

Walnuts Care Ltd

Walnuts Care

Inspection report

The Watling Way Centre
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Tel: 01908662288

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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 took place on 04 February 2016 and was announced.

Walnuts Care provides a range of support services for families and young people living with Autism. Services include overnight respite care, support with social activities and daily living skills. At the time of our visit there were 70 people using the service.

The service had a registered manager. 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.

Relatives told us their family members were safe and they had no concerns about the arrangements that were in place to keep people safe. Staff described to us their understanding of how to protect people from harm and abuse and knew what action they should take if they had any concerns. They had built good relationships with people and that enabled them to recognise any concerns about their safety. Relatives and staff were involved in compiling risk assessments and the service supported people to maintain their independence and take managed risks.

Staffing levels ensured that people received the support they required at the times they needed it. The service responded flexibly and robustly to ensure suitable staffing arrangements were available to meet people's needs. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

There were systems in place so that people could be supported to take their medicines safely and as prescribed.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in a person centred manner. They were well supported by the registered manager and senior management team in respect of supervision and informal support. Specialist training was provided to staff that was specific to the people they were providing care for. This provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

People's consent to care and treatment was sought in line with current legislation. All staff and management were trained in the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

People could access suitable amounts of nutritious food that they enjoyed and which met their individual preferences and dietary needs. Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

People were at the heart of the service, which was organised to suit their individual needs and aspirations. There were exceptional relationships between people, their families and members of staff. Relatives told us about the positive impact the service had on their lives and how things had changed for the better. People were empowered to make their own decisions and to take responsibility for them. Throughout the inspection relatives and staff were keen to tell us about people's achievements. We were provided with numerous examples of how staff had considered ways of helping people achieve their goals and aspirations. This contributed to the high levels of satisfaction expressed about the service. Relatives told us that the privacy and dignity of people was promoted by staff and they treated people and families with respect.

There was an extremely positive culture within the service and the management team provided strong leadership and led by example. The registered manager and the operational manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Individualised care was central to the services philosophy and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs. They spoke with commitment and used words like, "individual", and "personalise", when they talked about people they supported. People were supported to use a range of personalised communication methods and staff ensured communication was not a barrier to people achieving their goals and aspirations. Staff and relatives told us that people were supported to use their individual communication methods and tools to help reduce anxiety and have greater control about their care and lifestyle.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and relatives were confident that issues would be addressed and that if they had any concerns they would be listened to.

The service was well led and relatives and staff commented on the strong leadership qualities and caring approach of the registered manager and the operational manager. Relatives had enormous confidence in the service and the way it was run. There were systems in place to check that the care of people was effective, the staffing levels sufficient, and staff appropriately trained so they had the skills to provide safe care and support. The culture within the service was positive; staff were motivated and committed to their work. They strived to give people positive care experiences and worked hard to ensure that people had ample opportunities to achieve their goals.

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 ●

This service was safe

People felt safe and comfortable with the staff that provided their support. Staff were clear on their roles and responsibilities to safeguard people.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible.

Recruitment practices focussed on ensuring that only suitable staff that could meet the needs of the people were employed.

Staffing arrangements meant there were sufficient staff to meet people's needs.

People were supported by staff to take their medicines safely.

Is the service effective?

Good ●

This service was effective

People were supported by highly motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received regular and effective supervision and support.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people were able to make safe choices and decisions about their lives.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

This service was caring

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. Without exception, people and relatives praised the staff for their caring and professional approach.

The registered manager and staff were committed to a strong personalised culture. Kindness, respect, dignity, and attention to detail was integral to the day-to-day practice of the service.

Staff promoted people's independence in a supportive and collaborative way to ensure their diverse needs were met.

Is the service responsive?

Good ●

This service was responsive.

People were supported by staff that knew them well and were passionate about enhancing people's well-being and quality of life. People were supported to lead a full and active lifestyle. They were actively encouraged to engage with the local community and maintain relationships that were important to them.

People's care was based around their individual needs and aspirations. The service had creative ways of ensuring people led fulfilling lives. People were supported to make choices and have control of their lives.

People and their relatives were consulted and involved in the running of the service; their views were sought and acted on. People were encouraged to make friends, learn new skills and be involved in their local community.

Complaints and comments made were used to improve the quality of the care provided.

Is the service well-led?

Good ●

This service was well led.

There was a positive culture within the service. There were clear values that included involvement, compassion, dignity, respect and independence. The management team provided strong leadership and led by example.

People were included in decisions about the running of the service and staff were encouraged and supported to question practice.

The registered manager and senior staff within the organisation had effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

Walnuts Care

Detailed findings

Background to this inspection

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

This inspection took place on 04 February 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Milton Keynes office to facilitate our inspection. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

People using the service were unable to talk with us direct about the care and support they received so we used a number of different methods to help us understand the experiences of people using the service. We spoke with two relatives face to face and a further five relatives of young people using the service over the telephone, in order to gain their views about the quality of the service provided. We also spoke with five care staff, the operations manager and the registered manager to determine whether the service had robust quality systems in place.

We reviewed care records relating to six people who used the service and five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

Without exception, relatives of people who used the service were complimentary and positive about the staff that supported them. One relative told us, "You have to have 100% trust to hand your [name of person] over to someone. I know that [name of person] is safe in the hands of [name of staff]. She knows how to keep her safe and I do have that trust." A second relative informed us, "Without a doubt [name of staff] knows how to keep [name of person] safe. She knows him so well that she can anticipate any situations that might make [name of person] anxious and will either support him through it or avoid it so [name of person] doesn't get anxious or upset." A third relative said, "My [name of person] can be quite challenging at times. His main carer knows just how to deal with any behaviour he might present with and if out and about I know he will protect him and keep him safe."

Staff were aware of what to do if they had any concerns about the safety or welfare of people they supported. They understood their responsibilities in relation to protecting people from harm and how they would recognise and report abuse. One staff member told us, "It's taken very seriously. I know if I had to report any worries I had it would be dealt with professionally and I would be supported through the process." A second member of staff said, "I wouldn't feel uncomfortable reporting any concerns I had. It's part of my job."

Staff told us they were trained in procedures for safeguarding younger adults and children and we confirmed this by looking at the staff training records. One staff member told us, "We have had safeguarding training for young adults and children. It has made me more aware and I always listen carefully to things the young people say." The registered manager and the operations manager were able to demonstrate a good understanding of their responsibility to report allegations to the local authority and to notify the Care Quality Commission (CQC) of these. Records showed that safeguarding procedures, including those in relation to whistle blowing, were available to members of staff for guidance. We found that systems were in place to report potential concerns to the local safeguarding team.

There were risk management plans in place to protect and promote people's safety. One relative told us, "Before [name of person] goes anywhere new it's always risk assessed." Staff told us they were aware of people's risk assessments and had been actively involved in contributing their knowledge of the person they cared for. One staff member told us, "We work very closely with people over a long period of time. As they reach their goals and become more independent some of the risk assessments are no longer applicable or new risks might become apparent. I like that I am listened to and my suggestions and views are taken on board and included."

We found that risks to people were assessed and managed in such a way as to promote their independence, whilst maintaining their safety. Staff explained that the service took a positive approach to taking risks. One relative told us, "The staff encourage [name of person] to take small risks to build his confidence and experience new things. It's also built up his self-esteem."

All the staff we spoke with confirmed that people were encouraged to take risks, where appropriate, to help

them increase their skills and confidence so they could become more independent. We checked people's records and saw that detailed management strategies were in place to provide staff with guidance on how to safely manage risks. In addition the risk management plans ensured people's independence, rights and lifestyle choices were respected. We saw that these were kept under review and changed and updated regularly or as people's personal circumstances changed.

There were sufficient numbers of staff to meet people's needs. All the relatives we spoke with were unanimous in their praise for the consistency of staffing. One relative told us, "We tend to have one main carer and when she is not available there are a few regular carers we see. It's so important that we have consistency and that's what Walnuts Care do really really well. They understand." Another relative said, "To have different staff all the time would have a detrimental effect on [name of person]. I can't praise them highly enough for the consistent approach. We have had one main carer for over three years. That has enabled [name of person] to put her trust in [name of staff] which has meant she has felt comfortable and safe trying new experiences and has grown as a person."

Staff confirmed they had a consistent and manageable workload and did not feel under pressure. One told us, "If I did feel under pressure I know I could raise it and changes would be made." Another staff member said, "I see three families. It's very flexible. I try to work around them and what they need. There is no pressure."

We saw a process was in place to ensure safe recruitment checks were carried out before a person started to work at the service. One staff member who was new to the service told us, "I had to wait before all my checks were completed before I could start work here."

We saw evidence that safe recruitment practices were followed. We looked at staff files and found that new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service (DBS) certificates and references had been obtained. In the staff records we looked at, we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

We looked at how the service managed people's medication and found that suitable arrangements were in place. The operations manager told us there was only one young person who needed support to take their medicines and there was guidance in place for staff to follow.

The service had policies and procedures in place to manage people's medicines when they were not able to. Where necessary there were risk assessments in place that recorded the level of support each person required and information in the person's care records.

Is the service effective?

Our findings

We found that staff training had been effective and ensured staff had the skills they needed. Relatives told us the staff were experienced and skilled to meet people's needs. One relative said, "The staff have had good training and know how to deal with things confidently. I have the utmost faith in their abilities." A second relative commented, "They definitely know what they're doing. [Name of person] does certain things which can be difficult to manage. [Name of staff] knows how to deal with that and does it without a fuss. He is so good I wish he was here all the time."

Two relatives told us they had been involved in training provided by Walnuts Care. One relative told us, "I found it most useful. Especially listening to other people's ideas and things I hadn't even thought of." The operational manager told us she provides parents with two National Autistic Society training programmes. One is the Early Bird plus training course. This teaches families about all aspects of autism. The second programme provided to parents is the Healthy Minds Programme which aims to support families to help promote good mental health in young people living with autism (including Asperger syndrome).

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role and had been able to get to know the families they would be working with. One member of staff who was new to the service told us, "I did an induction. It was very thorough and relevant to my role." We found that the service was licenced to provide 'Team Teach' behaviour support training to staff. This is designed to increase staff confidence and competence in responding to behaviours that could challenge others, whilst reducing the person's anxiety, risk and the use of restraint. The staff member new to the service told us, "As part of my induction I wasn't allowed to start work until I had completed Team Teach training. I'm so glad I did because I was involved in an incident and felt confident to support the other staff. Records demonstrated that staff completed an induction programme before they commenced work."

We saw that Walnuts Care had a number of advanced tutors of Team Teach. The operations manager informed us that this is a British Institute of Learning Disabilities (BILD) endorsed training programme that they also provide to local professionals.

Staff told us their training needs were met and they confirmed that they had received refresher training to enable them to keep up to date with current legislation and to meet the specific needs of people living with autism. One staff member told us, "The training has been just right. It has been specifically designed and aimed at the people we support." From our discussions with staff and from looking at records we found all staff received a range of appropriate training applicable to their role and the people they were supporting. For example, we saw that all staff completed first aid and safeguarding children and younger adults training. All staff also completed autism awareness training so they had the necessary knowledge and skills to look after people living with autism. In addition, the training matrix showed staff had access to specialist training such as Epilepsy training, automated external defibrillation and EpiPen (adrenaline) auto-injectors training so staff were able to support people with anaphylaxis.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance. We looked at staff records that confirmed this. A staff member told us that supervision was used to help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. They said, "We get regular supervision which I find really useful. We can have a chat about anything."

We found that people were supported to have sufficient food and drink, of their choice, to maintain a balanced diet. One relative told us, "If it was left up to [name of person] they would go to MacDonald's all the time. [Name of staff] encourages him to try different things and always tries to offer healthy options." Some relatives told us that staff members helped their family members to prepare meals and drinks and supported them with baking. One told us, "[Name of person] has learned some skills he can use in the kitchen. They can now make a drink on their own."

We looked at people's records and saw that any specific dietary issues they had were recorded, as well as the support that they required, along with goals towards independence.

We were told by relatives that they co-ordinated the health care appointments and health care needs of their family members. However, the registered manager told us that staff would be available to support families with healthcare appointments if needed.

Is the service caring?

Our findings

We asked families of people receiving support how they felt about the caring approach of the service. Without exception, all the relatives we spoke with praised highly the staff for their kind and professional approach. One relative told us, "The staff are amazing and like family. They know [name of person] so well they can get him to do things I can't. Their support is vital. I would be lost without them." A second relative commented, "The staff and [name of person] get on like a house on fire. Our carer is like a member of our family. To put your trust in someone 100% is hard but we have because she is so compassionate and so kind. She just has a natural ability. It's not just a job to her. She genuinely cares."

Other relative comments included, "[Name of staff] treats my [name of person] like one of their own." "I feel that the staff are my life line. We are all in it together." "For the first time I don't feel like it's just my problem. Their support has kept me sane." "The staff support all the family. Our carer even took me out with them."

Staff clearly valued their relationships with people using the service and their families. One staff member told us, "It's not like going to work. I get a lovely welcome and also have a great time with the people I support. I love to see families have a bit of together time. It's so needed and if I can help with that it puts a smile on my face."

The service had a strong, visible person-centred culture. One member of staff told us, "Although everyone we support has some form of autism, they are all different and they are all individuals." Another member of staff explained that one family they supported had two people using the service. They said that both young people were recognised as being related to each other but also that they had completely different personalities. They said, "Walnuts Care staff support each person to pursue their own different interests and it's important they are both treated as individuals." We also spoke with the family of these two relatives who told us, "They have their coats on and are waiting by the door for their carers to arrive. They have such a good time and a lot of fun. I think they prefer going out with the carers than me and my husband."

A staff member explained how one person they supported used sign language. They told us they had been provided with the training they needed to allow them to communicate effectively with the person. They said, "I can always ask for more training if I feel I need it." The family member for this person told us, "It's been brilliant how [name of staff] has learned and picked up how to communicate with [name of person]. It means he is understood and can let [name of staff] know what he wants. This has really reduced the amount of times he gets frustrated and then becomes challenging." We also found information in care plans that staff used photographs to aid communication and one person also used an Augmentative and Alternative Communication (AAC) talking device. Staff we spoke with were aware of this and how it was used.

We also found that the service as a whole was sensitive to the needs of families. The service has turned one room of the premises into a family room. Families can visit the service as a drop in service and staff are available to provide support to the young person while the family can ask for advice, just enjoy a cup of tea and a chat or discuss their relatives care if they are concerned. We were told that the local National Autistic Society also use this room for meetings to which families can attend. We saw plans were underway to turn

another room into a kitchen area. The registered manager told us that Walnuts Care was re-investing its funds to resource this room.

We also saw there were plans to turn a third room into a sensory area. This would be used as a drop in facility for families who could bring their relative for relaxation sessions and also to meet other families and people using the service. The registered manager told us they had been lucky to secure funding for this from the local rotary club and a young persons charity.

The operations manager told us that one person using the service requires two staff members to support them when they go out and take part in their chosen activities. We were told that the service provides a seven seater vehicle to help support their needs and also cover the cost of petrol for this person.

We found that people were supported to make their own choices about what they wanted to do on a day to day basis. One relative said, "[Name of person] won't do anything they don't want to. The staff are very good at letting [name of person] lead their support and making the decisions about where they go and what they do." Another relative told us that they were involved at the beginning of their family members care. They explained, "They look after families. They listen to everything we have to say and nothing goes ahead without our agreement." This meant that staff respected people's choice, autonomy and allowed them to maintain control of their support.

People's personal likes, dislikes and preferences were assessed and recorded in their care plans. These included information about their interests and leisure needs. This meant that staff had information about the person they were supporting so they could explore appropriate places and activities of interest. One staff member told us that they always shared people's achievements. They said this helped to promote positive relationships between the staff and families. A relative told us that their family member had been very shy and anxious before their care package had begun. They explained that a positive and trusting relationship had developed between their family member and the member of staff. They said, "[Name of staff] started taking her to dance classes. This has built up her confidence and self-esteem to the point she took part in a show in front of hundreds of people. It was amazing." We spoke with the staff member who supported this family and they told us, "I dressed up as a dance tutor so I could be on stage and close to [name of person]. It worked well and it was a success. I think we all had a good cry; it was emotional."

There was mutual respect between staff and families and staff told us they worked hard to maintain people's dignity. This was further supported by the conversations we had with relatives of people using the service. Without exception relatives told us that staff respected, not just their own privacy and dignity but they knew how to support their family member with respect and dignity. One relative said, "Some staff have been hurt by [name of person]. It doesn't make a difference to how they treat him. They remain respectful and always treat him right, with care, kindness and dignity." We saw that each person had a positive handling plan in place. One relative told us, "They manage [name of person] behaviour in such a way that it doesn't belittle him. They know just how to respond to him and are always positive no matter what he says or does."

Staff respected people's right to make their own decisions and lifestyle choices. One relative told us, "My [relative] like's things to be done in a systematic way. That's his choice and the staff respect that even though it can seem pointless and can be laborious." This demonstrated that staff had an in-depth appreciation of people's individual needs and treated them with respect and dignity.

We saw that people were given the opportunity and were supported to express their views about their care through regular reviews and records showed that people and their families were involved in these. People's care plans also promoted their dignity and privacy. For example, there was information about the preferred

term of address people wished to be known by. Behaviour support plans and staff training focused on positive approaches to behaviour management and promoted people's choice, respect, and dignity.

Is the service responsive?

Our findings

People's care and support was planned proactively and in partnership with them. Without exception all the relatives we spoke with said that when their family members care was being planned at the start of the service the registered manager and the operations manager spent a lot of time with them. This enabled the service to collate information about their preferences, what care they wanted/needed and how they wanted their care to be delivered. A relative told us that from that point the relationship between them was collaborative and the service operated an 'open door' policy. One relative said, "I am 200% involved and that's why it's such a good service." Another relative said, "Right from the word go I've been involved. They also try to involve the whole family. Our carer also helps me with my younger one who doesn't have autism. I know she will be there at a drop of a hat if I need her."

People received personalised care that was responsive to their individual needs and preferences. We saw individual care plans for six people that were receiving support. The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. We saw information about what was important to people and how their support needed to be delivered. One relative commented, "It's all about [name of person]. Everything is centred around him." The service was extremely responsive and amended the support people were given when required. This could fluctuate on a daily, weekly or long term basis and staff showed an exceptional flexibility to respond to people's current needs. For example, one relative told us they had an emergency situation and needed to leave their house. They said they had called the registered manager and within ten minutes they had arranged for a staff member to provide support for their family member so they could attend to the emergency. They told us, "Their support and flexibility is vital not just to me but to the whole family. It makes the difference between a good agency and a brilliant agency." A member of staff told us, "I look after one person. Their family had not been out together for years. So I told them they could save their hours up sometimes and I will stay overnight to look after [name of person]. Now they go out once a month and I have a lovely time supporting [name of person]. I have the best of both worlds."

Relatives told us that staff had exceptional skills and an understanding of people's autism. One relative told us, "The carers know exactly how to meet [name of person] needs. They are always finding different and innovative places to take him and are a real source of advice and new ideas."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. One member of staff told us, "What is so good about this company is that we support the person and their family. They are at the heart of everything we do." Another staff member told us, "Everything we do is flexible and responsive; it's because we have a good knowledge of the people we support and close relationships with the families. That's why it works so well."

Due to people's learning disability and associated conditions such as autism and Asperger's, support plans detailed that people needed good, clear information to help them plan their time and understand what was going on. We saw a range of communication methods and tools that were used to support people. These were specific to people's needs and were detailed as part of their support plan. Various methods were used

to communicate with people so that staff knew what people needed and preferred. We were informed that numerous people using the service used a communication aid called The Picture Exchange Communication System (PECS). This is a formalised program for using symbol support for communication. One relative told us, "The staff always have their PECS at the ready. They never forget them." Another relative said, "The staff introduced us to PECS and it's been really beneficial for us as a family." We were told by staff and relatives that many people used visual timetables. These were used to ensure effective communication took place with each person. This meant that people were able to make staff understand what they wanted and reduce any frustration resulting from ineffective communication. We also saw that the service had supported families with effective communication advice and had provided some families with communication tools that they could use at home with their relatives.

The service has links with the local community and is closely associated to the Walnuts School which is a residential school for young people on the autistic spectrum. The service supports the school to operate a holiday play scheme during some school holidays. Walnuts Care and Milton Keynes College have also worked in conjunction to create Walnuts College. The College is an educational provision for school leavers who have social, communication and interaction difficulties and who cannot access mainstream College. Young people work towards accredited qualifications that combine independence and daily living skills.

People were supported to meet up with friends and make new friends. One relative told us, "[Name of person] finds it hard to meet new people and make friends. Some of the carers all meet up together with other people using the service, which is really good because [name of person] knows them from college. So he gets to meet his friends and I know he is comfortable with that." Another relative commented, "It's the best thing I ever did. Not only does [name of person] now go out on a regular basis, she has a friend to do that with. She has also grown in confidence and finds it easier to make friends and be around new people." A staff member explained, "Sometimes when we are supporting people we will meet up together. It's a good opportunity for the young people to socialise with friends and we get to catch up with other staff. Sometimes through our discussions together we come up with different places to go or discover different things to do. There are always good ideas floating around."

Staff went the extra mile to ensure the support people received was appropriate for their needs but empowered them to make their own decisions. We saw that each person had an individual programme that was person-centred and fully flexible. These were designed to provide an integrated package that suits not just the individual but their family as well. We saw that young people were supported to go to the pictures, swimming, yoga, youth clubs, ballet, horse riding, accessing the local shopping areas and follow their interests and hobbies. One relative commented, "Because [name of person] doesn't go out with other people to socialise he really looks forward to going out with [name of staff]. It's like they are good friends. It has enabled him to take part in activities and [name of staff] is someone I would be happy for [name of person] to have as a friend. He is kind, caring and honest."

Staff ensured that goal setting was balanced between encouraging people to become more independent and understanding when people were not ready to progress to their next goal. Staff had a fantastic ability to recognise when people required additional support and when they were ready to take the next step of their personal development. One staff told us, "The person I work with has taken a long time to feel comfortable with me and trust me. I'm talking in years. Now that we have that relationship I try to push her a little bit at a time to develop new skills and experience new situations. I have had to be very patient but it's got to the point where it works well. Her self-esteem has soared."

There were arrangements in place to gather the views of people and relatives that used the service. Families were encouraged to drop-in at the service for a chat, a cup of coffee and to share any worries or concerns

they might have. Relatives told us they were able to discuss any issues or ideas with the staff and knew if they were unhappy about something it would be dealt with swiftly. One relative told us there was very good communication between them and the staff. They said that staff always recorded a full account of their relative's activities when they were being supported by staff. This was because many of the people using the service were unable to communicate verbally. So relatives were able to read about their activities and how they had responded. One relative said, "It means I can talk to [name of person] about where he's been and how he got on. I like that touch."

Relatives said they had no complaints about the service. They told us they felt confident to raise any concerns with the registered manager, or the provider and they felt they would be fully supported to do so. One relative told us, "I have nothing to complain about. If I wanted to complain I'd talk to [name of staff] or call the manager. I know I wouldn't be made to feel uncomfortable."

Relatives knew they could contact the registered manager or operations manager if they needed to. One relative told us, "Concerns and complaints would absolutely be dealt with. They are so open. I would pick up the phone and there wouldn't be a problem." Another relative informed us, "I've never had to make a complaint. My family member is happy."

The service had a policy on comments, compliments and complaints. This provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. We saw that three complaints had been received by the service in 2015. Records showed that they had been investigated appropriately and robust action had been taken to ensure they were resolved swiftly. A staff member told us, "Walnuts Care has a vested interest in making sure things are right. That's why it's an excellent service."

Is the service well-led?

Our findings

Relatives had huge confidence in the service their family members received and everyone we spoke with provided exceptional praise for the staff and the service. Relatives and staff all commented on the culture and the values of the service. One relative told us, "They do everything they can to make sure we're all OK and get the best possible support– which we do." Another relative told us, "It really is our life line. They go out of their way to make life that bit easier." A staff member commented, "Good management creates a strong team ethos. That's what we have."

Staff were confident in the managerial oversight and leadership of the registered manager and the operational manager and found them to be approachable and friendly. One staff said, "They listen to our suggestions and we work together, with the families to work out how we can best support people."

A well-established staff team and clear communication meant that all staff understood their roles and effectively contributed to an exceptional team ethos. The provider had clear values and visions which were person centred and focussed on ensuring people's support needs were prioritised to enable them to become as independent as possible. We found that these values were clearly embedded into practice. The staff group worked together as a team to support positive outcomes for people wherever possible. Staff felt valued and listened to and they told us that if there were any issues they were quickly sorted out.

The registered manager and the operational manager demonstrated passion and commitment to providing an excellent service for people and their families. These values were owned by staff that were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. This was evident in the way staff talked about the remarkable progress people had made whilst they had been using the service. The registered manager and the operational manager demonstrated an awareness of their responsibilities for the way in which the service was run on a day-to-day basis and for the quality of care provided to people. Relatives found the staff to be caring and respectful and were confident to raise any suggestions for improvement with them.

We looked at the service training and development strategy. The service provided a comprehensive induction programme and staff development was a high priority for the service. Staff told us they were proud to be part of the organisation, they said they were well supported and felt valued. All the staff said that if they felt they needed specific training or specialist training in an identified area they could find an appropriate training course and they would be supported to attend. One member of staff told us, "I would not want to work anywhere else. This is the best it gets. Training is a priority." Staff were clear about their roles in supporting people to be independent with access to the local community and were always looking at how they could improve peoples' lives. Other comments from staff included, "I love this job. It's not like going to work. It's like meeting your friends." Another member of staff commented, "I just love it. It's the best job in the world."

The registered manager explained how accidents and incidents were monitored and analysed and learning from these was used to improve the service. We saw records to confirm this.

There were arrangements in place to consistently monitor and improve the quality of the service. Regular audits were completed which reviewed people's care plans, documentations, accidents and incidents, staff files and staff training. The registered manager took action where improvements were identified and care plans and risk assessments were quickly updated to reflect people's current needs. Best practice was shared throughout the team, identifying what had worked well for each person, or what had not worked well.

The provider had a process in place to gather feedback from people and from staff. We looked at the last batch of feedback forms and found the feedback was extremely positive and there was little room for improvement based on the feedback of relatives whose family members used the service.

The registered manager understood their role and promptly sent notifications to the Care Quality Commission (CQC) when required. We saw the service updated their Statement of Purpose when changes were made.