

Royal Mencap Society

# Mencap Portland and Oxborough Services

## Inspection report

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Date of inspection visit:

18 June 2019

20 June 2019

21 June 2019

Date of publication:

13 August 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Mencap Portland and Oxborough Services provides care and support for people with a learning disability who live in two houses and people who are living in the community.

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. At the time of our inspection 10 people were receiving care and support.

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

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People continued to benefit from an exceptionally well-led service that provided outstanding care. People were at the heart of the service and its values, which were person centred and focussed on supporting people to achieve what they wanted in life. All staff were passionate about providing flexible person-centred support to people when they needed it.

People's needs, and wishes were met by staff who knew them well. We saw and were told of many examples of staff going 'above and beyond' to help and support people they cared for.

The feedback from people and their families was overwhelmingly positive with a consistent theme that people felt cared for and this was more than just a job to the staff. People were at the heart of everything. Their support was tailored specifically to their needs and staff went the 'extra mile' to ensure people were in control of their lives.

People were treated as individuals and were valued and respected. The staff ensured that people's privacy and dignity was protected and spent time getting to know people. Staff worked creatively with people to

maximise their independence.

Staff received the training they needed to provide people's support appropriately and safely. The management team were proactive about sourcing additional training that staff needed to meet people's needs. Staff took part in regular supervision and were valued for their individuality and what they could bring to deliver high quality care.

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.

The management team led by example and ensured that they recruited staff who shared their ethos of providing good quality of care. They actively sought feedback from people, their families and staff to continually look at ways to improve the service and were receptive to ideas and suggestions.

The systems in place to monitor the quality and performance of the service were highly effective and the provider was quick to address any shortfalls identified. People could be assured that they were cared for by a well-motivated staff team who were well managed.

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

#### Rating at last inspection

The last rating for this service was outstanding (published 02 September 2016).

#### Why we inspected

This was a planned inspection based on the rating at the last inspection.

#### 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-led findings below.

# Mencap Portland and Oxborough Services

## **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:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 visit because we needed to ensure staff were available to facilitate the inspection.

Inspection activity started on 18 June 2019 and ended on 21 June 2019. We visited the office location and people who use the service on 18 June 2019 and made telephone calls to people and their relatives on 20 and 21 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 also contacted Healthwatch and two health and social care commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Health and social care commissioners commission care from the provider and monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and three people's relatives. We also spoke with six members of staff, including support staff, the deputy manager, service manager and registered manager.

We looked at various records, including care records for three people. We also examined records in relation to the management of the service such quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# 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 good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely. The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People and their relatives told us they were happy with the staff that provided their support. One person's relative said, "We are very happy with the service, I have no qualms at all about [person's name's] safety."
- The provider had facilitated a learning event for people, to support their understanding of what 'safe' means by increasing their knowledge and understanding of safeguarding and personal security.
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. Staff had confidence that the management team would deal with any safeguarding matters. They were also aware how to raise safeguarding concerns themselves if they needed to. One member of staff told us, "There is a safeguarding team in Nottingham, I would report to them if I had to, all the numbers are available."

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, people at risk of falls or where people's behaviour may pose a risk to themselves or others.
- Safety checks of people's homes were carried out prior to people receiving care. This ensured people and staff were safe in the home environment.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- People were involved in the recruitment of the staff who were allocated to their care. People told us that they were empowered as they had chosen the staff who would work with them.
- There were sufficient numbers of staff at the service to support people safely. We received positive feedback about staffing levels and saw there were enough staff deployed to meet people's needs during the inspection.

Using medicines safely

- Where the service was responsible, medicine systems were organised, and people were receiving their medicines as prescribed. The provider followed safe protocols for the administration and recording of medicines.
- Staff had received training in safe handling of medicines and their competencies were tested regularly.

- Some people wanted to retain control of their medicines and were enabled by staff to administer their medicines themselves. Appropriate checks and support were in place to ensure the ongoing safety of this.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. One member of staff said, "We wear gloves and aprons when helping people with personal care and there are posters up to remind us about hygienic practice."

#### Learning lessons when things go wrong

- Accidents and incidents were monitored, and action taken to address any identified concerns.
- The senior management team reviewed all incidents that happened and used feedback from people and staff, to improve safety across the service.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before any care was agreed and delivered. Support plans were implemented based on the person's needs and choices.
- The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately. For example; people's needs were regularly reviewed using recognised assessment tools and the findings of these reviews used to support people in the most appropriate way.

Staff support: induction, training, skills and experience

- People continued to receive care from regular staff that had the knowledge and skills to carry out their roles and responsibilities and were effectively supported.
- Staff received induction training that covered areas such as; first aid, infection control, safeguarding and fire safety. They also received bespoke training to meet the specific needs of the people they supported. For example, training in meeting mental health needs. Training was updated regularly or when people's needs changed.
- Staff were happy with the training and support they received. One member of staff spoke about their training, saying, "They [the provider] are good about extra training, we support two people who [behaviour of concern] and training is booked for this month." Another said, "Supervision is good, very thorough."

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

- People received support to eat and drink enough to maintain a balanced diet and stay healthy.
- People told us that staff provided them with the support they needed and respected their choices. One person who shared a house with another person also supported by the service said, "We choose the food, we write a menu out and look in books for recipes."
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements. For example, one person using the service had a condition which manifested in a chronic feeling of hunger that may lead to excessive eating and possibly life-threatening illness. The service had been integral in enabling this condition to be diagnosed and had a positive approach to supporting the person around food. The person was involved in preparing menus and maintained their healthy eating regime even when around food they could not eat. Their support plan explained how keeping active was central to them managing their condition and staff offered guidance about suitable activities, food portion sizes and healthy food choices. The person was happy with how staff supported them and felt they were not unnecessarily restricted.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support:

- People told us they received support to meet their health needs. One person told us, "Staff support me to go to the doctors and the dentist." Another person's relative told us that their family member had not visited the dentist for some time, they said, "[Person's name] had dental issues, I'm happy with how they were supported. [Person's name] had the trust in staff and they managed to get them to the dentist."
- Staff worked closely with people and their relatives and held regular reviews to ensure people's health care was provided in the most appropriate way and any changes to health needs were met.
- Records showed that staff supported people to access other health and social care professionals such as the GPs, dentists and community nurses and supported people to follow their advice. For example, one person required close monitoring due to a skin condition. Staff demonstrated a good understanding of the signs and symptoms that indicated a deterioration and knew which health care professionals should be contacted.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff had a good understanding of the MCA. Staff understood the importance of seeking consent from people and people were supported in the least restrictive way possible. One staff member described their understanding of mental capacity saying, "Mental capacity is about a person having the ability to make a particular decision, it can be a small or big decision."
- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and staff had excellent relationships that enabled people to flourish. Without exception people described how very kind and caring the staff were. One person said, "The staff are very nice, they help you out and do anything you need, they help you with any problems. The staff help me to do my money and sort my holidays out." A relative said, "They're very good, we're really happy with them. [Person's name] has settled there and been able to make friends which they find hard to do. The staff are very good, they're friendly and helpful and [person's name's] named staff is really friendly and easy to talk to."
- Staff spoke fondly of the people they cared for and were committed to doing their best for them. They understood people and supported them to do things that had a positive impact on their well being. One member of staff said, "It's important for [person's name] to be with friends, to keep in touch with family and to be active. We're planning a trip to the theatre in London and will be having an overnight stay."
- Health professionals spoke positively about the support provided by staff. They told us that staff interaction with people was excellent, staff supported people in a way that maximised their life chances and they went the 'extra mile' for people.
- We observed staff were proud to work at the service and interacted positively with people and each other. A member of staff told us, "This is a fantastic place to work, the support is amazing we're really lucky to have such a nice team."
- Staff often went above and beyond expectations. For example, one person was visiting relatives during a national holiday when they became very unwell. Relatives contacted staff, who travelled to the relative's home to provide support and accompanied the person to hospital. Staff who had not been scheduled to work over the holiday covered other people's support to ensure everyone received the care they needed.
- Staff were highly motivated and committed to doing their utmost to promote the well being of the people they supported. One person waiting for an operation had the opportunity to have the operation at very short notice. With 12 hours' notice all staff changed their allocated hours to enable the person to be accompanied by the staff member they chose. The member of staff was able to attend hospital with the person and remain with them as they recovered.
- People's relationships with people they cared about were truly valued and embraced by staff. Relatives commented how staff supported people to remember important occasions and visit their relatives regularly. One person's relative told us, "There is nowhere as good as this service...[Person's name] has a keyworker. The keyworker makes sure we get birthday cards that [person's name] has been helped to make and presents for [person's name's] nieces and nephews." They lived a long way from the service and told us that staff enabled the person to visit them at home as they supported the person to travel to a half way point where they could be met by family. Despite the significant distance they said they still felt involved in the

person's life as, "We get regular emails and photos, we feel included in [person's name's] life even though we don't live nearby."

- Staff went the extra mile to support people with their relationships, and were sensitive and discrete to ensure people were supported to have the intimacy they wished. Staff advocated for people to ensure people understood and were able to consent to their relationships. The provider had developed a network of staff who were sexuality and relationships champions. This group of staff had received training to support people in conversations about sexuality and relationships. Staff spoke sensitively about how they had applied this training to support people.
- Staff understood the importance of supporting people to maintain friendships. After the closure of some local day services people had lost touch with their friends. People were sad about the breakdown of these relationships and staff supported them to reconnect with people they had thought they would no longer be able to see.
- Providing consistent individualised care was a priority. Each person had a small team of staff and a lead support worker who they had developed a strong relationship with. People knew which staff would be providing their support each week and support was planned around people's activities and needs. One member of staff said, "I am lead worker for [person's name], we go through their diary together and put all their events in. I make sure I keep up to date with all their health appointments and am a main contact for their family."

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

- People were in control of all decisions about the way their support would be provided. For example, one person at risk of falls had discussed with staff how they wanted to be supported should they fall at home. They had taken photos of staff simulating the actions required and these were in their support plan. This ensured they felt confident that staff were provided with the guidance they needed to support them safely in the way they chose.
- Where people required support to communicate, arrangements had been put in place to support them. For example, staff had identified that some people would have difficulty communicating information to emergency services and hospital staff if they were taken ill when at home alone. They had arranged for people to have an emergency grab bag containing all important information and had signposted paramedics to where this could be found.
- Staff were strong advocates of people and supported them to have their voice heard. For example, one person had a negative experience at a local health facility and staff supported them to complain about this. The health service took action in response to the complaint and made changes to their practice.
- Staff accessed specialist training to ensure they were aware of all available options to support people. For example, staff had accessed training and support from specialist services for someone with a visual impairment. This enabled staff to introduce new ideas and communication aids which enhanced their life and improved their confidence. For example, a scanner was used to convert the typed text of the person's support plan to audio, so they could be involved in planning and reviewing their support.
- Meetings with people and their relatives were held to ensure people were able to express their views and their families could positively contribute to their loved one's care needs. This meant that everyone involved felt valued and listened to. One relative told us, "We get invited to regular reviews... we are always talking to the same staff that have worked with [person's name] for a long time and understand them."
- The provider ensured that people had access to advocacy services to support people to make decisions about their care and support if needed. Advocates act independently of the service to support people to raise and communicate their needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost respect and the whole ethos and culture within the service was to

support people to achieve anything they wanted.

- Monthly 'What Matters Most' meetings were held with people and their lead workers. During these meetings people talked about things they wanted to achieve, and staff explored what support they needed. We saw many examples where staff had worked with people to improve their life experiences. For example, staff had supported one person to apply to the blue badge scheme for a parking permit. When their application was rejected staff supported them to appeal this decision.

- Staff worked creatively with other professionals to ensure people's independence was not limited. For example, one person required an aid to enable them to administer their own medicine. They were told by their doctor and pharmacist that this aid could not be used with a new medicine they had been prescribed. This meant they would not be able to administer this medicine themselves. Staff liaised with the doctor and pharmacist on the person's behalf and a solution was found whereby the medicine aid could still be used and the person continued to administer all their medicines.

- Respect for privacy and dignity was embedded into staff practice. People said staff respected their privacy and dignity. One person said, "Staff respect me, and ask before doing things."

- We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Paper records were stored securely, and computer records were password protected so that they could only be accessed by authorised members of staff.

# 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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received their support from dedicated teams of staff who knew them well and supported them to live their life as they chose.
- We saw feedback that people and relatives had completed praising staff for way they supported them to live life to the full. For example, one person's relative had written, "[Service] is the best thing that could have happened to [person's name]."
- Staff were committed to enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. We saw many examples where staff had provided flexible support to enable people to live life to the full. For example, supporting people to go on holidays, to go to the theatre, attend concerts, and undertake both paid and voluntary work. One person told us, "I go to work, and I help out at [place name] riding for the disabled."
- Staff understood the importance of enabling people to pursue their interests and meet their spiritual needs. For example, one person's relative told us how staff had thought creatively about their mobility and sensory needs to enable them to spend a day fishing. Some people using the service were supported to attend a local accessible church group for people with learning disabilities.
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people. For example, care plans contained information on people's personal care needs and cultural needs.
- Health and social care professionals provided positive feedback about the responsiveness of the service. One health professional told us, "Communication between all involved parties is excellent, they [staff] will seek advice if needed and will act on things that are requested very promptly."

### 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.

- Information was made available to people in the format that met their needs and people's care plans contained information about people's communication needs. For example, the service had worked with sensory impairment services to ensure information was provided to one person in the most appropriate way. People had been provided with any aids they needed to support their communication and the provider was able to source information in many different formats.

#### Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and staff were confident that if they did have a complaint they would be listened to and the issue addressed. One person said, "I know who to speak to but have never had any concerns."
- There was a complaints procedure in place, the service had received no complaints since the last inspection.

#### End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- The provider had an end of life policy in place and had supported people to have discussions about their wishes for the end of their life.
- The management team were aware of what was required to support people with end of life care if needed.

## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Person-centred care remained at the heart of the service. Bespoke, individualised support that truly met people's needs was developed in partnership with people and their families.
- People consistently told us about the positive impact the service had on their lives and how they felt in control of their support. One person said, "They're ever so good, so nice and kind. I can always talk to [deputy manager], [service manager] or any of the staff about anything I need to." A relative said, "They are most definitely better than anywhere else [person's name] has been... The staff are very responsible and caring, they're dedicated and can get [person's name] to talk about their feelings."
- Staff were proud to work for Mencap Portland and Oxborough. One said, "It is outstanding, the best place ever. The team is wonderful, the managers are wonderful. They want to do things to progress [the service], they always explain what we are doing and take time to answer any questions."
- The provider recognised and promoted staff achievements and excellent practice. This was facilitated through local and regional awards programmes. Several staff members had been nominated for these, including 'going the extra mile for the people we support'.
- The management team knew people and their families and there was a real 'can do' emphasis which filtered through the service. We saw several examples where the service worked tirelessly to deliver the outcome a person wanted. For example, providing additional staff and support at short notice to ensure people were able to return home promptly after admissions to hospital and providing staff at short notice to support people who were unwell. Staffing arrangements were totally flexible to ensure people received support at the times they wanted and needed it.

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

- Care and support was provided in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion and were central to the culture and ethos of the service. Staff were passionate about empowering people to live full and happy lives. People were achieving their goals, and this was celebrated by everyone at the service. We saw many examples of people accessing new experiences and opportunities as a result of the support they received.
- The management structure remained clear which ensured everyone understood their roles and responsibilities. Providing excellent quality care remained the aim of everyone working within the service. The management team had been recognised nationally within the organisation as exceptional role models



and had been asked by the provider to support other services to improve.

- The systems in place to monitor the quality and effectiveness of the service were thorough and continued to ensure that risks were identified and reduced. Regular checks were in place for a variety of areas including the home environment, health and safety, fire, medicines, accidents and training. A central system enabled managers to analyse results so that trends could be identified to avoid incidents occurring again. The management team developed improvement plans to monitor and ensure required improvements occurred.
- The service had received overwhelmingly positive results in external audits carried out by commissioners, for example audits of medicines and consistently achieved excellent results in external quality monitoring audits.

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

- People and their families were regularly asked about the care they received, and feedback was used to continuously drive improvements. People had regular one to one meetings with staff to discuss their support.
- All people supported by the service had been enabled to register to vote in elections if they wished. Staff had supported people to understand the importance of voting and used resources like flash cards and an easy read guide to voting and registering to vote. Where people were unable to vote in person they had been supported to register for a postal vote.
- The provider had a positive online presence and used this to promote the strong ethos of the organisation to support people to maximise their independence and live their life in the way they chose. Their website had been designed with people with learning disabilities and their families and was accessible to people with a variety of communication needs.
- Staff were encouraged to attend regular team meetings. The meetings gave staff the opportunity to talk about concerns and issues they may need support with, and to reflect on good practice and what was working well. Staff told us these were valuable, and they could raise concerns and make suggestions as to how the service could be improved.

Continuous learning and improving care

- The management team had engaged with external organisations to provide advice and training to staff on issues which affected people who received support. For example, people, staff and the management team had been active participants in the provider's Treat Me Well campaign. This is a campaign which is aimed at improving health outcomes for people living with a learning disability when they need to use healthcare services. People and staff had visited a local hospital to speak to staff about the needs of people with learning disabilities. People who used the service were encouraged to be champions of this initiative and positive changes had occurred as a result. For example, increased understanding about reasonable adjustments that could be made to support people with learning disabilities in hospital.
- The registered manager was continuously developing their training provision to ensure it fully met people's and staff needs. For example, the registered manager was a British Institute of Learning Disability (BILD) PBS (positive Behaviour Support) coach which meant they could provide advice and support to staff tailored to the needs of people. PBS aims to improve people's quality of life by minimising the use of restrictive practices and reducing the use of restrictive physical interventions.
- The management team had been involved in the production of a new framework to support staff development. This was focussed on the provider's core values of 'inclusive, caring, positive, challenging and trustworthy'. The framework encouraged discussion and self-reflection about how staff could incorporate these values into their work, and further develop their practice.

Working in partnership with others

- There were numerous examples of Mencap Portland and Oxborough working with and alongside professionals and other agencies to enhance the lives of people and their families. For example, the service had continued to support one person whose needs had increased due to the onset of a long-term health condition. Staff had no previous experience of supporting people with this health condition but wanted to ensure the person did not lose the continuity of care from staff who knew them well. The management team liaised with the community learning disability team, occupational therapy, speech and language therapy and psychology to understand how best to support the person. Staff received training in the health condition and the management team used recognised best practice tools to ensure support was being provided that would maximise positive outcomes for the person.
- Staff supported people to access recognised sources of support, such as the Prader-Willi Association. This promoted people's understanding of their health needs and provided a source of mutual support and understanding.
- People were supported to be active members of their local community. Several people attended a local gym night, and this had improved their health and wellbeing and had a positive impact on their mental health. People had participated in the 'Race for Life', staff supported people to train for the event and one person increased their distance from 5km to 10km, of which they were immensely proud. Another person had been supported to develop their love and knowledge of art, by having lessons with a local artist and attending sessions at a gallery in the city. Following these sessions, they had been invited to display their art work at the gallery.
- Several people had been supported to find work within the community, for example one person worked in a local hotel, another in a local café. People were supported to source voluntary opportunities. For example, one person had a love of horses and had volunteered with local police horses. When this was no longer possible staff supported them to find another voluntary position working with horses. The person proudly told us that they were a member of their local riding club and had competed in national horse competitions.