

Egalite Care Limited

Egalite Care

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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Egalité Care Limited provides care and support to people living in their own home, supported living accommodation or their family home. People using the service include people living with a learning disability and/or physical disabilities. At the time of our inspection, there were 60 people being supported by the service.

There were seven supported living homes across coastal West Sussex providing support for 33 people. There were no external signs, intercom, cameras, industrial bins or anything else were not in use, to indicate it was a supported living home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. This meant people were not identified as receiving care and their privacy respected.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive exceptionally well planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Following the last inspection, the registered manager, management team and staff had worked continuously to provide people with outstanding care and support. They understood that maintaining this high level of care required dedication and commitment, and we saw this across the whole staff team. Staff were focussed on continually developing areas of the service with person centred support at the centre of these improvements. Staff were dedicated to supporting people to improve their independence, access to activities that met their interests and being active in the local community. The management team continued to develop their extensive knowledge of supporting people living with a learning disability and upskilling their staff team. This meant that people received high-quality care from staff who truly understood their needs.

The management and leadership of the service were exceptional. The registered manager and management team had an excellent understanding of the provision of care and support for people living with a learning disability. They had actively sought education opportunities for themselves and their staff to build on their detailed knowledge following the last inspection. This meant people had access to the highest quality care from managers and staff that had an exceptional knowledge of their needs. A health and social care professional told us, "I would use Egalité as an example of what small providers can deliver in terms of high-quality support. Egalité has managers that are confident, proactive and understand learning disability."

The registered manager was committed to continuous learning and fostered a supportive and enabling

culture for both people and staff. People, their relatives and staff were highly complimentary of the management of the service. A relative told us, "We can't fault them at all, they manage everything well and my loved one is happy and content."

People received a truly person-centred service which promoted excellent outcomes for them which included supporting their independence and to have control over their lives. Following the last inspection, the management team focussed on further developing people's independence to enhance their quality of life. This had resulted in people having new and exciting experiences, reducing the level of support they needed due to staff developing people's skill sets and people moving on from the service with a new level of independence and lease of life. The management and staff team continued to foster a caring and compassionate culture which put people at the centre of their care. People were supported to follow their interests and staff supported them to overcome any barriers to make the most of new opportunities. Staff really cared for people they supported and were invested in maintaining and promoting their wellbeing.

Staff had an in-depth knowledge of the people they supported and worked with them daily to improve their quality of life. Activities were led by people's choices and were reflective of their social, cultural and wellbeing needs. Staff really focussed on people's interests to enable them to have new experiences. People were supported to be active in their local communities and develop new skills to broaden their horizons.

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 nutritional and healthcare needs were met in a timely way. Staff received a range of training opportunities that were specifically designed to enable them to effectively support people using the service.

People were safe. One person told us, "I do feel safe, they are very good. I would tell the carers if I felt unsafe." Risks to people were identified, assessed and managed safely with an enabling and empowering focus so no one was restricted. Staff supported people to take positive risks and were flexible in their approach. There were enough staff to meet people's needs safely and recruitment processes were robust with people included so they had a say about who might be employed to support them. Medicines were managed and administered safely, by trained and competent staff who supported people to have as much control as possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Rating at the last inspection

The last rating for this service was outstanding (published 03 August 2016).

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Egalite Care

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

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

Service and service type

This service is a domiciliary care agency and supported living provider. It provides personal care to people living in their own houses and flats. They also provide care and support to people living in seven 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.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications sent to CQC about important events at the service and information sent to us from other stakeholders for example the local authority and members of the public.

What we did during the inspection

We spoke with 13 people who used the service and seven of their relatives, the registered manager, the operations manager, the training manager, the clinical manager and seven members of support staff. We visited three supported living services, spoke with six people and observed staff interactions with them. We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We completed observations in communal areas in people's homes. Where people were unable to answer direct questions, we observed their engagement in daily tasks. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

What we did after the inspection

We spoke with four health and social care professionals to gain their views of the service people received and have incorporated this feedback into this report.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to have a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm. Staff were confident managers would act should they have concerns for people's safety. A member of staff told us, "I feel confident that the management team would respond to concerns, (registered manager and operations manager) are always available and really responsive."
- People felt comfortable with staff and had built trusting relationships with them. People told us they felt safe. One person said, "I feel safe, they do a good job, they help me if I have problems." A relative told us, "They manage my loved one's medical conditions very well, keeping them safe and well"

Using medicines safely

- Medicines continued to be managed safely. There were effective systems for ordering, administering and monitoring medicines.
- Staff administering medicines were trained and had their competency assessed regularly. A health care professional told us that the provider was continuously looking to improve on their good medicines practice to ensure people's safety.
- We observed a member of staff give a person time to take their medicines and were respectful in how they supported them. There was guidance in place to show how people liked to take their medicines and the member of staff knew and followed this.
- When people had complex medical conditions, staff were trained in these areas before supporting them. For example, one person required emergency medicine should they suffer an allergic reaction. Staff were not allowed to support the person alone before they had full training in using this medicine.

Assessing risk, safety monitoring and management

- Risks to people continued to be consistently identified, assessed and managed safely. A healthcare professional told us staff knew the person they supported very well and managed risks to them safely. They said staff were, "proactive in working with us to ensure the best outcomes for (person)."
- Staff had a flexible approach to risk management which ensured good outcomes for people. For example, one person was living with epilepsy and enjoyed swimming. Staff risk assessed this activity and put measures in place such as additional members of staff for support, should the person have a seizure in the pool. This meant the person continued to enjoy this activity in a safe way. A member of staff told us, "We empower people and their positive risk assessments support that."
- Positive behaviour support plans were in place for people, should they need them. For example, for one person, risks were identified and clear guidance in place for staff to support the person and keep themselves safe. Approaches identified were positive and focussed on ways to reduce the person's anxiety and

maintain a calm environment. This approach supported safe outcomes for the person and staff.

Staffing and recruitment

- Staffing levels remained appropriate to support people's assessed needs. Staffing was well managed, and the team were coordinated to meet the changing needs of people. A member of staff told us, "We have enough time to support people as their care is exceptionally well planned. We are really flexible as a team to meet people's needs."
- People told us there were enough staff to meet their needs and that they were reliable. One person said, "The staff are usually on time, if they are a few minutes late they phone and tell me they are on the way"
- Recruitment processes continued to be robust and ensured staff were safe to work with people before they started work at the service. People were involved in the recruitment process and met potential new staff during their interview.

Preventing and controlling infection

- People living in the provider's supported living services were cared for in a clean and hygienic environment.
- Staff had training in infection control and information was readily available in relation to cleaning products and processes. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Learning lessons when things go wrong

- Accidents and incidents continued to be managed safely and lessons learned to improve the care people received.
- Incident reports were analysed by the management team which reduced the risk of a similar incidents happening again. For example, one person was identified as being at high risk of falls. The clinical manager ensured they were referred to the fall's prevention team and sourced equipment to reduce their risk of falls. This resulted in a significant reduction in the person's falls, whilst maintaining their independence in their own home.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were very complimentary of the training they received, and this was tailored to meet the needs of people they supported. One member of staff told us, "The training is really person centred and specific to the individual. They go the extra step to make sure all staff who work with people with specific needs are trained." Another member of staff said, "The training and support is really very good, the managers are very experienced in autism and learning disability."
- Training was highly person centred and equipped staff with the appropriate skills and knowledge to support individuals. For example, a member of staff described the positive intervention training they received before supporting a person who could exhibit behaviours that challenge. The training had given them tools to support the person to remain calm and this had an impact on the number of behavioural incidents they experienced. The member of staff told us, "The training was so tailored to the individual that we can now calm them down without escalating their distress. The episodes of challenging behaviour have drastically decreased as we know the signs and triggers really well. There hasn't been one incident for about a year now and this is directly because of the excellent training we received."
- People and their relatives were unanimously complimentary of staff skills and knowledge. One person told us, "They have enough skills, they're great." A relative told us, "They're excellent, particularly with the medical needs and being able to communicate with my (relative)."
- Staff continued to receive regular support and supervision. Reflective practice was a key part of staff supervision to ensure they continued to develop their practice effectively. The management team completed observations of staff practice regularly to ensure people received safe care, in line with their needs.
- New staff received an induction which included training, shadowing senior staff and getting to know people. A member of staff told us, "My induction had been really supportive, informative and focussed on the people I will support. It has made me very confident from the start."

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

- People continued to be supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes. This was reflected in people's care plans.
- Where people had specific dietary needs, these were known by staff and well planned for. For example, one person had several allergies. Staff were very conscientious about their needs and provided separate cooking utensils and storage for their food, to reduce the risk of cross contamination.
- Staff used professional guidance to safely support people's nutritional needs. For example, one person required their food to be pureed and thickener to be added to liquids to reduce their risk of choking. This guidance was clear and detailed in their care plan and staff knew the person's needs well.

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

- People were supported to access healthcare services such as GPs, dentists and opticians as and when needed.
- Staff worked with other agencies in a timely way to promote positive health outcomes for people. For example, staff had created a plan with one person who expressed a wish to be healthier and reduce their smoking, under consultation of a health professional. They supported the person with praise, encouragement and boundaries. This had led to a significant reduction in their smoking, being healthier and proud of their achievement.
- All healthcare professionals praised the partnership working by the management and staff team in meeting people's needs effectively. One healthcare professional told us, "They appear to genuinely care for the people they support which is evident in how they communicate with and communicate about people."

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

- Initial assessments of people's needs were very detailed and reflective of people's care, health and wellbeing needs. People's needs continued to be assessed when they started receiving the service and regularly thereafter. This meant their preferences were known by staff. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability, religion and sexual orientation were considered as part of people's initial assessment, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People were asked for their consent before being supported. We observed staff asking people what they would like to do before assisting them. For example; one person was preparing to go shopping. Staff supported the person to take the lead in preparing for the outing and listened to their choices.
- Staff and the management team had a good understanding of the principles of the MCA and how to support people in line with these principles.
- If people lacked capacity to make specific decisions, best interest meetings were organised. The process involved a multidisciplinary team which supported good outcomes for people. For example, one person lacked capacity to make decisions about their finances. The registered manager arranged a meeting with a variety of professionals and the person's relatives to make a decision in their best interest to support their money being managed safely.

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 outstanding. At this inspection this key question has remained the same. 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

- People, their relatives and healthcare professionals unanimously told us that staff were exceptionally caring. A relative told us, "They are very good, my loved one is so happy now." A healthcare professional said, "They are a very compassionate and caring service, they are very involved in ensuring the best for people they work with. I've worked very closely with all levels of the organisation, from support workers, team leaders to managers and they all appear to care for the people they work with."
- Staff were truly caring in their interactions with people. Staff, without fail, showed empathy when talking with people. One person responded well to staff touching their hand, they were happy and smiling with staff as they were holding their hand whilst talking with them. One person told us, "They are very kind." Another person said, "I feel happy with the staff."
- People continued to be supported by a management and staff team who provided truly person centred-care. Since the last inspection staff continued to build and develop their relationships with people which ensured they were getting the most out of life. For example, one person was very withdrawn and quiet when they first used the service. Staff worked with them continuously and in different ways until they built trust with the person. Feeling confident and safe in the local community was difficult for the person. Staff supported them over time to build their confidence by discussing their feelings and taking regular trips into the community, building the distance and time spent outside of the home, at the person's own pace. They now went out regularly which had broadened their outlook by experiencing new places and taking part in activities such as visiting an attraction about diggers, which they had a real interest in. We saw photos of them really enjoying this activity. This was something they never had the opportunity to do before being supported by this service. A member of staff told us, "Their community engagement is now phenomenal. They were so withdrawn but with our stability and trust they are now confident in the community and will engage with others. It is fantastic to see them flourish."
- Compassion, respect and kindness were core values of the service. It was clear that staff continued to help people achieve the best quality of life possible. Following the last inspection, great emphasis had been placed on ensuring people had the opportunity to have new experiences. Staff explained how they went above and beyond to ensure people were supported to do the things they enjoyed and achieve new goals. For example, one person had always wanted to go on holiday as they had never been before. They did not have a passport and no family history. Staff worked tirelessly to source all the documents needed to apply for a passport for them. The person was now planning their first holiday to France, with the registered manager, which they were very excited about. This would not have happened without the dedication of the staff.
- Staff displayed a real empathy for people and we observed them to have an excellent rapport with people.

It was evident that staff knew people very well and that people felt well cared for. For example, one person had experienced thoughts of self-harm. Staff were very perceptive of this person's needs and actively wanted to gain a better understanding to improve how they supported them. The registered manager sourced specialist training in this area to improve staff knowledge. This led to a significantly reduced number of self-harm incidents as staff were more aware of how to support the person with their emotions. A member of staff told us, "I now recognise small signs and can calm situations for them. This has really improved their safety and more noticeably their emotional wellbeing and trust in us as staff." The person was open with staff during the inspection and sought them out for assistance, showing they had a trusting relationship with staff.

- People were supported to maintain relationships that were important to them and staff thought about how they could best support people to develop these relationships. For example, one person had been upset that they had lost contact with a family member. Staff worked hard to find this family member and had arranged for them to attend the person's birthday party as a surprise. Staff told us how excited they were for the person and how happy they would be. A relative told us, "I can't praise Egalité enough for everything they do. They run social events for the staff and families to join in with, it makes it feel like an extended family."

Respecting and promoting people's privacy, dignity and independence

- Staff truly supported people to live as independently as possible. Promoting independence had been a key focus across the organisation, following the last inspection. Staff had thought about how they could support all people using the service to gain some level of independence, however big or small these steps might be. For example, one person had not been able to cook and clean for themselves before using the service. Staff worked with them to build trust and develop new skills. Their relative told us, "(the staff) supported my loved one to learn to cook for themselves, which is something I didn't think they would be able to do." Another person had lived in a supported living service. They were very keen to live in their own flat, more independently. Staff supported them to develop the skills they would need to do this, and they have recently moved into a flat with another person where they received less support. The person looked very happy in their new home and told us they enjoyed living there and that they felt more independent.
- Respect for people's privacy and dignity was at the heart of staff practice. Staff were very conscientious of people's personal space. When people requested private time in the supported living services, we observed staff to respect their decisions to spend time alone in their rooms. One person told us, "I can spend time on my own whenever I like. I have my door shut and everyone knocks, I like that about living here."
- Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability. One person had complex health and learning needs. Staff did not see this as a barrier to them enjoying new experiences. The person had shown a love for the outdoors. The registered manager supported the person to have a National Trust membership and gave staff additional training and support to care for their needs in the community. The person had now been to a variety of local gardens. A member of staff told us, "Their complex needs do not define them. It is our job to work creatively to find ways for them to safely experience things that interest them. They thoroughly enjoy their days out and it is a joy to see them so happy and living life."
- People's cultural and spiritual needs were fully respected and encouraged by staff and seen as an integral part of their lives. For example, one person was very religious and attended church regularly. The management team skilfully selected a staff member of the same faith to support their visits to church. This had been further developed and the person's engagement with their religion had improved as the member of staff took time to sing hymns with them at home and watch religious television programmes together.

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

- Staff had an excellent understanding of how people communicated and expressed themselves. Staff

adapted their approach to ensure people could make decisions about their care. For example, staff utilised different communication techniques daily, so people could make choices about their day. One person found it difficult to express their emotions and staff had worked with them to overcome this. They now wrote their feelings down and shared these with a trusted member of staff to read and open a discussion. This has led to a positive improvement in how they expressed their emotions and their overall wellbeing.

- The provider sent out regular questionnaires to people, their relatives and staff to provide feedback on the service provided. People's questionnaires were presented in a pictorial format to aid their understanding and ability to express their views. People told us staff knew how to help them communicate to express their views. One person told us, "They always take time to talk to me and ask what I want or think about things."
- If people were unable to express their views verbally, they had access to the use of technology to support them such as photos and pictures on electronic tablets. One person used a computer they controlled with their eyes to express their views and show staff what they wanted.
- Staff continued to be exceptional at helping people and their relatives express their views. People and their representatives continued to be constantly involved in their care. One relative told us, "I take part in all the reviews and ask when I feel things could be changed." The registered manager told us how they acted as an advocate to ensure people had access to the high-quality care and support they needed and deserved.

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care was exceptionally personalised to meet the needs of individuals. People remained at the centre of care planning and were actively involved in the process. Since the last inspection, we saw that people's views on their care were actively sought, on a regular basis, to ensure it was delivered in the way they wished. Staff had really focussed on how to involve everyone in their care regardless of communication barriers. For example, one person found it difficult to engage in conversation. Staff analysed ways they had communicated with the person and recognised that they felt most comfortable talking when with their pet. Staff asked them questions about their care whilst they were helping the person look after their pet. They did this over a period of time to ensure the person enjoyed being with their pet and was able to fully express their views. A relative told us, "They always involve me, they had a big review recently and phoned me straight away to arrange a time I could be there and gave me plenty of notice, they have made a file with all the medical information, likes and dislikes and activities."
- Individual care plans were exceptionally detailed, setting out clear guidance on how people wanted to be supported. We observed staff use this guidance effectively. Care plans were written in a very positive way which supported people's aspirations and self-esteem. For example, one person was living with epilepsy. Their care plan provided guidance for staff which positively assessed their risks and abilities to take part in activities of their choice, such as swimming. Their epilepsy was not seen as a barrier, staff adapted their ways of working to ensure the person had an enjoyable and fulfilled life.
- People were supported and encouraged to be involved in a variety of activities which offered them a range of opportunities, specific to their personal interests. Staff recognised that meaningful activities were essential to people's quality of life. Since the last inspection, staff had been increasingly focussed on ensuring that people's access to activities was led by people's choices, centred around their local community. For example, one person had a keen interest in cars. Staff had developed this interest with them by taking them to car museums and events. They further developed this by supporting them to buy a car which had been a lifelong dream. The person was very proud of their car and keenly showed us the car during the inspection. To enable the person to build their skills and access the local community, staff thought creatively about the person's love of cars and supported them to access work experience at a local garage. This had given the person a sense of pride and achievement in a way that was personalised to their interests.
- Since the last inspection the range of activities and experiences had been greatly improved on to meet individuals likes and interests. The provider went above and beyond to provide people with new experiences such as holidays abroad, where people using the service joined the management team on their holidays. People were not only experiencing holidays for the first time, but also in an inclusive family environment,

which was tailored to their needs.

- Staff were extremely responsive to people's health and wellbeing needs. Staff understood people so well that they could identify even the slightest change in their mood or early signs of a change in behaviour, enabling them to respond in a timely way. For example, one person became quickly unwell with sepsis. Staff responded quickly and sought medical attention. Staff reviewed the potential causes for this infection and further improved their practices around supporting people with hand washing and understanding infection. The registered manager also sought additional training for all staff in relation to sepsis and put a protocol in place to ensure people would be well supported should they become unwell.
- Staff were dedicated to ensuring people received personalised support and changed their plans to accommodate people's urgent needs. For example, one person fell and suffered an injury. Staff were exceptionally quick to act and showed real empathy for the person. A member of staff was due to go home but instead stayed with the person to support their emotional wellbeing and stayed with them overnight in hospital. This meant staff went above and beyond to ensure the person received consistent support, responsive to their needs from someone they knew well during a difficult time for them.

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.

- The registered manager had an excellent understanding of AIS and what this meant for people they supported. Since the last inspection, the registered manager ensured staff received enhanced training in supporting people with a learning disability, including how to overcome people's significant communication needs. This meant people were supported by staff with exceptional knowledge of how to meet their communication needs. We saw people interact successfully with staff in a variety of ways such as verbally, through picture cards and by observing their body language. It was evident staff really understood and listened to them.
- Staff thought creatively about presenting information for people in a way that aided their understanding. This had been a focus of staff since the last inspection to further develop their person-centred practice. For example, some people had difficulty expressing their views about things they liked to do. Staff created a string of photos in one person's bedroom to aid in making choices about their preferred activities. Another person was unable to read and preferred the use of pictures and photographs. They loved spending time in their bedroom, so staff had a pillowcase made with photos of them doing their favourite activities. This enabled them to reminisce and aided in their decision making about what they would like to do as they could use the photos as suggestions.
- People's communication needs were assessed, and detailed guidance provided to staff to ensure people received information in a clear way that supported their independence and right to choice. For example, one person communicated by using their eyes and would look at that they wanted. There was clear guidance in their care plan for staff to support their communication needs. Staff had detailed knowledge of their communication needs and focussed on the person's eye movement to empower them to make decisions.

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

- People were truly treated as individuals and could express themselves in the way they wanted to be seen by others. Since the last inspection, staff had worked sensitively to support people to express their identity and supported them to feel safe in their local community. Staff encouraged people to explore their individuality which allowed them to live the life they wanted, with respect and acceptance.
- Staff understood and were particularly sensitive to people's personal needs. Staff recognised that they

were supporting young people and spent time to help them explore their sense of identity and their sexual needs. Since the last inspection, the registered manager had improved staff's understanding of equality and diversity through further training opportunities. Staff gave people space and private time when needed and supported their understating around sexual health. One person had a girlfriend and staff supported them with this relationship and actively made regular time to take them to visit their partner. On Valentine's Day staff supported the person to buy flowers and a card as they wanted to take part in this celebration. This meant staff actively respected and supported their relationship and sense of wellbeing.

- The registered manager and management team went above and beyond to reduce social isolation for people. They organised a range of evening activities, which all people using the service were invited to, such as movie and music nights. We saw videos of people really enjoying themselves and engaging in the activity and with others. The management team supported people to enjoy themselves and develop friendships with others outside of their working hours, which showed their complete dedication to the people they supported.

End of life care and support

- Staff were very empathetic to people at times of loss. For example, one person had recently suffered a bereavement. Staff spent time supporting them emotionally and creating positive ways to remember their loved one. A member of staff had harnessed the person's love for singing and took them out in the car to listen to music and sing when they were feeling sad.

- There was no one receiving end of life care at the time of this inspection. End of life care was considered by staff and people's wishes for the end of their life were recorded in their care plans, should they wish. Staff received training in this area of care and support.

Improving care quality in response to complaints or concerns

- There were robust systems in place to deal with concerns and complaints. The registered manager responded to complaints in a timely manner and in line with the provider's policy. Relatives told us that they were very comfortable around raising concerns but had not needed to.

- The provider continued to develop their response to concerns and complaints to ensure they learnt from any issue to continually improve care for people. For example, a complaint had been made by a relative about the choice of an activity; this was fully investigated by the provider and resolved positively.

- The provider had their complaints policy in accessible formats to aid people's understanding and ability to make a complaint, should they need to. Staff knew people well and supported alternative ways of communication including using pictures and photographs to find out if people were happy about their care.

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 outstanding. At this inspection this key question has remained the same. 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

- The culture of the service was exceptionally positive and enabled people to live how they wanted to. It was clear that people were at the heart of the service and staff were focused on providing an extraordinary standard of personalised support. A healthcare professional told us, "Staff have worked in a person-centred way to meet people's needs and have been flexible in their approach to how they do this, so that the person maximises their opportunities for meaningful activities and relationships. I have seen this many times."
- The management team planned and promoted person-centred, high-quality care and good outcomes for people. This considered the physical, spiritual and social aspects of a person's life, by providing opportunities for people to enhance their skills through access to a variety of activities. This was constantly and consistently achieved for all people using the service. For example, one person was living with autism and behaviours that could be considered unsafe when in the community. Before using the service, the person never had trips out to activities they enjoyed due to their behaviours. Staff had worked tirelessly to create a trusting and safe bond with the person, and trialled short trips out over a long period to build the person's confidence. The person had a love of the arts and musicals. They recently went to see a show in London. Staff told us this would have been unheard of before their support and they now go out regularly into the community and live their life as any other person would. The person's communication and social engagement skills had improved dramatically due to staff support. One member of staff told us, "Their quality of life has changed drastically, they can now access the community and do every day activities like anyone else because they trust the staff to look after them." We saw lots of photos of them enjoying spending time with staff at different local attractions.
- The provider's caring values were embedded in the leadership, culture and staff practice across the service. The registered manager told us, "Person centred care comes right from the start, in setting our values and beliefs with staff." This belief was, 'to help the individuals in our care to experience the best life they can.' Staff truly embodied this aim for people. We observed several incredibly caring and positive interactions between people and staff throughout the inspection. It was evident to see that people felt well cared for. One person told us that the registered manager was "very helpful" and "nice".

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

- Management of the service was highly effective. The registered manager had a clear understanding of quality performance and the regulatory responsibilities of their role. Staff were proud to work at the service and were motivated by the management team, other staff and people to do an excellent job. There was a

low staff turnover and high staff retention rates.

- People received care from a highly qualified and skilled care team. The registered manager and management team had vast experience in supporting people with a learning disability and held a range of qualifications. The registered manager was also a registered learning disability nurse and there are two registered nurses and a social worker within the management team. This meant staff were supported by a skilled management team, who shared their extensive knowledge of how to support people well.
- Staff spoke positively of their work and support they received, and were highly satisfied in their roles. One staff member said, "The management here are second to none. I have worked in a lot of places and I have never seen such supportive and professional management." Another member of staff told us, "I really feel valued here. The registered manager is so busy but always has the time to see you. They are really respectful of your work and family life. They are so supportive. "
- People, their relatives and staff were highly complementary, without exception, of the registered manager and the management team. A person told us, "(The registered manager) is very good, I am happy."
- The registered manager implemented innovative ways to drive quality improvements focussed around people's individual needs. They led their team by example and were very active within the services. For example, since the last inspection they had focussed on improvements to people's access to information and thought creatively about how to involve people in decision making. They completed one person's care review in video format, set to rock music, which was their favourite. The person was engaged in the review and was able to show happiness for different activities and ways of being supported. This helped staff understand what the person enjoyed and how they wanted their care to be delivered, even though they were not able to communicate verbally. This meant the person was able to express their choices as staff had taken the time to truly understand how to help them to do this, giving them a sense of control. Due to the success of this, they had further developed this person's activities around visual aids such as the TV and electronic tablets. This supported their engagement in activities and ability to make choices.
- The management team had excellent oversight of the quality of the service. They tailored their oversight and auditing processes to be service specific. This allowed them to focus their support to staff and people's specific needs at that service. This had been introduced since the last inspection to further drive a person-centred approach in all areas of the service and improve the high-quality care and support people received. For example, at one service their audit had identified that staff did not always have timely access to information about people's medicines. The management team actioned this immediately to improve the accessibility of information. This meant people were being supported by staff who had up to date knowledge of their medicines. The management team also tailored medicines training to the people using the service. For example, one person was living with complex diabetes. The management team had identified an increased need for training in this area and all staff received enhanced training before working with the person, especially around their specific medicines. This significantly improved staff knowledge and meant that the person received their medicine safely, due to the management teams' oversight of their care needs.

Continuous learning and improving care

- The management team were dedicated to continuous learning and saw this as vital to developing and improving the service they provided. The management team were very in-touch with changes within the health and social care sector and accessed training and support for staff to keep their practice up to date. They maintained strong links with national organisations, such as 'Skills for Care' to ensure their staff received up to date and relevant training, to continue to develop their understanding of supporting people with a learning disability. The management team shared their experience and skills with all staff by working closely with them delivering care and support to people, modelling best practice to staff. For example, one person required new equipment for transferring. A member of the management team spent time with all staff who worked with the person to ensure they were fully confident before supporting the person alone.

They also completed regular observations and spot checks to support staffs' learning.

- People were supported by a team dedicated to improving the standard of care they received. The registered manager recognised the importance of sharing best practice across other providers to improve quality of care for all. They had recently been asked to take part in a national parliamentary review due to their excellence in learning disability support. This focussed on sharing best practice and how other providers could learn from Egalité in providing outstanding care. The provider also used this opportunity to learn from other organisations to ensure they continually developed the outstanding service they provided to people.
- People were supported by an exceptionally skilled team of staff who had been nationally recognised for excelling in providing care for people living with a learning disability. Since the last inspection, the registered manager and staffing team had won several prestigious awards in the care sector which demonstrated their dedication to the people they supported and their drive for continuous improvement. These included the Great British Care Award for frontline leadership and several awards for training and development. This was celebrated throughout the organisation and staff were really proud of these achievements.
- Since the last inspection, there had been a shared drive for continuous learning across the organisation, led by the management team. A member of staff told us how the registered manager and operations manager inspired them to always think about how they could improve the service people received. They said this had driven them to continually assess the service to see how they could do things differently. For example, people's skills within the home were identified as an area that could be built on. Staff worked with people on an individual and group basis to maintain their home. This resulted in an improvement in people's ability to make choices on how their home should look and improved their independence with household tasks. They started a gardening club and bought a BBQ for the garden, where staff supported them to cook meals together. A member of staff told us, "We keep providing outstanding care as we are always looking to improve, there is no complacency here. We are always looking at new ways to support people to improve their lives."

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

- Staff actively sought and respected the views of all people using the service. The management team and staff focussed their quality assurance processes around people's feelings and satisfaction of using the service, as people's quality of life was at the forefront of the service. They used a variety of tools to support people to express their views in a positive way, and they actively listened to people's feedback. This included informal discussions and observations, questionnaires and care review meetings. Since the last inspection, the management team had particularly focussed on ensuring all people could express their views and where people could not express these verbally, they had thought creatively about how to seek their views such as through picture cards, analysing body language and social stories.
- Constructive challenge from staff, people and relatives was welcomed by the registered manager and feedback used to drive quality improvements. The voice of people at the service was respected and listened to. One relative told us, "They have taken my relative's ideas and opinions on board and made changes they suggested." For example, since the last inspection people had fed back that they would like additional group activities. The provider had thought creatively about how they could do this for as many people as possible and purchased additional offices for extra space. These offices had a large activities room and garden. They were now offering music, film and other group activities in the day and evening times which were open to all the people using the service. We saw videos of people enjoying this space together. One person was very enthusiastic in their movements and had a large smile when talking to us about the film night. This showed that the provider had not only listened to people's feedback but acted on it to improve people's quality of life.
- Staff told us they were fully engaged and passionate about the service they provided. They said this was

because they felt valued and trusted in their roles by the management team. One member of staff told us, "My opinions are listened to, always. The management team trust that we know the people we support really well and always make time to listen to us. One person wanted a pet and we discussed their ability to look after it and the rewards it would bring them. The management listened to us and encouraged this. The person is now very calmed by the pet and it has given them a sense of responsibility."

Working in partnership with others

- Partnership working was a key strength of the whole staffing team. The registered manager and staff worked exceptionally well with others to ensure people's needs were met in a timely and coordinated way. For example, one person had very complex physical needs. The management team continued to work closely with physical therapists and occupational therapists to ensure the person's needs were met. Another person was living with diabetes. The management team ensured they had regular appointments with their diabetes nurses and had developed an exceptionally detailed care plan collaboratively with health professionals, to ensure staff clearly understand how to support the person safely.
- Health and social care professionals commented very positively on communication with all staff. They all felt that staff had an excellent understanding of people's needs which allowed them to support people effectively. One healthcare professional told us, "Egalité is an excellent local provider of supported living services with a positive and effective working relationship with West Sussex County Council's Learning Disabilities Service. Services deliver person-centred support packages of high quality and the provider works in partnership to meet all contractual expectations." Another healthcare professional said, "From a health perspective they will seek medical help when changes are observed. They appear to respond to changes in people's needs by looking at how they can change to meet the person's needs rather than the person changing." This meant that the focus was on what people could do, rather than what they could no longer do.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had an excellent understanding of the duty of candour, honesty and openness were core values of the service provided. For example, when there was an increase in medicine recording errors within a specific supported living service. They worked openly with the local authority to investigate and analyse these errors and provided staff with additional training. This quick and honest approach to addressing the issue meant that medicines practice improved as the issues were understood and staff were upskilled through training. This significantly reduced the number of recording errors.
- The registered manager promoted an open and honest service and led by example. They submitted notifications to the CQC in a timely way and displayed their previous inspection rating clearly in their offices and on their website. We saw they were accessible to people and staff throughout the inspection. They, and the management team, were active in the community, provided support for people and knew the people using the service well.