

London Borough of Ealing

Shared Lives Scheme

Inspection report

Ealing Shared Lives
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Shared Lives Scheme, also known as Ealing Shared Lives, is a shared lives scheme which provides people with long-term placements, short breaks and respite care, within shared lives carers' (SLC) own homes. At the time of our inspection 14 people were using the service, seven of whom only required short, occasional respite care.

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

People's experience of using this service

The provider had arrangements in place to monitor the quality of the service, but these had not always been effective as the records in respect of some people using the service were not always kept up to date. The provider took action when they had identified improvements were required.

Shared lives carers and staff were caring and treated people with respect. Relatives and professionals said they felt people were safe and their care needs were met.

People had support and risk management plans and these were reviewed regularly. Plans reflected people's physical, mental, emotional and communication needs. Staff were aware of how people wanted to be supported and were responsive to people's individual needs.

People were supported to have healthy diets and their choices were respected. Shared lives carers helped people to access to healthcare services and people were supported to remain healthy.

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.

There were robust recruitment processes in place to make sure the provider only engaged suitable carers to support people effectively in their own homes. The provider matched carers with people's support needs and preferences. Carers completed a range of training to help them support people appropriately. Carers felt supported and well supervised by the provider.

The provider had suitable processes in place for responding to complaints and concerns and used these to develop the service.

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

Rating at last inspection:

The last rating for this service was good (published 14 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Please see the action we have told the provider to take at the end of this report.

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 caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Shared Lives Scheme

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Ealing Shared Lives is a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about important events the provider had notified us about that had happened at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We used all of this information to plan our inspection.

During the inspection

During the inspection we met the registered manager and service coordinator. We looked at the care records for three people, two staff records, as well as a variety of systems related to the management of the service.

After the inspection

We continued to seek further information and clarification from the registered manager to validate evidence found. We spoke with one person who uses the service, one relative, four shared lives carers, and an adult social care professional who had worked with the service.

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.

Using medicines safely

- The registered manager told us most people using the service did not need support with medicines. When a person did, there were medicines management procedures and processes in place to help make sure shared lives carers supported them safely.
- People's support plans stated if a person needed support with their medicines and that their shared lives carer was to provide this. However, one person's support plan did not clearly set out how best to support the person with their medicines. We discussed this with the registered manager and they said they would address this.
- The shared lives carers completed training on how to support people with their medicines safely and staff monitored their competency to do this. Carers used administration records to document the prescribed medicines they supported a person to take. Staff checked people's medicines support regularly when they conducted regular supervision and care review checks. Records of care indicated staff had noted an improvement in a person's health as a result of the consistent medicines support provided by their carer.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable safeguarding systems in place. Shared lives staff and carers completed training on safeguarding adults. Carers and staff knew how to recognise and respond to safeguarding concerns and felt managers would take action when they reported such concerns. They also knew about whistleblowing and how to report concerns to other agencies if required. A carer said, "It's the protection of all of [the person's] rights."
- The provider had recently reviewed its processes for monitoring how carers handled people's money so as to better protect people from the risk of financial harm.
- Shortly after our visit the local commissioning authority investigated a complaint about a person's care as a safeguarding concern. The registered manager worked with other adult social care professionals to investigate this concern in a thorough and transparent manner.
- Shared lives service staff promoted awareness of safeguarding by discussing this with carers during home visits and in carer meetings.

Assessing risk, safety monitoring and management

- The provider developed risk management plans to assess and reduce risks to people's health, safety and well-being both at home and when out and about. For example, one person's plans addressed how to support them safely when they were in their carer's kitchen. Another person's plans considered how to support them when they may become anxious out in the community.
- The shared lives service staff conducted a range of checks to monitor the safety of people's home environments. These included making sure water temperatures were suitable, carers had appropriate domestic gas and electric utility arrangements in place, cleaning substances were appropriately stored and

floors and stairs were safe to use. We saw the provider took action when these checks had identified improvements were required. For example, making sure a carer obtained a first aid kit.

- People had plans in place to protect them from the risk of fire, including evacuation arrangements. Carers had completed fire safety awareness training so they could reduce the risk of fire at home and support people in the event of such an emergency.

Preventing and controlling infection

- There were arrangements in place to prevent and control infection. Shared lives carers completed infection control training and the provider ensured they repeated this when required. Shared lives staff regularly visited people's homes to make sure the environment was kept clean and safe. The registered manager told us the shared lives carers were responsible for ensuring they had suitable equipment to prevent and control infections, such as gloves to wear when supporting people with personal care.

Staffing and recruitment

- The provider had appropriate, comprehensive recruitment processes in place to make sure they only offered shared lives carer roles to suitable candidates. These included obtaining Disclosure and Barring Service checks, references, visiting the applicants in their homes, assessing their links to local communities and evaluating their experience and attitudes.
- Shared lives staff presented a report on each applicant to a panel of representatives from the local commissioning authority to review before deciding whether to appoint as a carer. Staff used the carer assessment information to match people with potential carers to make sure people's placements were suitable. The matching process included staff facilitating initial introductory meetings between people and a carer, followed by initial trial visits and stays at the carer's home. An adult social care professional told us the recruitment and assessment process was, "Thorough, they cover all the bases." They added, "[The staff] take time to ensure there is a good fit between candidates and shared lives carers."

Learning lessons when things go wrong

- The provider had systems in place for responding to incidents and accidents and then learning from these.
- Records of care showed shared lives carers responded to incidents and informed staff appropriately. Staff recorded what happened and how both they and carers responded to incidents, including involving other agencies. For example, we saw a person had been supported to visit their GP when they had experienced an accident and statutory agencies were also notified. Carers told us they felt confident they could report incidents to the staff and managers and would be supported.
- The provider identified lessons to be learned from incidents to so as to reduce the risk of them re-occurring. For example, after a trial placement was not successful the registered manager improved the information recorded in carers profiles so as to better match people to prospective carers.

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

- The shared lives carers we spoke with were experienced in providing long and short-term support to people in their own homes. They demonstrated a good understanding of the care and support needs of the people who stayed with them. The staff were experienced practitioners in managing a shared lives service.
- Shared lives staff visited people and their carers regularly to review how people were being supported and to discuss people and carers' well-being. The provider also formally reviewed each carer's performance annually. The carers told us staff supported in them in their role, which included reminding and helping them to complete their training when required. One shared lives carer told us, "Every time I ask for support I get it." An adult social care professional said, "[The shared lives staff] are responsive to the needs of the carers."
- Carers and staff were required to complete a range of training to make sure they could support people competently. Training included autism and learning disabilities awareness, first aid, risk management and epilepsy awareness. People told us their training helpful. For example, a carer told us they found a session on supporting people to access their benefit entitlements useful.
- The registered manager monitored carers and staff learning and development to make sure they completed or refreshed their training when required.

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

- The provider assessed people's needs of before they started to use the service. The assessment looked at different areas of the person's daily living, such as their personal care and healthcare needs, how they communicated and behaved, and activities and interests they liked. This information was used to develop the person's support and risk management plans and staff involved people in this.
- We saw a person's support plan included guidance on how to support them with some of their behaviours where the provider had identified others may find this challenging. This guidance included an assessments of what the behaviours may mean for person, things known to cause them upset and some approaches to support them so they were less likely to experience distress.
- Records of monitoring visits by shared lives staff to people's homes indicated people's need were being met. An adult social care professional said of the service, "It has been very good."
- The provider assessed the suitability of shared lives carers' homes to be able to meet people's needs safely. This included making sure the home environment was safe and the person had their own bedroom that was appropriately decorated and furnished.

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

- The provider had arrangements in place so people were supported to eat and drink enough to maintain a balanced diet.

- People's support plans were personalised as they set out some of their meal preferences, such as foods they were known to like and dislike. For example, we saw one plan described how to support a person to eat safely and how to offer them more food appropriately. People's plans also stated if carers needed to use culturally appropriate ingredients and if the person needed support to prepare their food. One person told us of a favourite restaurant and that their shared lives carer supported them to go there regularly.

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

- Shared lives carers and staff supported people to make sure their health needs were met. Carers supported people to access healthcare services and to attend appointments when required. For example, carers supported people to register with a local GP, see dentists and opticians, and attend hospital appointments.
- We saw staff reminded carers about ensuring people benefited from regular health checks and monitored people's support to make sure this happened. Carers also told us staff regularly checked on how they supported people to stay healthy.
- People had 'health passports' in place. These provided information about the person and their health needs, how to support them with those needs and promoted partnership working with healthcare professionals, such as hospital staff.
- Staff regularly liaised with other adult social care professionals to coordinate timely support for people and their carers. For example, enabling people to access respite care or helping carers to access statutory carer's assessments.
- Carers communicated effectively with other agencies to make sure they worked in partnership to meet people's needs, such as contributing information to people's assessments for respite care. We saw carers maintained a communication book with staff at a person's day centre to share information about the person's well-being.

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.

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

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

- The service had worked with the local authority when it considered people lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty. We saw the provider obtained a copy of the legal authorisation when a person's deprivation of liberty had been authorised.
- Shared lives staff and carers had completed training on the MCA. Shared lives carers we spoke with were familiar with people's authorised deprivations of liberty and explained how they supported people in their best interests. For example, accompanying a person whenever they went out in the community to make

sure they were safe. A carer also described how they worked with a representation of the Court of Protection to monitor a person's well-being.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the shared lives carers and the care and support people received. One person told us, "I just love it," and a relative told us, "The people who look after [the person] are very good, very nice." Some people had been living with the same carers for a number of years. In some cases the shared lives carers had first been people's foster carers when they had been younger. This meant people had been benefitted from the continuity and stability of living with the same carers in the same family environment. An adult social care professional remarked, "I get the impression [the person] is very much involved in the family life."
- The assessments of people's needs and their support plans set out some information their life history and their cultural beliefs or background, including if they followed any particular cultural diet. People's plans recognised how some people may express their sexuality. Staff told us the service did not currently support anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities.
- Staff and carers had completed training in promoting equality and diversity in their work. The registered manager explained how they also promoted this by assessing potential shared lives carers' attitudes to working inclusively during recruitment. Staff described how they actively challenged other people's assumptions to make sure people who used the service were not discriminated against.

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

- Shared lives carers helped people to make day to day decisions about their care. For example, encouraging people to take part in activities at home and out in the community. One relative told us, "The carers are great - anything [the person] wants to do they fit in with [them]."
- The shared lives service staff regularly visited people to speak with them about and monitor how they were being supported. People were given time and support to give this feedback about their care. One person told us, "[The shared lives staff member] never rushes me at all."
- The registered manager was clear people were always involved in reviews of their support plans, which carers and care records confirmed. This enabled people and their experiences of the service to affect decisions about their care.
- People were involved in decisions about the carers with whom they would stay. For example, we saw when a person had decided they did not want to stay with a carer after a trial a period the provider respected their decision and made alternative arrangements with them.

Respecting and promoting people's privacy, dignity and independence

- People's support plans emphasised encouraging them to be independent and records of people's care

showed carers supported people with this. A shared lives carer described how they had supported a person to learn to use public transport and visit local shops with increasingly less support. This meant they could now access the community more independently.

- The provider had policies and procedures in place to promote treating people with dignity and respect. A relative told us they felt their family member was always treated in this way. A person who used the service told us the shared lives service staff and carers treated them well. Records of care we saw also indicated people were afforded with dignity and privacy when supported to wash and change. We saw the provider took prompt, appropriate action to address a concern that a person had not had their privacy respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that was responsive to their needs and preferences. A relative said, "Everything's working" for their family member and a person indicated their care was meeting their needs and preferences and told us, "There's nothing I would change."
- People's care and risk management plans were personalised to their individual needs. Plans considered a person's physical, mental and social needs and their care and support preferences. For example, plans set out people's food likes and dislikes and how to meet their personal care needs, including supporting them with oral hygiene. Plans also provided information about meeting a person's religious or cultural needs. Records of shared lives staff's regular monitoring visits to people's homes showed people received care and support to meet their needs. The provider reviewed people's support plans on an annual basis.
- One person's plan gave an account of how they needed to experience a 'typical day'. This was because being able to continue a known daily routine was important for maintaining their well-being. Their carer also described how they supported this and an adult social care professional told us this had met the person's specific needs.
- The relatives of some people's main shared lives carers had also been assessed and recruited to the service. This meant people could be supported by members of their shared lives families who they had developed trusted relationships with and who understood their needs and preferences. An adult social care professional told us this had been particularly beneficial for a person who could find change and new people upsetting.

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

- Shared lives carers supported people to develop and maintain relationships that mattered to them.
- There was a clear emphasis on helping people feel part of their shared lives carers' families. Carers and people's relatives spoke warmly about seeing people in these terms and how people were supported to socialise with carers' other friends and relatives, such as children and grandchildren. One person told us, "I feel happy here with mum, dad and my big brother." An adult social care professional told us, "I get the impression [the person] is very much involved in the family life." We saw shared lives carers and staff also worked to help people maintain their own family relationships as well and develop new friendships.
- Carers enabled people to take part in activities and hobbies that were meaningful and relevant to them. These ranged from going shopping, swimming, to college or the gym, to going to sporting event, family weddings, entertainment shows and on holidays. One person told us they particularly enjoyed their holidays. Carers had supported another older person to travel abroad on a plane for the first time.
- One person had previously experienced some depression and felt unmotivated by the activities they had been trying for some time. Over the months the person's shared lives carers and staff had supported the

person to promote their confidence and try new things. This led them to gaining paid employment and shared lives staff reported they have become a valued member of their team. This has further improved their self-esteem and wellbeing.

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 provider had identified people's communication needs and how these were to be met in their support plan.
- One person's plan explained how they used gestures, objects and leading people to things to communicate what they wanted. Another person's plan described how they knew and responded to some Makaton signs. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.
- People's plans also set out the different languages people spoke and if they needed support with any communication or sensory equipment, such as using a hearing aid. The shared lives service staff regularly visited people to check the needs were being met.

Improving care quality in response to complaints or concerns

- There were policies and procedures in place for handling complaints.
- The provider recorded formal complaints when they were received and the actions taken in response. We saw the registered manager was in the process of responding to a recent complaint at the time of our visit. There had been no other complaints received since our last inspection. The manager told us their approach was to resolve issues with people before they became points of complaint.
- A person who used the service told us how they would make a complaint if they wanted to and said the shared lives service staff had explained this to them.

Is the service providing end of life care?

- No one was receiving end of life care at the time of our inspection. Currently people using the service had not been diagnosed with any life-limiting conditions.
- The registered manager told us they planned to introduce accessible information to help people and their families consider potential, future end of life care needs. We saw the registered manager had started to discuss this initiative with the shared lives carers prior to our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had not always kept up to date records in respect of some people using the service.
- The registered manager had provided advice and direction to a carer in response to a query about providing personal grooming support to a person. We found this direction had not then been added to the person's support plan, which had contributed to confusion as to how to support the person with this. We discussed this with the registered manager who acknowledged this information needed to be added to the person's plan. After our inspection the registered manager provided us with assurance this had been done.
- A person's shared lives carer had supported another agency to assess and plan to meet the person's needs for providing them with a temporary respite care service. We found this agency's assessment had more personalised information about meeting the person's needs than their current shared lives service support plan. For example, there was more detail about the person's likes and dislikes and supporting to them to dress. We also discussed this with the registered manager who acknowledged this information needed to be added to the person's support plan.
- Shared lives staff kept records of the regular monitoring visits they made to carers and the people using the service. However, we saw the majority of the notes from a visit to a carer in October 2019 were the same as the notes for a previous visit in July 2019. This meant the record did not accurately reflect the later visit.
- The provider used a range of systems to check on and maintain the quality of the service. However, these had not always been effective as they had not identified and addressed the issues we found regarding maintaining care records appropriately.
- The provider's quality assurance systems included regular monitoring visits to carers homes to evaluate their care and support. We saw the provider took action in response to these visits' findings. Staff also met with people individually to discuss their care and carers. For example, staff met with some people while they were at their day centres.
- We saw the registered manager had developed a service monitoring tool to oversee the service. They used this to make sure that appropriate recruitment checks were completed, people completed their training as required, support and risk management plans were in place, and carers and staff benefited from regular supervisions.
- The registered manager and staff had significant experience of providing shared lives services. They attended local forums and contributed to the national Shared Lives Plus network to access resources to use to improve the service and their learning. We noted the registered manager was in the process of completing of management qualification at the time of our visit.

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

- The shared lives service staff worked to promote and demonstrated a clear vision and commitment to supporting carers to make sure people experienced good outcomes. Carers spoke about making a difference to people's lives. Their comments included, "I love it, it's good for me, I love looking after [the person]" and "It is a really rewarding job."
- Shared lives carers said they felt supported and valued by the provider. They told us they were, "Quite happy and satisfied" and "I'm quite happy with how things are going." The provider's quality monitoring records also showed shared lives carers had consistently told the provider that lives staff were supportive and responded promptly to their concerns and queries.
- People spoke positively about the registered manager and staff and said they were always available to them. A relative said they were, "Very helpful." One person told us, "[The registered manager] is great. When I need someone to talk to [the registered manager] will listen."

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; Continuous learning and improving care

- The provider had procedures in place to respond to concerns about people's care when things may have gone wrong. We saw the registered manager investigated these concerns appropriately, apologised when mistakes had been made, and acted to put things right.
- Shared lives carers and staff told us the registered manager welcomed comments and suggestions for improving the service and responded to this. For example, they had changed the format of the carers meetings based on people's feedback. Staff told us, "[The registered manager] invites ideas for change."

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

- People, shared lives carers and staff had opportunities to be involved in the running of the service.
- Staff regularly met with people to gain feedback from them about the service. The provider produced a three monthly newsletter to keep people informed about service developments and the things people had been supported to do.
- The provider held regular carers meetings throughout the year. Records of these showed staff used them to discuss people's and carers' well-being, recognise positive achievements, provide carers with information about local initiatives and discuss practice improvements. For example, one meeting was used to highlight good practices when recording the handling of people's finances. Carers said they found these meetings helpful and one carer told us they felt the meetings had improved over the last year. Carers said they also received regular emails from the provider keeping them informed of developments.
- Each year the provider arranged for an independent agency to hold a consultation event with the shared lives carers. This enabled carers to meet to provide anonymous feedback about how the provider supported them. The provider reported back to carers on the findings and the improvement actions they would take in response to these.
- Staff had arranged for a carer to attend a national shared lives services conference in the month prior to our inspection. The carer told us they appreciated the experience and they learnt from others shared lives carers supporting adults with learning disabilities.

Working in partnership with others

- The service worked in partnership with other agencies to help provide coordinated care to people. An adult social care professional told us the service worked effectively with other agencies. We saw evidence that staff and carers liaised with health and adult social care professionals to promote people's wellbeing, including doctors and people's day opportunities services. The registered manager explained how they had

developed better communication with the local social services team for people with learning disabilities, which had led to more people's cases being referred to the service.