

Blythson Limited

Flat 1

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 30 and 31 July 2015, we gave the registered manager short notice of our inspection to ensure that the office was staffed when we arrived, and to make arrangements for us to meet people using the service. This supported living service supports four people with the regulated activity of 'personal care'. Two of whom shared one house, and the other two people shared another house. The people supported all had needs relating to their learning disability.

External stakeholders held this service in high regard and stated that it was well led, provided an excellent standard of support to people, and was a role model for this type

of service. People were able to tell us about living in the service but not everyone was able to speak in any depth about their experiences of support. They told us that there were always staff around to support them and this made them feel safe. They said that staff supported them to access the community and do the things they wanted to do.

The service was required to have a registered manager and one was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service was well managed and people received their medicines safely but we found one example where medicine administration times were undated and unsigned, and this was discussed with the registered manager who took immediate action to rectify this. The Recruitment of new staff ensured that all relevant checks were undertaken before they commenced the support of people, but discussions with applicants about any gaps in their employment histories had not been routinely recorded.

Care plans were personalised, up to date and accurately reflected people's care and support needs. They included information about people's 'likes', 'dislikes', interests and background and guided staff in provided the appropriate level of support.

We observed staff interactions with people to show warmth, humour, patience, kindness and respect, and people and staff were observed chatting and laughing together.

People were cared for by an established and, motivated staff team. There were enough staff available to flexibly support people's individual needs. They were well trained and showed they understood how to meet people's specific health, care and treatment needs.

Staff in the service were working to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had received training around this legislation and how it should be interpreted in their daily support and practice. No one receiving the regulated activity of personal care was subject to an order of the Court of Protection, or had

a lasting Power of Attorney in place. People were protected from decisions being taken without their involvement because staff showed they understood the actions to take to assess people's capacity and seek the involvement of others to make best interest decisions on the person's behalf.

The registered manager and the Company directors provided effective leadership to the service.

They had a visible presence within the service and monitored the quality of its operation. The views of staff and people were sought and acted upon. Relatives and external professionals were kept informed about people's individual progress

Staff were knowledgeable about people, understood their communication and were effective in meeting their needs. Staff respected people's dignity, privacy and rights; and advocated on their behalf with other agencies. Staff also ensured people's healthcare needs were met. People were actively involved with the local community and staff supported them to engage in a wide variety of activities and interests in the community.

The registered provider and staff were actively participating in research conducted by the Tizard Centre, Canterbury, and was a member of organisations promoting good practice in the delivery of support to people with learning disabilities, such as Kent Challenging Behaviour Network, and Paradigm.

We have made an improvement recommendation in relation to staff recruitment records:

The provider should ensure that staff recruitment records contain the information specified in regard to gaps in employment histories as required under regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

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

Care and attention was paid to ensuring the right people were employed to support people, but discussions about gaps in employment histories were not always recorded.

People received the right level of support to take their medicines safely, but changes to administration times on medicine charts were not signed for appropriately.

There were enough staff available to support people appropriately and safely. Risks were appropriately assessed and measures implemented to protect people from harm.

Staff were aware of actions to take in response to safeguarding issues, or incidents and accidents that occurred.

Good



Is the service effective?

The service was effective

People were supported by staff that were well trained and received appropriate supervision.

Staff consulted with people about their everyday care and support needs and upheld people's rights. Staff were provided with appropriate guidance and training to help them support people with behaviour that challenges others.

People received appropriate support with their dietary and health needs.

Good



Is the service caring?

The service was caring

People were supported by caring staff who knew people's individual needs, preferences, and communication methods.

People were involved appropriately in decision making by staff.

Staff practices protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive

People's care plans and other records were focused on their individual needs, aspirations and wishes.

People had opportunities to learn new skills and were supported to undertake varied activities within the local community according to their interests.

Staff sought people's views about the service. People were supported to make complaints and suggestions for improvement from staff were welcomed.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

The registered manager and provider were always available for advice, and staff felt supported and listened to.

Records indicated and staff told us the service was well managed and effectively monitored.

Staff in the service worked well with external stakeholders in peoples' interests and participated in research work.

Flat 1

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 June 2015. The provider was given 48 hours' notice because the location provides a supported living service and we wanted to ensure the registered manager would be there.

The inspection was carried out by one inspector. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of important events that the provider is required by law to inform us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to this inspection we contacted two local authority representatives from commissioning and the community learning disability team and received feedback from one of them about the service.

During the inspection we spoke with three staff, the registered manager and deputy manager. We visited the four people receiving the regulated activity of personal care in their homes and spoke with them about the support they received. Following the inspection we spoke in more depth with a group of six staff two of whom we had met briefly during the inspection.

We reviewed the care plans and associated records for three people, including risk assessments and reviews and related this to the care observed. We examined a sample of other records to do with the operation of the service including staff recruitment, training, and supervision records, complaints, and various monitoring and audit tools.

Is the service safe?

Our findings

People told us they liked where they lived and felt safe because there were always staff available to support them in their house and also when they went out to activities in the community.

People were actively involved in the recruitment process and met prospective interviewees, and were asked to give their views about them. Records showed that the recruitment and selection system for staff was comprehensive and included verification of references for conduct in previous employment and checks for any criminal record. However, in two staff records there were gaps in their recorded employment histories. The registered manager assured us that all applicants were asked to explain any gaps, but their responses had not been recorded within the staff interview record; they agreed to address the identified recording omissions.

People were supported by staff to manage their medicines. Staff ensured these were taken at the right times and in the most appropriate form for them. Arrangements in place for the receipt, storage and disposal of medicines were managed well and there was oversight by the registered manager to ensure these were carried out appropriately. Medicine Administration Records (MAR) were person specific and completed appropriately, with the exception of one MAR viewed. The registered manager identified immediately that changes to administration times had been to this record for the purpose of fitting in with the person's activity schedule. However, the changes made had not been signed or dated by the person authorising the change and it was unclear in records if these had been made following discussion with the prescriber or dispensing pharmacy. The registered manager assured us that this issue would have been picked up through their monthly audit process which was comprehensive but took action to confirm approval for these changes immediately.

Medicine errors were rare but people were safeguarded when an error occurred, because staff reported it immediately to management and sought medical advice to ensure the person's wellbeing was not put at risk. Only trained staff administered medicines and retraining would be offered to any staff member responsible for a medicine error. Appropriate systems were in place for the ordering, receipt, disposal and secure storage of medicines.

People told us that they were always supported by staff who they knew well. They received a 24 hour service and were never left on their own at home or in the community. The number of staff on duty was dictated by people's assessed needs. Two people we met were supported by one staff member and enjoyed doing many similar things together, whilst two other people who did very different activities from each other were supported by two staff to facilitate this. Staff said there were always enough staff and that the availability of staff meant they could always respond to sudden changes in people's planned activities. The provider operated a staff bank of staff recruited specifically to provide cover for shifts when there were staff shortages. Staff employed on the staff bank were usually made up of former full time members of staff; these staff had retired or left but were familiar with the service and most of the people using it and wanted to continue their involvement. The registered manager told us that if permanent staff were absent she felt confident of using staff from the bank, because of their knowledge and understanding of people's needs, and this provided continuity in support for people.

People were protected from harm because staff were trained to support people safely and to recognise and report abuse. They understood the importance of their role in upholding people's rights and protecting them from discrimination. Staff said they had not needed to raise concerns through the whistleblowing or safeguarding processes. However, they were confident the provider and registered manager would act on any concern that arose in a timely and appropriate way to protect people. Staff understood who the key agencies were outside of the Company that they could contact to report concerns if they needed to. People were protected from harm because staff said they were now well known to people in the local community, many of whom looked out for their wellbeing. Incidents of discrimination were uncommon and the availability of staff support meant the risk of people having negative experiences was significantly lowered.

Staff said if people did experience something whilst out that upset them they took time to sit down and talk through the incident, to help the person understand what had happened and to reduce their anxieties.

People were able to lead an active lifestyle because risks were appropriately assessed. Staff showed that they understood people's risks. We saw that individual risks

Is the service safe?

identified around people's health and wellbeing were enabling and avoided the need to be overly restrictive to reduce the level of risk. They addressed relevant areas including risks people may experience from their behaviour, or health conditions such as epilepsy or diabetes.

Staff understood the process for reporting accidents and incidents and took appropriate action to safeguard people

from harm and ensure they received the right support. The registered manager saw all these reports as part of management checks to ensure the right action had been taken to protect people.

We recommend that the provider should ensure that staff recruitment records contain the information specified in regard to gaps in employment histories as required under regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People told us that staff understood them and always asked them about the support they needed. They said staff explained information to them. “They come with us to the bank and help us to pay our bills”. “They help us with shopping”, people said staff encouraged and supported them to be involved in the selection and preparation of their meals, one person said “I help in the kitchen to make dinner.”

The registered manager and staff had received training on the Mental Capacity Act (MCA) 2005, to help them understand how to assess and support people’s capacity to make decisions around their every day care and treatment. The MCA provides the legal framework to assess people’s capacity to make specific decisions at a certain time.

Staff assumed people had the capacity to make everyday decisions for themselves but understood that sometimes they might not understand information they received about some important care or treatment decisions or the consequences of such decisions. When this happened they called together relevant representatives, relatives and professionals to make the right decision for the person in their best interest. Staff were able to show us an example of where they had worked through a capacity assessment process with someone who needed to make an important health decision, the records showed that the person was assessed to have capacity because they understood the decision they were being asked to make and the consequences, and staff respected this.

People were able to control the information that their relatives received about them. Staff showed us quarterly reports they sent to relatives to update them about the persons progress (this was only undertaken with the permission of the person concerned) the reports gave relatives an insight about what the person had done and achieved during the three month period, also what had not gone so well and how this was being managed.

People were able to communicate their needs verbally to staff and preferred information to be read to them. Staff were observed supporting people to make decisions for themselves and followed guidance about how people preferred to be supported. Staff said people needed help with some tasks, for example banking, budgeting, letter

writing or understanding forms and correspondence they received. Staff said they sought the person’s verbal consent to support them with these activities and this was recorded in their daily records.

People received the support they needed to make choices about food and to take an active a role as possible in shopping and food preparation. They met weekly with a staff member to plan and discuss meals for the following week. Staff said this was more to help plan what shopping to buy rather than to set down a fixed menu, but the menu did include meals that people liked to eat; this was flexible and could be changed on the day if people wanted something else. No one was assessed as being at nutritional risk, but because of health conditions some people needed to avoid some types of food and menus took account of this. People told us they usually had a takeaway of their choice every week and ate lunch out once a week. Staff encouraged and promoted healthy eating and discussed with people the benefits for them of eating more healthily, but respected people’s decisions to sometimes make unwise decisions about food choices.

People’s health care needs were met because they were supported to go to routine healthcare appointments and any outcomes from these were documented in their care plans to ensure staff understood any changes in support or treatment. People were protected from receiving inappropriate care and treatment because staff had received all necessary training to given them the basic skills needed to offer support, but had specific training in respect of some people’s health conditions, they had also sought out advice and guidance for other conditions to ensure they understood how to support people appropriately. People’s records contained detailed health action plans that showed what their health needs were and who looked after these and how often. Specific conditions for example, epilepsy or diabetes were well understood with specific plans in place to inform and guide staff about what they needed to look out for and what action to take. For example, staff had been trained to undertake glucose monitoring and knew the actions to take if glucose levels were outside of the expected normal range for the person concerned, to ensure they remained well. External health professionals were consulted as required including GP’s for routine screening and checks on an annual basis including a review of medicines.

Is the service effective?

People who sometimes expressed their anxieties through negative behaviour were protected from harming themselves or others because the staff supporting them received specific MAPA (management of actual or potential aggression) training to help manage the person's behaviour. Staff support was guided by detailed behavioural support guidance that informed staff of what person specific triggers to behaviour to look for, and what action to take at various stages of the person's behaviour. Staff told us that having this training and guidance available to them gave them confidence to support people safely and appropriately.

A newer staff member told us about their induction. They said that although they were experienced in care, before they had been allowed to support people directly they had received an in depth induction to the service. This had involved spending their first month being inducted into the house where they would provide support, and spending time with the people living there by shadowing other staff, familiarising themselves with people's routines and reading their care plans. This enabled them to understand people's needs and how they preferred to be supported. In addition they attended essential training, for example, equality & diversity, mental capacity, safeguarding, this helped to ensure people received care from staff that understood their needs and had the right skills and knowledge to support them appropriately.

Staff told us that they received training in a range of essential and specialist areas that reflected the needs of the people they supported. The registered manager told us that staff used accredited training from the British Institute

for Learning Disability (BILD) and worked towards their Level 2 & 3 Diploma in Health and Social Care. Records showed staff were up to date with their training and were kept informed of when training needed to be renewed to ensure they kept their practice updated. Staff received training specific to people's needs which incorporated the current best practice and guidance. The staff had the right knowledge, training and skills to fulfil their roles effectively and meet people's needs.

External stakeholders from the local authority told us the training of staff was "Excellent". They viewed the service as a role model for supported living for people with learning disabilities; telling us anecdotally that it has been referred to as "The best supported living service in Kent".

Staff told us and records confirmed that they received regular one to one supervision meetings from the registered manager or their deputy. They spoke positively about having time to discuss issues related to their support of people and what worked well and what needed improving. They were given the opportunity to discuss their training and development to help them deliver support in line with current best practice and also their future aspirations. They received an annual appraisal of their work performance to ensure they were meeting expectations for their role. The providers visited regularly and spoke with staff on a one to one basis to enable them to give direct feedback about their experiences to senior leadership, and staff valued this inclusiveness. A counsellor/mentor was attached to the service to provide support to staff if they needed this.

Is the service caring?

Our findings

In conversation people showed that they liked the staff that supported them, but had clear favourites, and could make active choices about who supported them with specific activities; and where possible their choice was respected. People told us about the things staff supported them with that enriched their lives, and fostered their sense of greater independence, for example eating out, going to the pub, attending craft classes. Staff were knowledgeable about each person and what was happening in their daily lives. Observations showed that there was a good rapport between staff and people, with some laughter, warmth and humour in their interactions.

Two people told us about contacts with friends and family. One person told us that they had regular contact with their family and staff supported their visits to their family home. Staff told us about a recent success in reuniting another person with a relative; the success of this visit was now leading to plans for regular contact to resume. An initial visit was described by a staff member as a “Brilliant visit”. The person told us they were looking forward to spending time with their relative who they had missed. No one used an advocate currently but staff were aware of how to refer to the advocacy service if this was required.

People were encouraged to attend to most of their own care needs, but needed some minor personal care support, and asked staff when they wanted this support. This was delivered behind closed doors in appropriate areas to maximise people’s dignity. People told us that staff helped them if they wanted to wash their hair or shave. Written records by staff about personal care support reflected appropriate attitudes to people and their behaviours.

Staff told us that they promoted people’s independence by setting small achievable goals, this had made the transition for people from residential to independent living that much easier, because they had not been overwhelmed with things they must know and learn as soon as they moved in. Small goals had helped them move on slowly so they could take on more responsibilities at a pace to suit themselves.

People told us about tasks they helped with around the house and told us that they liked living more independently particularly as they could choose who they wanted to live with. The hours of support people received was directly linked to their level of need, and reduced over time as people became more independent.

People were central to the support offered by staff who consulted with them about all aspects of it; respect for them as individuals was embedded in a Charter of Support that all staff read and signed up to at their induction into the Company. Staff provided settled and consistent support and it was evident, they were familiar with people’s personalities and needs. Staff described how they worked with people on an individual basis and knew how each person communicated their wishes or made known their anxieties.

People liked staff to read information to them, but this could be provided in more suitable formats if they wished it. Assistive technology was used with some people to aid their communication. One person said they would like to have pictures of meals, which would help them when deciding about future menus, the registered manager said this could be arranged very quickly.

We observed interactions between staff and the people they supported that showed respect, kindness and affection. A staff member spoke about coming into the house to find people companionably there with friends sharing a TV evening together, they explained that people visited each other and shared meals sometimes. People confirmed they met with other people for social gatherings from time to time.

A counsellor/mentor was attached to the service to provide support to people when they were facing difficult periods in their lives. Professionals praised the quality of care and support people received in the service.

Is the service responsive?

Our findings

No one receiving support had moved into the service in the last few years. The service was established to offer opportunities for people living in the residential services operated by the provider to move on to independent living, and moves had only taken place following consultation with people their relatives and representatives from their placing authorities. The registered manager confirmed that should someone be referred to the service who needed 'personal care' they would adopt the same rigorous assessment of the persons needs and whether these could be met, as they would for the residential service.

People told us that each week they sat down with a staff member to discuss what they would like to do for the coming week. For some people there were set activities that they had chosen to do and for which they paid to attend, around these times their week was more flexible and they could use their support hours how they wished. One person attended a voluntary work placement several times per week and now wanted to extend this, they had also identified a wish to extend their numerical skills and staff had supported them to find an appropriate college course.

Other people told us that they liked to spend their time going shopping, or eating out, or attending activities they liked. Staff said that the people were always doing something and their weeks were full of things they wanted to do. People told us that they went on holiday and had with staff support chosen where they wanted to go; they said they had enjoyed their most recent holiday.

Staff said that sometimes people asked to do things that required the use of a car to get to the activity that was not on a bus route. When this happened arrangements were made to ensure a car was made available to enable the person to do their activity of choice. Sometimes this took a few days to arrange but the registered manager said that people would be kept informed on the progress of making this activity happen for them.

People were supported to access evening activities if they chose to. Staffing was sufficiently flexible and responsive

that people who wanted to go out in the evening or at weekends could do so even if another person chose not to. This meant that everyone received the right amount of support to do what they wanted.

People had care plans which were focused on their individual needs, wishes and aspirations. They were clear and easy to follow and described people's preferred routines and how they communicated their needs. Staff used strategies identified as being the most successful in engaging people and reducing some types of behaviour for example, continence management. Care plans and risk information also addressed issues, such as responding to medicine administration or personal care refusals.

People's care plans detailed the level of support they needed dependent on chosen activities, or incidents of behaviour when at home or in the community. People's support was centred on their individual level of ability and skills, with some people taking a more active role in maintaining the home and undertaking personal and household domestic tasks. One person had taken on the role of gardener and had provided a range of potted plants and flower beds to decorate the garden. This was a passion of theirs that staff encouraged them to express.

People told us that they reviewed their care plans with staff and attended reviews. Relatives received quarterly updates about their own relative's activities and progress over that period, but only if the people concerned were happy for this to happen. Records showed that relatives were invited to attend and contribute to annual reviews.

People were asked to give their views every six months about the service they received.; they told us that they felt confident in raising any concerns they might have with staff at any time, and felt listened to and that staff addressed any concerns they had. The complaints procedure was in a suitable format for them to understand and use. Staff told us that minor issues people had were raised informally through one to one discussions with staff or through house meetings when they usually discussed meal and activity planning. Any issues were addressed quickly without the need to escalate to the complaints procedure. Formal complaints were rare but one had been received this year, and records showed this been dealt with appropriately in response to the concerns raised by the person.

Is the service well-led?

Our findings

People we met during the inspection consistently showed that they were happy with the support they received to live independently. Staff morale was high, and they felt supported, and valued. Staff spoke positively about working for the Company and individual directors and the registered manager were held in high regard by staff. Comments included: “Nice Company to work for, staff stay a long time”. “So happy to have found this Company it’s an honour to work for them”, “Superb management, unbelievable support and they show an interest in you”, “Best Company ever seen, and they (the directors) have sat down and really thought about what’s best for people”. “

A representative of the local authority community learning disability team said, “If we had to create a service like this, they would be the people I would go to create a ‘Rolls Royce’ service” They praised the communication between the registered manager and the local authority, which happened often. They commented “They have good well trained managers and team leaders who are good role models for staff, they treat their staff well and that’s why they stay”.

People using the service knew who the Registered manager was and what she did; she was a familiar figure to them and understood their needs well. Observations showed that they liked her and felt comfortable in talking with her about their day to day activities and experiences.

The service was provided by a registered Company that comprised two directors, they provided a number of small residential care homes to adults with learning disabilities, and in response to some people’s aspirations to move on and become more independent had developed the independent living service to meet these new needs. The registered manager spoke positively about the involvement and support of both directors who visited the service on a sometimes daily basis, and also delivered some staff training. We saw that there was an excellent relationship between the actively involved directors and the registered manager and this supported the delivery of very good quality care.

There was a clear management structure and lines of accountability. Staff said there was good availability of senior managers even out of hours if they needed to be contacted. Staff said they found the registered manager

approachable and always felt able to ask for their advice or guidance on matters. They said that they were kept well informed and communication was open and good to ensure they knew what was happening, in the service and for individuals they supported. Staff said they felt that the directors and registered manager showed interest in staff and cared about them, ensuring they did not work excessive hours and took breaks from working with people who might require intensive support over short periods of time.

A new staff member commented on the “Brilliant handover” arrangements between staff teams at shift changes. Team meetings were held every month and staff found these effective, because they felt able to contribute and share their views and ideas. Staff said they did feel able to influence service development, and two said they had contributed ideas for improvement in the past and these had been taken up, but they could not at that time recall what these had been, but felt confident of raising ideas in future directly as a result of those experiences. Staff said that relationships between staff were positive and they all worked together.

The registered manager received all incident reports as well as seeking verbal feedback from staff to enable these to be monitored for any concerns or patterns of behaviour. The Care Quality Commission was informed appropriately of incidents or events they were required to tell us about.

Monthly audits of aspects of the service were undertaken by the registered manager; these included checks on health and safety, medicines, and the environment. Records were also checked by the registered manager or deputy to maintain an overview of their quality and content and ensure people’s care plans were accurate and reflected current changes.

Staff and people said they saw the registered manager regularly as she or their deputy were a visible presence and always “Popping in”. The registered manager used a tablet (computer) to record their findings from these spot visits and noted where issues needed to be followed up. Information from audits produced an action plan detailing any shortfalls. Actions were allocated to individual staff members with a timescale for completion, progress was monitored and completion checked at the subsequent monitoring visit, this ensured that all staff took responsibility for improvements in the service and those shortfalls were acted upon quickly.

Is the service well-led?

The directors in addition to unannounced pop ins to different houses undertook a formal audit of the whole service every six months. Staff said that the directors were very thorough in their auditing and any shortfalls identified were given short timescales for completion. The directors then checked back to ensure these matters had been completed. A development plan for the whole service was in place and was updated year on year.

Relatives were kept informed about their relative's wellbeing. The views of people were sought through surveys every six months and through weekly house meetings where they discussed what they wanted to do, or eat. People also met with their key workers to discuss goals they wanted to achieve. There was no timeframe for people to move on and no plan was in place for this to happen. The development of skills towards greater personal independence was set at an individual pace to suit their needs and abilities. As and when people became able to undertake more tasks for themselves their hours of support were reviewed and where possible reduced.

The registered Company had membership of organisations that promote good practice in delivery of services to people with learning disabilities, to enable them to take greater control of their lives. As a role model for this type of

service it has been asked to be involved in research conducted by the Tizard Centre (this is one of the leading UK academic groups working in learning disability and community care) on practice leadership. Every staff member will be asked to contribute to the project, and its findings will be shared with the Company so that where necessary improvements can be made or planned for in regard to staff support.

The registered manager and staff worked well with the local learning disability team who praised the service for the quality of support they provided to people which they felt was "Excellent".

Staff had access to policies and procedures for the service and said that when changes happened to any of this information they were notified and directed to where they could find the relevant information about the changes, so as to keep their knowledge and practice current.

The majority of records viewed were very detailed, clear, reviewed and maintained to a good standard. Information was clear and readily available and specific and thorough guidelines were in place where required. The language used within records reflected a positive and professional attitude towards people.