people living with learning disabilities and mental health conditions are supported to live the best quality of life and promote safety without restrictive practice.
- Staff fully understood their roles and responsibilities and showed real enthusiasm for their role. One member of staff told us, "The training is fabulous, it is not just mandatory training, we have specialist training where needed."
- Staff had all attended the provider's mandatory training which included; equality and diversity, autism and positive behaviour support, moving and handling, health and safety, safeguarding and mental capacity and deprivations of liberty safeguards. Staff were supported to enhance the mandatory training and induction they received through completion of additional courses which were provided by experts in specific areas; for example, in positive behaviour support planning and de-escalation techniques for staff to enable effective support for people who may present with potentially challenging behaviours. These expert staff were working within the providers national and regional staff cohort and sharing this learning across provider forums and at local and national best practice networks.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans had a decision-making section where it was clearly documented how people wished to be supported to make decisions about their daily lives and the care and support they received.
- Where people did not have full capacity to make decisions, meetings were held with relevant people involved in their care to discuss what would be in people's best interests. For example, there were clear

records evidencing decision making processes for a person requiring blood tests. This person had previously experienced extreme anxiety when having this procedure carried out. We saw the person, their relatives, their GP and their District Nurse had all been consulted throughout the plan, which was documented in an 'easy read' format and agreed by the person at each stage of the process.

- We saw a comment in the compliment book in relation to the support one person had received which said, I would like to take this opportunity to thank the staff team for the support given to [Name], the team have shown a great commitment to supporting [Name], offering meaningful activity and helping achieve outcomes around offering the least restrictive support model. The input from the manager and behavioural specialist have been invaluable.'
- Staff were respectful of people's choices and decisions. The registered manager and staff team had a clear understanding of both the MCA and Court of Protection processes to protect people. We saw that robust systems were in place to ensure restrictions in place for people were constantly reviewed.

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

- Staff had an excellent understanding of people's health needs. They supported people to attend regular health appointments and check-ups and liaised with the GP for referrals to other health professionals.
- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their needs and wishes.

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

- We saw that not every person using the service had an assessed need to be supported by staff to eat and drink. However, staff were vigilant and ensured people had sufficient food and drinks to maintain good health and weight.
- People were supported to plan and budget for their own menus. They were assisted by staff to carry out a weekly shop and were encouraged to cook by staff who were trained in food hygiene.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant 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

- The provider showed evidence of a highly individualised and caring approach towards all people using the service. People's voice was heard and central to the care and support provided. Staff supported people in a holistic way rather than viewing their care needs in isolation. We saw that one person had written a thank you letter, 'I am writing to say I give 'Perthyn, the service' 100 out of 100 for their care and support. I give the staff 100 out of 100 for a high standard of care. The staff and managers, all of them have a high standard of care.'
- Staff planned care and support around people's wishes and requirements and they made all necessary arrangements people needed to feel fully supported. One person told us, "Every morning I feel great, I gain independence from all of the staff. I cry sometimes in the morning I am so happy." We saw that a relative had commented in the compliments folder, 'You have gone above and beyond to ensure things are right for [Name] and for keeping them informed.'
- Staff were extremely knowledgeable about people, their support needs, preferences and personal histories. This meant they could discuss things with them and were interested in ensuring positive and meaningful interactions between people and staff.
- People were valued and supported as individuals. Staff helped people to understand the consequences of their actions when exploring their sexuality and supported them to learn how to stay safe when considering their emotional involvement in relationships. People told us they were much happier in their private and family relationships due to this support.
- Relatives told us staff had supported people to re-develop relationships with their family members. One person told us how happy they were seeing the improvement in their family member after a period of time previously when their relationship had been seen as challenging. They told us, "Quite honestly [Name] how they were to how they are now; they are a lot better. They come home twice a month to see us. They are able to go out to the shop alone. It is absolutely brilliant, we have had no problems at home for a while because of where they are living."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and actively encouraged. Staff told us how they supported people to do as much for themselves as possible, as the little things meant that people could live in their own homes. One person said, "The staff are encouraging me to be independent, it was scary at first, but they do

things gradually, I feel like I'm living on fresh air, it's an amazing feeling getting out of bed." Another person told us, "The staff give you the opportunity to do it yourself but are there to support if you need. I've never met a service like it in my life. Really high-quality care and support and independence." One member of staff told us, "We know about people's individual support needs and have clear care plans to follow. For most people supported here it is more about promoting people's independence to give them a better standard of life."

- People's privacy and dignity was central to the service's culture and values. People and staff told us they felt respected, listened to, and influential within the service.
- People were supported to maintain important relationships. People were supported to stay in touch with their relatives and friends. One relative told us how the service had supported their relative to begin driving a car once again, to improve their independence and confidence.
- People told us staff were attentive and protected their privacy, dignity and respected their preferences at all times. We saw that people's dignity, wishes and dreams for their future had been considered and discussed with them throughout their care and support planning.

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

- People were supported to express their views in a way which suited them. People had support teams who knew them well, and who effectively coordinated people's support. Staff used nationally recognised good practice guidance to effectively plan people's care and support, which incorporated their life histories, impact statements and positive behavioural support plans to tailor people's care and support to their individual requirements and enable people to express their views.
- Staff provided support to meet the diverse needs of people using the service including those related to ability, gender, ethnicity, faith and sexual orientation. These needs were clearly recorded in support plans and all staff we spoke with knew the needs of people well.
- People had support from relatives to advocate for them where they needed them. Independent advocacy information was available for people if they required this.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, 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

- The service provided was flexible and highly responsive to people's individual needs and preferences. Staff enabled people to live their lives as fully as possible and encouraged active engagement.
- People had very detailed care and support plans in place, which reflected their current needs. Transition plans were put together when people began using the service, to ensure that there was a period of time where they, and everyone involved in their care and support could ensure that the service was effectively meeting their needs. These plans were regularly reviewed and amended within a multi-disciplinary meeting involving the teams involved with each person's care. Care plans were exceptionally personalised and contained information about how a person should be supported in all areas of their care and support.
- People's preferred support routines were detailed and incorporated their preferences and skills as to what they could do for themselves. The plans contained information about how people communicated specific triggers or things that may make them anxious. People had positive support and behavioural strategies in place. These plans detailed what made the person happy and how they showed this. Staff gave good examples of how they supported people in a positive way. For example, one person had been supported to gain a part-time job in the community since they had moved into the service. The member of staff told us how much pride this gave the person, and how positively they felt about this.
- People had regular review meetings with staff, their relatives and support manager. Reviews were person focussed. These reviews looked at outcomes, what was working and what was not and why this might be; how the person would like to change this and any choices and requests the person may have.

Meeting people's communication needs

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

- People were provided with information they needed to make decisions in a format they understood. One person told us they preferred to look at pictures as this helped them understand this better and we saw this was provided for them in their support plan.
- Staff told us the provider was very receptive in providing any aids to help communication with people. This included computer devices, mobile phones, alarms, signage, easy read material and others.

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 took part in a wide range of activities to meet their needs. People were fully involved with activities of daily living. For example, preparing meals and snacks, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community which were of interest to them. People received support when out in the community from staff through 'travel training', which was in place in people's care plans to support them to independently use public transport in their local area.
- People had recorded in their care and support plans their hopes, wishes and dreams. We saw that one person had recently been to see their favourite pop singer at a large concert venue, and how much they had enjoyed this. This person was also being supported by staff to gain employment in future by working as a volunteer and gaining skills in writing their CV.
- People's care records showed that they were supported to participate in activities that ensured that they had a good day. Activities included, shopping, cinema trips, pub visits, day trips and special trips. People's daily records reflected that people enjoyed the activities and were supported to be active within their local communities.

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. These were displayed in each location of the service.
- Complaints or concerns raised by people and their relatives were responded to robustly and candidly following the provider's procedures. Any learning from incidents was shared amongst the staff team and used to improve service delivery.
- People and their relatives told us they had confidence in the management team and felt that any concerns or queries they raised would be dealt with quickly.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of inspection; the people receiving support were primarily younger adults.
- We saw that staff had training in this area and had supported people with understanding death and bereavement. People had meaningful discussions regarding this recorded in their care and support plans.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

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

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

- Relatives told us their loved ones received high quality care and support. One relative said, "It is lovely this service. I am able to take [Name] home now, I couldn't do that in the past [Name's] behaviour is a lot better now." Another relative told us, "It's just over a year since they took over. They have been absolutely fantastic, they have really stepped up to the mark. We have a really good relationship with all the staff. Can't fault them, [Name] has a happy life."
- The leadership of the service was exceptional. We found the senior managers, registered managers and all staff we spoke with shared a clear vision and very strong values. They led by example and were clearly passionately committed to providing exceptional, individualised care and support to people. The entire staff team worked together to communicate the organisation's values and to ensure everyone collectively expressed these.
- People, relatives and professionals we spoke with all gave us very positive feedback about the organisation and told us how staff consistently delivered high quality personalised care and support to people.

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

- People were engaged as active partners in their care and asked their opinions. The service operated an open-door policy where people, their relatives and staff could give their opinions about the service and share their views at any time. We saw that people were able to openly discuss their requirements with their support team when they joined the service and give suggestions for service improvements. We saw that some people had requested specific technology or adaptations to support their activities of daily living and the provider had considered these on an individual basis and sought additional funding when required.
- People had personalised transition plans in place, which detailed areas that had been identified which cause anxiety or possible behavioural triggers for the person. We saw these were agreed and reviewed with the person until they felt fully settled into their new home and were happy with the service. For example, one support manager told us that one person had requested a change of accommodation due to the number of people living in their shared flat following review of their transition plan. This was currently being arranged by the service and the housing provider.
- Staff's contribution was recognised and nurtured by the organisation, and this made staff feel valued. One



staff member told us, "As well as the duty of care to people it is nice to know if I go to speak to my managers they will instantly do something about it. I leave every day with a positive thought in my mind which is a real appreciation of the people here." Another staff member told us, "They are very good, 100% better than my previous employer. They actually do care about staff as well as our service users."

- The provider had sought to maintain staff numbers by supporting them in innovative ways. Some of these included; wellness days, gym membership discount, a day off for their birthday, vouchers for long service, a lunch for the team once each year, private healthcare initiatives, health and fitness deals, and a paid for Christmas party.
- People's feedback was gained through regular meetings with their support team and through regular reviews, which were recorded in their support plans.
- People and their relatives had access to the rating of the previous inspection. The rating was on display in the office and on the provider's website.

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

- People benefited from receiving a service that was exceptionally well organised and managed effectively.
- Staff had a clear understanding of their roles within the service and knew what was expected of them. We received overwhelmingly positive feedback from all staff we spoke to about working for the service. Staff informed us there was an open culture within the service and the registered manager listened to them. Staff told us they felt part of a team. A staff member told us, "My manager is so good they will do everything for everyone else, putting service users and staff before themselves. It makes you feel valued."
- Governance systems were bespoke and created by the provider to ensure they were effective in supporting the organisation to continually improve. There were systems of regular and robust quality assurance checks and audits in place. We saw evidence that where any issues were found, action was taken promptly to ensure improvements were made.
- The management team were fully aware of their legal responsibilities, including appropriately notifying the CQC of any important events.

Continuous learning and improving care; Working in partnership with others

- The provider's positive behaviour support (PBS) team were involved in national reviews of practice within mental health services through 'The Reducing Restrictive Practice (RRP)'. The support team provided innovative training within the organisation, and shared learning at wider networking events on a local and national level.
- The directors and the registered manager worked with other providers and registered managers at forums held by the local authorities and voluntary organisations. This enabled positive networking with others and the sharing of good practice and innovation.
- We saw that the provider had developed and maintained positive working relationships with all partners involved with the care and support of people using the service. Evidence of regular review meetings involving a wide range of partner agencies were recorded in people's care and support plans. Actions from these were updated and advice and guidance from external partners was sought when required and in a timely manner 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

- Relatives were involved in people's care. Where there were incidents or accidents, relatives were informed as appropriate and learning from incidents shared with staff in regular meetings.
- The providers and registered manager understood their responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go

wrong with care and treatment.