

You First Support Services CIC

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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 ●

Summary of findings

Overall summary

This inspection was announced and took place on 31 July and 1 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to see people during the day. This was the organisation's first inspection since their registration in July 2014.

You First Support Services CIC provides personal care and support for people with a learning disability living in the community. The care and support is provided for people living in their own homes. At the time of the inspection they were providing support for 41 people, however only one person was receiving personal care. The level of personal care provided is minimal and much of the support the service provides is about living and socialising independently within society.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Staff had a very in-depth understanding of people's needs and how they preferred to be supported both in their home and within the community. People's staff teams were small and were picked with the person or a relative being involved meaning they could select the right type of person that would fit in with their likes, dislikes, hobbies and interests.

People were able to talk with senior staff in the office at any time as there was an open door policy and all staff in the office knew them well. People who received care and support from You First Support Services CIC indicated they were happy with the service provided. All the parents we spoke with said the registered manager and staff were open and approachable and cared about personal preferences and maintaining independence.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care. All support plans contained evidence to show they had been consulted about their care and they had agreed the content of their care plan. People were involved with deciding the information put into their support plans and one support plan had been edited by the person's parent to be more reflective of their needs and aspirations. Support workers had comprehensive information and guidance in support plans to deliver consistent support the way people preferred. We found staff were motivated and committed to ensuring people received the agreed level of support.

Staff told us the training they received was good; one staff member said the training could be very specific to people's needs if something was identified. The registered manager explained they had carried out a staff training survey to identify the type of training and development staff wanted. They said the plan was to provide, "An individual bespoke training and development plan that will be tracked via supervision." One staff member explained that as a person's needs had changed due to a parent not being present for a short length of time, the registered manager had ensured all staff supporting the person had received training for a specific need around maintaining their nutritional health.

We observed people were cared for and supported by staff members who were polite, compassionate and caring. They had a very relaxed and cheerful relationship with the support workers supporting them throughout the visit. Staff spoke passionately about the care and support they provided whilst maintaining confidentiality.

The registered manager had a clear philosophy for the service provided, which they explained was put together with staff and people using the service. "You First Support Services enthusiastically works to make a visible and measurable difference to the lives of people with learning disabilities through the provision of person centred, individualised, personalised support." This philosophy was supported by staff who sought to ensure people achieved the best they could.

The service had a complaints policy and procedure that was included in people's support plans. People said they were aware of the procedure and knew who they could talk with. People, parents and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. People were involved in staff recruitment. This meant the staff team could then be matched to the person on the basis of their personality and interests, as well as their knowledge and skills. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who were well trained and received regular supervision from senior staff.

People received effective care and support because staff understood their personal needs and abilities.

People's legal rights were respected and protected.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People were supported by sufficient staff to enable them to follow hobbies and activities in the wider community.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints.

Is the service well-led?

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff were kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Good ●

You First Support Services CIC

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 was announced and took place on 31 July and 1 August 2017. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to see people during the day.

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 in the PIR and also looked at other information we held about the service before the inspection visit.

You First Support Services CIC provides personal care and support for people with a learning disability living in the community. The care and support is provided for people living in their own homes. At the time of the inspection they were providing support for 41 people, however only one person was receiving personal care. The level of personal care provided is minimal and much of the support the service provides is about living and socialising independently within society.

We met the person receiving personal care and their parent. We also observed how the person interacted with staff and whether they were relaxed and happy.

We spoke with three staff members as well as the registered manager. We looked at records which related to people's individual care and the running of the service. Records seen included two care and support plans,

quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

One person we met had asked to speak with us so they could tell us their experiences. They said they felt very safe with the staff who supported them. The person receiving personal care was able to indicate they felt safe when we asked them. All the parents we spoke with said they felt the service provided was safe. The parents of one person explained how they had managed to go away for a break for the first time without the person contacting them as they felt safe.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work, all new staff were checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They confirmed they had not started to work for You First Support Services CIC until their DBS check had been received.

You First Support used a service design approach which meant they looked at the whole person and took a holistic and person centred approach to the "matching" process when they employed staff to support specific individuals. Following the inspection the provider told us, "This makes the customer together with their family and significant others the architects of the customers support resulting in a truly personalised and individualised service." The registered manager said "We do not believe in a "one size fits all" approach as every person is unique and their own person regardless of disability. Provider assessment often focuses on what the person can't do, we look at what the person needs, including their goals, hopes, dreams and ambitions, in order to have a great life."

We found that people were protected from the risk of harm and abuse. The service had policies and procedures in place regarding the safeguarding of people, which included details of the local authority procedures. Staff told us, and records seen confirmed, that all staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One support worker said, "I am 100% certain that any concerns I had would be dealt with and acted on appropriately. [The registered manager], in fact any senior member of the team, would not allow anything to be ignored."

You First Support used an electronic care planner software system which meant staff would log in and out of each support visit using their mobile phone. The provider told us, "This has a dual purpose: firstly managers know that customers are receiving their support and secondly. Managers know that staff are safe and well during work time."

We found that risks to people were well managed and people's freedom was also supported. Risk assessments were in place to keep people safe whilst they were in their home and the community. We saw an example where staff had carried out a risk assessment with the involvement of a parent about the risk of

an epileptic seizure whilst travelling in a car. The assessment was very clear and outlined the protocol for staff to follow if this did occur. This meant the person was supported to access the community safely.

Risk assessments were also completed in relation to activities such as swimming, and taking part in outdoor activities. One staff member described how it was important to support people to make safe choices without 'stifling' them.

Staff informed the senior team or registered manager if people's abilities or needs changed so risks could be re-assessed. We saw support plans had been up-dated following changes in the risk assessments, for example whilst a parent was unable to drive following an operation. This included the length the new assessments would be in place and was reviewed with the parent regularly until no longer needed.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. All the parents we spoke with said their relative had built up a relationship with their regular support workers. One parent we spoke with explained how it was very important to the person to know they had a regular team that they could relate to. The registered manager confirmed they had an on-going recruitment programme to ensure they had sufficient staff to meet people's needs.

At the time of the inspection nobody required staff to administer medicines. However all staff received training on how to administer medicines safely. The registered manager confirmed with us that before administering any medicines staff competency would be assessed. Some staff had also received training in the safe administration of Buccal Midazolam, this is a lifesaving medicine used by people who experience epileptic seizures.

The agency's policy and procedure for the safe handling of money protected people from financial abuse. If support workers handled people's money as part of their personal care package they kept a record of, and receipts for, all monies handled.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People's relatives told us they thought staff were well trained and understood the people they cared for well. One relative said, "The difference in [the person] is notable. They have made so much progress and they no longer self-harm as much, as they know who is supporting them and that they know how to support them the way they want."

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as manual handling, medication, safeguarding vulnerable adults, health and safety, food hygiene and first aid. Staff confirmed they could also attend further training related to specific needs. For example, when staff had been required to take over the 'PEG' (percutaneous endoscopic gastrostomy) feed for one person all staff involved in that person's care received training. A PEG is used in people of all ages, who are unable to swallow or eat enough and need long term artificial feeding. The registered manager confirmed they would access specific training for staff if people's health needs changed. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications such as an NVQ or diploma in health and social care.

The organisation had also worked with an outside organisation to carry out a training survey with staff to support them in achieving an, "Individual bespoke training and development plan that will be tracked via supervision."

People were supported by staff who had undergone an induction programme which gave them the necessary skills to support people safely. All the staff spoken with confirmed they had attended an induction programme. One staff member explained the induction also involved getting to know the person they were supporting. Records showed the induction included medication training and competency checks, safeguarding vulnerable people as well as an introduction to the organisations policies. The registered manager confirmed the induction process was aligned with the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support.

People were supported to eat a healthy and well balanced diet. One person's parents explained how the staff had supported the person to be involved in learning how to cook meals, rather than rely on pre-prepared meals. One person we spoke with explained how they managed their own healthy diet with the support of staff. During our visit with one person we observed staff supported them to eat food they had chosen at the time. They supported them in a dignified way and the snack time experience was cheerful and relaxed. The organisation had hired a place where people using the service could meet and practice food planning and preparation in a 'domestic community kitchen.' People were supported to plan a meal, buy the ingredients and then cook the meal to eat together. This approach focused on supporting people to move onto more independent living. The organisation planned to have a community allotment so people could also grow their own produce.

People were supported to maintain good health and wellbeing. Staff had developed effective working relationships with a range of health professionals to help ensure positive outcomes for people's health and well-being. We saw from records that staff made referrals to appropriate health professionals when they had concerns about someone's health. Staff also worked closely with the local commissioning teams.

People were supported by staff who received regular one to one supervisions. This enabled staff to discuss working practices, training needs and to make suggestions about ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. A record confirming staff had received supervision and had one to one meetings planned was readily available. Records also showed senior support workers visited to carry out spot checks to ensure staff were competent and people were happy with the support they received.

People only received care with their consent. Support plans were written with the person involved or their close relative. We saw one support plan had been written using the same phrases and actions of the parent. This meant the person would understand what was happening and what they could expect as it was consistent with the support they received from their parent. One person had written their own hospital passport, this is a document that records personal information for hospital staff to use in an emergency or hospital admission.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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. Records showed that staff discussed decisions with the person and their families. At the time of the inspection the person receiving personal care was able to make some decisions when given the time to take in the information and think it through.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection nobody was being deprived of their liberty. However, the support workers and the registered manager all had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

Is the service caring?

Our findings

People's parents said their relatives were supported by kind and caring staff. One parent said, "The care and support provided by You First is exceptional they all go that extra mile to be caring and show they really care rather than doing a job." One person told us how they felt staff were very caring and supported them to achieve things they thought they would never do, such as running their own small business.

There was a consistent staff team which enabled people to build relationships with the staff who supported them. One support worker explained how they agreed the membership of the team with the person or their family members so that person felt secure with the team they had come to know. A parent explained how one person liked to know in advance who would be supporting them so they did not get anxious. We asked the person if they liked their support workers, they smiled, nodded their head and gave the 'thumbs up' sign pointing to both the care workers sat with them. We also asked if they thought they were kind to which they laughed and again gave the 'thumbs up' sign. One parent said, "They go much further than just coming to support [the person], they are part of the family now. They always ask if there is anything else they can do before they go. They are brilliant. Best support we have had and we have been through a few."

Following the inspection the provider told us, "You First operates an area team approach to services meaning that each customer is supported by people they know. This means that customers are able to build meaningful relationships with the people that support them. Area teams are around 6–8 in number. Area teams are led by Support Coordinators and in complex cases; Service Leaders and the teams meet regularly to review care and support. This approach ensures that customers know who is supporting them and they are never supported by a stranger. Area team meetings support peer learning and keep support plans reviewed. Each customer has informed the registered manager how they wish to meet new staff and this is incorporated into their support plan."

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Support workers supported people to follow interests, hobbies, achieve and learn new interests and maintain contact with their local community. Support workers encouraged people to be as independent as they could be and to make decisions about what they did and how. Staff saw their role as supportive and caring and were keen not to disempower people. One staff member said, "I see my role as supporting [the person] to have as fulfilling a life as possible."

Care plans were clear about how to respect people's privacy and dignity. For example, one person did not like their head or face touched. There were clear guidelines for staff on how to respect this and support the person without raising anxiety levels. There were also clear protocols for staff to follow when assisting a person at the swimming pool.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and express their opinions. Care plans showed people and their parents had been involved in reviews of the support they required. Part of the review included looking at what was going well and if any changes were needed.

People were also supported to express their views about the way the organisation developed. For example, people were involved in the process for choosing new staff to support them. One staff member explained how one person liked to be introduced to a prospective member of their support team whilst out socialising. This meant they could meet the person so they could talk to them or play pool with them. They would then say whether they thought the person would fit into their team or not. This meant people were fully involved with the development of their team of support workers.

Support workers spoke warmly and respectfully about the people they supported. They were passionate about the way they supported people to achieve new things and progress in their personal development. Staff were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. Staff also had a good understanding of how to support people's choices, lifestyles and preferences. Parents of one person told us, "The staff on [the person's] team really know [the person] well. This is very important as they need to feel secure."

Records showed people enjoyed a range of activities and interests. One staff member explained how the organisation tried to match staff with particular interests to people with the same interest. For example, one staff member had an interest in photography and the person they supported was also interested in photography. They had supported the person to join a club and improve their skills. This meant the person had been able to include their photography in a local exhibition. One person told us how staff had supported them to follow their interests and they had a very active social life and ran their own small business. Another person enjoyed their swimming sessions and staff supported them to go swimming every week. One person said, "The main thing is they listen to us and what we are interested in."

Staff worked in partnership with people to make sure support plans were personalised to each individual. Support plans contained information to assist staff to provide care in a manner that respected their wishes and assisted them to be independent. The support plans were written using the You First Support 'service design' they were based on an initial assessment following the seven keys to citizenship, drawn up by 'The centre for Welfare Reform', love, freedom, money, home, help, life, and purpose. This meant people were seen as a whole person rather than a list of needs. Following the inspection the provider told us, "Each section of the service design finishes with a set of outcomes which are the things the customer wants to achieve; these are then lifted into the support plan with bullet points detailing the support the customer requires to achieve those things."

We looked at one support plan which showed how the assessment had followed the seven keys and how the full support plan had been drawn up. The person's parent had been involved in developing a draft of their support plan which had been reviewed to ensure it was correct. We saw the parent had then edited parts of the plan to be more meaningful for the person. Support plans also showed they were reviewed regularly to ensure they remained current.

The support plan for the person who received personal care showed how the organisation looked at ways to respond to their needs in a personal way. The support plan was very clear that time to play was very important. A doll was used to support personal care in a dignified way reducing anxiety and stress. When recruiting staff for this person's team, the parents were involved and the criteria for a successful team member was closely followed. One parent said, "A lot of thought has been put into matching carers to [the person]. I was involved in it all from the job description to the advert." They also stated, "The team are very flexible and changes to the care package is never a problem to accommodate."

Changes to people's support plans were made in response to changes in the person's needs. Staff confirmed

people's support plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in support plans. The registered manager explained how they used an electronic care planner system which meant all changes were made in 'real time' so staff with access to the person's records would know of any changes immediately through their mobile phone.

People and parents told us the service was responsive to their personal needs and adapted their support accordingly. One person told us how they had been in the care system for a very long time and how You First had supported them to move on and become a more effective member of the community. They no longer required 'two to one' care. They had studied horticulture and were very proud of their garden and they had started their own small business.

Records showed that another person's support plan was written using the same phrases their parents used to promote continuity. The parent of this person was also provided with staff profiles so they could discuss them with the person before they agreed to have them on their team. This meant the organisation was responsive to the person's specific need to remain in control of their support.

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of the complaints policy within their support plan. Support plans contained the contact details and guidance on how to raise a complaint. The document was also provided in an 'easy read' format and as an audio recording on the organisations website. One complaint had been received and we could see the registered manager had dealt with the complaint in line with their policy. Parents said they would feel confident they could raise a complaint if they needed to. One parent said, "I don't think there is anything to complain about they are brilliant. If we ring the office they are always there, [the registered manager] is always available so anything we might be concerned about we can discuss immediately." One person told us, "There are no negatives, they listen to us and believe us."

Is the service well-led?

Our findings

People were supported by a team that was well led. The registered manager was appropriately qualified and experienced to manage the service. They were supported by a team of staff who all said there were clear lines of responsibility. One staff member said, "We all work well as a team. Especially working in small teams to support people so they get continuity and can build a relationship."

All the parents spoken with told us they found all staff to be open and approachable. Throughout the inspection we observed people coming into the office to talk with staff and management. They had an easy relaxed approach. One parent told us how they had attended the family forum which they found helped them get to know the staff and other families better. They explained how the last subject discussed had been about communication. They said, "Communication is excellent. There is always someone in the office and if [the registered manager] is not there he always gets back to us as soon as possible."

Senior staff were available to provide advice and support when needed. The provider told us they had a, "24 hour on call service for both customers and staff." One central number was programmed into the mobile phones of senior staff covering the on call service. This meant both people using the service and staff knew they had one point of call if they needed assistance or advice.

The registered manager and directors promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager had a clear philosophy for the service provided, which they explained was put together with staff and people using the service. "You First Support Services enthusiastically works to make a visible and measurable difference to the lives of people with learning disabilities through the provision of person centred, individualised, personalised support." This philosophy was supported by staff who sought to ensure people achieved the best they could.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager or a senior support worker to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. One staff member explained that training needs could be identified at these meetings and requests for additional training were, "Always taken on board and provided."

Staff were also supported through team meetings. Specific teams for individual people could meet to discuss progress and any changes. They could also act as a debrief meeting following an incident to look at what worked well and what they could have managed differently. Larger team meetings were held to discuss and address issues. For example, following a report of a scalding in a care setting in Scotland the team met to discuss the incident and received training to address the issues the incident raised. The management team were also talking to staff about what might work better for them. For example, as they

worked in a large rural area they planned to arrange locality meetings. This meant they would inform staff they were in a specific area so staff could 'drop in' and meet with the management team without feeling they had to travel to the office.

There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals. Following the inspection the provider told us how they supported families to be involved in the development of the organisation. "You First has a Family and Carer Forum that meets every other month. This involves family members in the running of the organisation. Members set the Terms of Reference themselves and agree the agenda for the next meeting." There was on-going discussion and training for staff to support their role as support workers supporting people to live and socialise independently in the community.

Satisfaction surveys were carried out to look at possible changes and improvements the service could make to enhance the experiences of people using the service. The survey included the questions, What do we do well? And How can we improve? Records showed the outcomes of the surveys were shared with people using the service, their relatives and staff. For example comments under what do we do well? Included, "There's always someone available for 24 hour on call," And, "[The registered manager] makes himself available, is aware of all that is happening and brings a personal touch that is valued." Under what could we improve? One relative felt there could be better communication between the team supporting their relative. Action was immediately taken with a communication book being considered for the 'client' if they were 'comfortable with it.' They also reminded staff and relatives that, "There is a notes facility in Care Planner (electronic information for staff) and this can provide real time information for support workers."

The registered manager looked for ways to continually improve the service and keep up to date with current good practice. For example, at one staff meeting they had asked staff to suggest ways to improve the service. They looked at where they were and where they wanted to be. The suggestions made by staff were put into an action plan which was being worked through to achieve better outcomes for people. The registered manager explained, "We are on track with much of it. This involves staff, it values them, it listens to them and gives them a sense of control over the direction of the Social Enterprise." People were supported by a service in which the manager kept their skills and knowledge up to date by on-going training, research and reading. The registered manager was also supported by an external organisation that carried out one to one mentoring meetings with them to support their progress in developing the service.

The registered manager worked in partnership with local commissioners and the local authority. For example, they had worked closely with the Somerset Partnership (SomPar), Community Team for Adults with Learning Disabilities (CTALD) and the Rapid Intervention Team (RIT) to analyse a series of challenging behaviours. This led to a multi-disciplinary approach to supporting staff to look at ways of supporting people with challenging behaviours especially when in a public area.

To the best of our knowledge the provider had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.