

K & K Ambler

# Ambler Way Support Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected the service on 16 March 2016. The inspection was announced to ensure there was someone available at the office.

Our last inspection of this service took place in June 2014. The service was found to be compliant with all of the legal requirements inspected at that time.

Ambler Way Support Services is a specialist supported living and domiciliary care service for adults with learning disabilities. The main office is based in Haworth. Most people who use the service live in private houses with other people with a learning disability within a five mile radius of the main office. The service provides personal care and support so that people with a learning disability are enabled to live in the local community and lead a full life. At the time of our inspection there were 40 people receiving personal care. In addition to personal care, a range of other services are also provided such as support to do shopping, gain qualifications and access community groups and services.

The registered manager has been in post for several years. 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.

We concluded that the people who used the service were at the heart of every aspect of the organisation. Staff actively sought opportunities to involve and empower people to make key decisions and ensured the service continually evolved to meet their changing needs.

The registered manager was passionate about delivering person centred care and enabling people with learning disabilities to achieve their full potential. Staff at all levels of the organisation demonstrated they were committed to delivering the collaborative, inclusive and innovative philosophy of care which the registered manager promoted.

People were involved in making decisions about every aspect their care and daily routine. Staff adopted different communication techniques to ensure everyone who used the service had a strong voice. Staff used the feedback people provided to deliver individualised care and shape improvements to how care was delivered.

People were in charge of planning their own menus and were encouraged to cook and prepare their meals. Staff adopted an innovative approach to help educate and encourage people to consume a healthy diet such as encouraging every person to develop their own individualised healthy eating pledge.

Staff had developed strong working relationships with health and social care professionals and worked in partnership with them to ensure consistently positive outcomes for people's health and wellbeing.

Staff received a comprehensive programme of mandatory, specialist and accredited training which ensured they had the skills required to care for people. The registered manager used creative ways to ensure staff understood their training. Staff received an annual 360 appraisal where feedback was provided by people they supported, peers and outside agencies. This demonstrated that the opinions of the people who used the service were valued.

Staff were confident in how the key principals of the Mental Capacity Act 2005 (MCA) applied to their role and how they helped to ensure people's human and legal rights were respected on a day to day basis. They used creative ways to ensure people were involved in making decisions. They accessed alternative communication methods to ensure everyone had a voice and were enabled to express their views.

Risks to people's health and wellbeing were being effectively assessed, monitored and managed. The provider had appropriate arrangements in place to help protect people from the risk of abuse. Sufficient staff were employed to ensure people's individual care needs were met. Care rotas were realistically planned to ensure people received consistency of care and support at the times they needed it most.

Staff ensured that people were supported to take their medicines in a safe and person centred way. The registered manager was in the process of reviewing the protocols for 'as required' PRN medicines to ensure they were more robust.

The feedback we received from people who used the service, relatives and health and social care professionals consistently told us the standard of care delivered was excellent. Staff had developed strong links with health and social care professionals, community services and key local contacts and worked in partnership with them to ensure a high quality and inclusive service provision.

Staff treated people with respect, privacy and dignity and encouraged people to express what dignified care meant for them. People were empowered to develop their independent living skills and staff actively encouraged people to set and achieve future life goals. We saw examples where people no longer needed to use the service because staff had nurtured their independence.

The registered manager promoted an open and honest staff culture. They had a positive attitude towards complaints and saw them as an opportunity to learn and improve. Staff were responsive and flexible in their approach to resolving issues and responded to people with empathy and understanding. Staff actively sought opportunities to learn, develop and improve the service. This meant continuous improvement was a key feature of the service.

There were effective systems in place to monitor and improve the quality of the service provided. The quality assurance systems were inclusive and the key driver for improvement was always the views, preferences and needs of people who used the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and secure.

There were enough staff to support each person with their individual needs.

People received appropriate support to ensure they could take their medicines safely.

Risks to people's health and wellbeing were effectively assessed, monitored and managed.

### Is the service effective?

Good ●

The service was effective.

Staff used a variety of innovative means to ensure people were actively encouraged to consume a healthy and varied diet.

Staff used creative ways to ensure people had a voice and were involved in making decisions.

People were supported to maintain good health and staff worked collaboratively with other health and social care specialists.

Staff had the required skills, knowledge and experience to deliver safe and effective care. People who used the service were involved in recruiting new staff and selecting their support team.

### Is the service caring?

Good ●

The service was caring.

People consistently told us staff delivered an excellent standard of care and that people who used the service were at the heart of every decision.

People were empowered to develop independent living skills.

Staff accessed alternative communication methods to ensure everyone had a voice and were enabled to express their views.

The service was inclusive and staff regularly amended their practice to meet people's changing needs and preferences.

Staff treated people with respect, privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received individualised care and were involved in making decisions about every aspect of their care and daily routine.

Staff actively sought opportunities to improve and evolve to meet people's changing needs.

Staff recognised potential challenges people who used the service may face and put systems in place to overcome them.

Feedback and complaints were embraced as an opportunity to learn and improve.

### **Is the service well-led?**

**Good** ●

The service was well- led.

People who used the service were at the heart of every aspect of the organisation.

The entire staff team were passionate about delivering high quality person centred care and actively sought opportunities to learn, develop and improve the service.

There were effective systems in place to monitor and improve the quality of the service provided.

People and staff spoke very positively of the registered manager and the leadership they provided.

# Ambler Way Support Services

## **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 16 March 2016 and was announced. This means the provider was given 48 hours' notice because the location provides a domiciliary care service and both people and staff are often out during the day. We needed to be sure someone would be available at the office on the day of our inspection. We also spoke with some health professionals on 23 March 2016.

The inspection team consisted of two adult social care inspectors.

Before our inspection we spoke with the local authority commissioning and safeguarding teams. They did not have any information to share or concerns about this service. We also reviewed the information we held about the service. This included reviewing the information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also asked people who used the service and their relatives to complete questionnaires about their experience of using the service. We received responses from two people who used the service and one relative. Seven staff members also responded with feedback about the service. The results of these questionnaires were analysed and helped us to plan our inspection.

During our inspection we reviewed four people's care records and other information regarding the running of the service, including policies, procedures, audits and staff files. With people's permission we visited and spoke with seven people in their own homes. We spoke with two family members of people who used the

service. We spoke with four members of care staff, a visiting college tutor, the administrator, the deputy manager and the registered manager. We also received feedback from five health and social care professionals.

# Is the service safe?

## Our findings

People told us they felt safe and comfortable with the staff who supported them. One person told us, "I like staff, they make sure I am alright and look after me well." One relative told us, "I have no concerns about [my relative's] safety. Staff look after them so well, I don't have to worry at all."

Safeguarding procedures were in place and the staff we spoke with demonstrated a good understanding of how to identify and act on any concerns. Safeguarding was promoted with the people who used the service and staff in a variety of ways. This included quarterly safeguarding training days for people who used the service. One of these training days included developing a personalised easy read policy about what keeping safe meant for them. The registered manager received local police safety bulletins and if there was any relevant information this was circulated to the relevant houses.

Procedures were in place to ensure transparency in how people's money was managed. Individual financial records were kept for each person which included a log of all monies, expenditure and receipts for purchases. Financial logs were signed by staff and the person. Records were checked by the administrator which helped ensure accountability and reduced the risk of financial abuse.

The staff team were clear about their role in protecting people from risk whilst ensuring people retained control over their lives. The deputy manager told us where people had capacity, "You've got to allow people to make bad decisions sometimes. It's their choice." They explained because staff knew people well they were able to discuss and explain potential outcomes of risk taking so people could make informed choices. Care records showed potential risks to people's health and safety were assessed, managed and reviewed. Risk management plans were in place for each person that described how they could participate in activities involving acceptable risk-taking.

Incidents and accidents were clearly recorded and reviewed for potential patterns and trends. Records showed a low number of safety related incidents which indicated effective systems were in place to keep people safe. Incidents were detailed in people's care plans with follow up action plans and risk assessments where needed. For instance, one person had an accident whilst in the community. This was logged and there was information within their care plan about the accident and actions taken, including the person attending further travel training. The accident had also been discussed at staff meetings and handovers to ensure staff were made aware of the risk reduction strategy and lessons learned.

People's capacity to self-medicate was assessed and where people lacked capacity or requested support to take their medicines a medication care plan was developed with the person. This included information about the level of support they required, what medicines they took and any potential side effects. Medicines care plans were reviewed and discussed with people as part of their quarterly key worker review. Where people's medicines changed we saw care plans were promptly updated. This ensured staff had current information about the medicines people took to ensure they could provide appropriate support and manage any associated risks.

Medicines administration records (MARs) were used to record when people were given their medicines. We saw these were consistently completed with the dosage and time people had been given their medicines. This meant there was a clear and complete record of the medicines and support staff had provided. One person was prescribed a medicine where the dosage changed depending on weekly blood clotting results. We saw staff supported this person to have their blood taken and recorded contact with the GP to show the current dosage. This information was clearly translated onto the person's MAR for the week ahead so staff had the correct dosage.

One person's MAR showed they were prescribed a medicine to be given at least 30 minutes prior to food. We spoke with staff and the person who confirmed this medicine was always given before breakfast. The registered manager recognised more robust records were required to consistently evidence this. During our inspection they developed a procedure to ensure this was addressed.

Our discussions with staff and our review of records showed people were protected from the unnecessary use of PRN (as required) medicines. The registered manager recognised it was good practice to always have an individualised protocol in place where PRN medicines were prescribed. They were in the process of reviewing all PRN protocols to ensure they were fit for purpose as they recognised some were not sufficiently robust. They also identified there was not always an individualised protocol in place for some people's PRN bathing lotions.

People told us there was always a staff member around to assist them when they needed support. We looked at a sample of rotas from March 2016 and saw they had been designed to provide optimum support for people at the times they needed it the most. Most people went to services such as day centres, college or volunteer projects during the day. Staffing levels were arranged to ensure people were provided with support at the times they were at home, for example, in the morning to get ready for their daily activities. Rotas showed staff usually supported the same people. This helped ensure consistency of care which was important for people who used the service because they could become anxious if their routine changed. The nature of support people received was often different each day. Staff therefore ensured rotas were organised in a flexible manner so they could be amended depending on people's specific needs. The registered manager explained they did not use agency staff because they wanted to ensure continuity of care. Unplanned absences, such as staff sickness, were covered by existing staff picking up extra hours or by deputy manager or registered manager.

Robust recruitment procedures were in place. Before staff started work background checks were undertaken to provide assurance they were of suitable character to work with vulnerable people. This included a Disclosure and Barring Service (DBS) check, identity checks and references. The registered manager explained they found references were not always sent back in a timely manner so where they were not received before staff started work this was risk assessed on an individual basis. Although staff turnover was low, exit questionnaires were completed when a staff member left so the registered manager could identify any issues. We saw evidence the registered manager had used the provider's disciplinary procedures to ensure people were kept safe.

## Is the service effective?

### Our findings

We received consistently positive feedback about the effectiveness of the care provided. One relative told us staff were, "Exceptional and always go the extra mile." One health professional told us, "Staff think outside the box so are able to deliver unique care. They understand people are individuals and therefore need an individualised approach to care delivery."

A weekly meal planning meeting was held in each house where people chose the meals for the week ahead and decided who would cook each meal. Staff used pictures to remind people what meals they had previously enjoyed and to suggest ideas for meals so people could make informed choices. Once menus had been decided staff supported people to write a shopping list and purchase the relevant ingredients. Staff explained this approach ensured people had choice and responsibility for their meals but ensured an organised approach to menu planning. Two people showed us their menu and said they were "proud" because they were "in charge" of it. Another person told us, "I like it when it's my turn. I am good at cooking. I never knew I was until staff here showed me." Whilst menus were fixed for the week ahead where people's preferences changed we saw staff ensured these were accommodated. For example, in one house home-made fish and chips was on the menu for the evening of our visit. However, when people said they wanted a takeaway to "cheer themselves up" after one person had experienced a really difficult day, staff arranged for them to visit the local fish and chip shop instead. We saw this had a positive impact on the emotional wellbeing of the people who lived in that house.

Each person was provided with individualised food hygiene training every three months to ensure they could cook safely. A number of events were held throughout the year to ensure people were given information to make informed decisions about their own diet. The most recent event was a healthy eating pledge. Each person created an individualised goal, such as to lose, gain or maintain weight. People were supported to draw up their pledge of how they were going to meet their goal. Staff reviewed people's progress with them against their pledge and celebrated individual achievements and shared best practice throughout the service. For example, one house rated the healthy meals they tried and shared the recipes for the most popular with other houses. The people we spoke with told us how important it was to eat healthily and told us about their own achievements. It was clear they enjoyed ownership of setting and achieving their own personalised goals. One person described how delighted they were that they now only had one takeaway a week as they were trying to lose weight. This showed us this approach had been successful in educating people about healthy eating and assisting people to maintain good nutrition in a fun and person centred way.

We saw evidence people were supported to maintain good health. Information on people's medical history and existing medical conditions were present within care plans to help ensure staff were aware of people's healthcare needs. Each person had an individualised health action plan which was reviewed annually. A health action plan is used to support people with learning disabilities to check and maintain their general health. Where people had specific health conditions individualised protocols were in place. For example, one person had a pacemaker. Staff developed a protocol with the person and their relatives to identify what action to take if this person had chest pains. This person told us, "Staff know what to do so I don't worry

about it."

Staff had developed good working relationships with a wide range of health professionals and worked in partnership with them to ensure positive outcomes for people's health and wellbeing. Records showed staff made referrals to them when they were concerned about someone's health. This was confirmed by the health and social care professionals we spoke with. One professional told us, "Staff are very responsive and use their initiative. They manage issues independently but seek help from other health professionals where appropriate." Another professional said, "They are always willing to offer advice and support that will benefit the care of each individual and they always respond to any of our queries or concerns in a timely manner."

Staff were committed to promoting people's emotional and physical wellbeing. This included when people accessed other services. For example, a passport system was in place to ensure a smooth transition should people be admitted to hospital. These contained information about people's health and social care needs. Staff understood these were transferred to hospital with the person and told us a staff member would also go to hospital with the person to provide continuity of care and a 'friendly face.'

Staff received regular supervision and professional development. This included an annual 360 appraisal whereby staff received feedback from the people they supported, their peers and outside agencies. This helped improve staff practices by indicating where development may be needed, whilst also celebrating where their individual strengths were. This approach also ensured people who used the service were actively encouraged to assess the skills of the staff who supported them. This inclusive approach helped ensure staff were developed in a way which met their needs, whilst also emphasizing the value of the opinions of the people who used the service.

Staff received a comprehensive programme of mandatory, specialist and accredited training. The service developed unique ways to ensure topics were thoroughly understood. For example, medication training included role play and a replica dosette box where staff identified errors. Plans were in place for all staff to complete the Care Certificate. The Care Certificate sets national minimum standards for the key skills, knowledge and values required from people working in the care sector. We spoke with the tutor from the local college who delivered some training. They told us, "Staff's willingness to learn is fantastic. This is the best employer for expanding staff's knowledge and investing in development." Health and social care professionals told us staff were competent and knowledgeable and shared best practice to help promote new ways of working with other services. People who used the service told us staff had the skills to meet their individualised needs. For example, one person told us, "I sometimes get upset; staff know what to do to make me smile again." Our discussions with staff demonstrated they had in-depth knowledge about key topics and the people they supported. We also saw staff actively sought opportunities for personal development and shared learning opportunities. For example, one staff member described how they ensured learning from a recent medicines error had been discussed with all staff to reduce the risk of it happening again. Spot checks were completed to ensure staff transferred their training into appropriate practice. This showed us the training programme was effective.

People were supported by staff who had the skills to effectively communicate with them. Health and social care professionals told us staff had "exceptional communication skills". People told us staff were approachable and helped resolve any issues they had. One person told us, "I like to chat to staff, they make me happy." Staff used creative ways to ensure people had a voice and were involved in making decisions. For example, staff identified one person wanted their hair coloured. This person communicated using hand gestures. The registered manager arranged a session with a communications facilitator where the person used specialist pictures to say they did not want their hair coloured. The registered manager arranged for these pictures to be available within the person's home to assist this person to express their views more

clearly in the future.

Staff understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Care records clearly indicated when and how people should be supported to make decisions. Staff were confident in how the key principals of the MCA applied to their role and provided examples of how they helped to ensure people's human and legal rights were respected on a day to day basis. For example, staff were able to describe which people had independent advocates and in what circumstances they should be involved in helping to make decisions in people's best interests. Staff described a recent example where a best interest meeting had been held with health and social care professionals to discuss concerns around one person's capacity to make choices around taking their medication. It was decided the least restrictive option was for the person to be given their medicine covertly in their food. This meant that the person would not know they were taking their medicine. This was risk assessed and arrangements were in place to ensure this decision was regularly reviewed to ensure it remained in the person's best interest.

## Is the service caring?

### Our findings

People who used the service spoke highly of the staff and said the care they provided was "excellent." One person told us, "Everything is just perfect." A relative said, "The standard of care staff provide is truly exceptional." Health and social care professionals said staff were compassionate and genuinely cared. One commented, "Staff always put people who use the service first and therefore provide them with an excellent standard of care." Another professional said, "I would absolutely be happy for one of my own relatives to live at an Ambler Way house."

People's body language showed they were relaxed and comfortable with staff. We saw lots of appropriate fun and banter between staff and people who used the service. One person told us, "I like staff, we have fun, they make me laugh." Another person who used the service was upset. We saw staff provided them with comfort and reassurance, whilst also respecting they may have wanted their own private space to express their emotions. This person's relatives told us, "We thought about bringing them home with us for the night. But they are so happy, relaxed and receive such a good standard of care we know they are better staying with staff."

Staff had an excellent understanding of the people they supported and used this knowledge to meet people's individual needs. Staff told us they supported the same people every week which enabled them to build strong relationships with people. A key worker system was in place so people had a lead staff member to go to with any issues. Key workers were responsible for monthly reviews, supporting with appointments and ensuring any concerns were addressed. One staff member explained they had been identified as a potential "match" as someone's key worker. They said this was something that took a while as management were keen to select the right staff member so a positive and lasting relationship was established. People were able to tell us who their key worker was and appeared to have positive relationships with them. One person told us they were, "Quite shy" and didn't like speaking to people they didn't know well. However, they told us they really liked and trusted their keyworker and could, "Tell them anything." This showed us the key worker system was valued by people who used the service and helped to maintain their emotional wellbeing.

People told us staff respected their privacy. People showed us they had their own keys for their bedroom and front door. We saw staff worked with the people who lived in each house to develop a protocol called 'When people come to our house.' This detailed what actions people wanted staff and visitors to take before entering their home. We saw these were being followed when we visited two houses. We saw staff knocked before entering people's rooms and gave examples of how they respected people's dignity and personal space on a daily basis. Each person signed an agreement to show they understood what was expected of the staff that supported them and their behaviour towards others, so that everyone would be treated with dignity and respect. The registered manager had organised a specialist dignity event so this could be discussed and explained to people who used the service. Some people had chosen to create posters detailing what dignified care meant for them and had displayed them in their home. This showed us staff had an in-depth appreciation of people's individual needs around privacy and dignity and used creative methods to ensure people who used the service understood them. We saw this had a positive impact upon

the lives of people who used the service. People had a clear understanding of their right to privacy and dignity and could tell us what staff did to respect their individual wishes. They were also able to tell us what action they took to respect the privacy and dignity of the people they lived with.

A very positive feature of the service was that staff focused on empowering people to retain and develop their independent living skills at every opportunity. One staff member told us, "We work hard to ensure people don't feel their learning disability is an obstacle. We embrace people's unique characteristics and ensure they can live the life they want to." Staff found creative ways to achieve this. For example, some people had recently moved into a new house. For the first few nights staff slept over so people felt safe in their new environment. Staff supported people to devise their own night time routine, using pictures of the safety steps they needed to take such as locking doors and windows. Once people said they felt settled and understood their routine staff no longer slept over. People were provided with the contact details of a nearby house which had sleep in staff who was familiar to them and could be contacted. Each person had training on their nightly security routine every three months and this was also practiced as part of monthly reviews. This demonstrated staff used creative ways to ensure people maintained their independence.

Care plans identified people's desired goals for the future and these were reflected in the philosophy of care provided. One relative told us, "Staff work hard to get the best out of people. Since [my relative] has been here, they have grown in confidence." We saw examples where people had moved because they no longer needed staff's support and were now living independently. The registered manager told us, "Our dream for everyone is that they no longer need us. If that happens we know we have done a good job." Our findings were confirmed by health and social care professionals. One professional told us, "We observe [people] being treated with respect and dignity and they are supported to achieve independence in a person-centred way. [People] are always well-dressed, with clothes that reflect their individual choices and personalities." Another told us, "Ambler Way are the best service in the area currently, they are committed in their work with people with a learning disability and are advocates in service user involvement and independence."

The registered manager promoted a philosophy of care where the people who used the service were at the heart of every decision. A common theme of feedback from relatives, staff and health and social care professionals was that people's views were actively sought and always respected. People were provided with regular opportunities to express their views and were given time and encouragement to make their own choices about every aspect of their daily routine. For example, each person developed their own weekly timetable with their key worker which helped them plan their week and decide which daily events and activities they wanted to participate in.

Staff accessed alternative communication methods to ensure everyone had a voice and were enabled to express their views. This included 'talking mats' a pictorial communication aid. Staff explained this enabled one person who could not communicate through speaking to express themselves more clearly. Staff arranged for advocacy services to support some people with some major decisions. They had also supported people to access video communication to keep in touch with the people who mattered to them, especially where they were unable to visit regularly.

## Is the service responsive?

### Our findings

People told us they felt involved in making decisions about their care. The registered manager told us they tried to achieve a "perfect fit" by encouraging people to choose their own staff team. An easy read one page profile detailing each staff member's interests and experience was provided to people to help them decide who they wanted to be supported by. We saw people's wishes and preferences were respected. Staff told us they completed shadow shifts across each house as part of their induction and were asked where they would prefer to work. One staff member explained, "It's so important you click with people. Management understand that, if it's not working they move you. It's a brilliant approach for the best interests of service user's and staff morale."

Care records were clear, concise and person centred, it was clear they were written for the person and with their involvement. Each person had an easy read one page profile which detailed what was important to them. We saw these were actively used by staff and people were involved in regularly reviewing them to ensure they were kept up to date. We saw staff used this information to deliver person centred care. One relative told us, "People get exactly what they want, the care people receive is outstanding. I just wish I could move in myself."

People had a monthly one to one with their key worker, a quarterly care plan review and an annual review with the management team, key worker and anyone else the person wanted to invite such as their relatives. This meant people were provided with multiple opportunities to amend the care they received and raise any issues. The focus of each meeting was on areas for improvement but also what people liked about the care they received. This meant staff had up to date information about people's likes, preferences and current needs.

Seeking feedback and involving people was a key feature of the service. Staff actively sought opportunities to improve and evolve to meet people's changing needs. A variety of events and meetings took place throughout the year so people's views could be captured. This included twice yearly "All about me" days where people who used the service met to share best practice, learn new skills and identify areas for improvement. For example, the January 2015 agenda included discussion and education about the Care Act 2014. Service user representatives were responsible for seeking agenda items and following the meeting the minutes were circulated with clear actions of what the management team had done to address any issues raised.

People's relatives told us they felt involved and included. The friends and family forum met at least four times a year to help arrange social events and provide feedback. For example, the forum had developed a new relatives and carers' guide as some had identified that certain practical information would have been helpful when their family member began to use the service.

Staff recognised potential challenges that people using the service may have faced and put systems in place to overcome them. For example, the registered manager identified they often struggled to encourage people to eat a balanced diet. Many people who used the service benefitted from information being repeated. So

they planned opportunities throughout the year to educate people around the importance of healthy eating. This included; quarterly training sessions, discussion during service user involvement days, healthy eating pledge, weekly menu planning sessions and an area for discussion during monthly and quarterly key worker reviews. We saw this repetitious approach had been successful because people who used the service could tell us about the importance of a balanced diet and what eating healthily meant for them.

Each person had a varied and individualised weekly timetable which they developed with their key worker. Most activities were through volunteer schemes such as charity shops, luncheon clubs and animal rescue centres. Other people were supported to obtain qualifications at the local college. We spoke with one person who had returned from volunteering at a gardening project which they had, "Enjoyed." They said staff also arranged for them to play in a rugby team and this made them, "Really, really happy." Staff developed strong links with the services people attended and worked in collaboration with their staff to ensure people could continue to safely access them. They also developed strong circles of care with key people in the local community such as pub landlords and bus station staff. The registered manager also provided key information so these people knew about safeguarding adults with learning disabilities. Each year people arranged a 'fun day' to raise money for the charitable projects they attended. The registered manager explained this was because people said they wanted to, "Give something back and say thank you."

Staff encouraged people to try new activities. Most recently this included an 'around the world' culinary club. A service user representative arranged the restaurant bookings and the 'all about me' day included a feedback session to assess whether people wanted to continue this activity. Similar monthly events included a cinema club and snooker night. Staff also supported people to arrange their own holidays. Some of the locations people had recently chosen had included Disneyland, Benidorm and visits to the Lake District, York and Blackpool.

Health and social care professionals consistently told us staff delivered high quality person centred care. One professional said, "They work in a person centred way and are committed to ensuring that all service users' needs and wishes are met wherever feasible and possible. All service users are supported to maintain a presence in their local community and have the opportunity to experience different activities of their choosing." Another professional told us, "Ambler Way Support services are at the forefront of improving services locally for people with a learning disability often supporting other organisations to promote new and innovative activities."

A complaints procedure was available to people in an easy read format. The registered manager had a positive and open attitude towards complaints and saw them as an opportunity to learn and improve. Records showed a low level of complaints. Where issues were raised these were clearly logged and investigated. Staff were responsive and flexible in their approach to resolving issues and responded with empathy and understanding. For example, two people expressed frustration with seeing others move into more independent living arrangements. Due to their needs they had been unable to do so themselves. The registered manager wanted to ensure they lived as independently as possible so had specially adapted a flat to meet their needs and installed Careline assistive technology which enabled them to press a pendant which triggered interaction with Careline staff. This ensured both people were able to live as independently as possible.

## Is the service well-led?

### Our findings

The registered manager displayed a genuine passion for delivering person centred care and a real desire for ensuring people with learning disabilities achieved their potential. Staff at all levels were equally committed to delivering the collaborative, inclusive and innovative philosophy of care which the registered manager promoted. A key theme of our discussions with staff was continuous improvement. They were genuinely willing to learn and improve and actively sought opportunities to do so. The registered manager told us, "We want people to tell us where they think we can improve and we will make any changes they ask for. It's not 'our' service, it's 'theirs' and we will continue to evolve to ensure we support people in the way they want to be supported."

One way this was achieved was to ensure people who used the service were at the heart of every aspect of the organisation. Staff actively sought opportunities to involve and empower people to make key decisions and shape the development of the service. People had ownership of their care records, were involved in interviewing staff and developed their own easy read policies. Quality assurance processes were also inclusive. Each house had two service user representatives who performed audits and held quarterly meetings with staff to discuss ideas for improvement and develop action plans. The service user representatives ensured staff were held to account for delivering the action plan. The service provided identification badges so the representatives were recognisable to others and supplied a Dictaphone so they could record their findings without needing staff's support. The registered manager told us this was essential to ensure people provided honest feedback.

We saw examples where staff had amended their practice to accommodate people's feedback. For example, people had commented they preferred to have a lie in on a bank holiday but that staff had been waking them up for their activities as they would have on a normal week day. We saw this was raised with staff and they explained how they now asked people what their preferred routine was the day before a bank holiday so they could plan the day in line with people's individual wishes. This demonstrated that people's views were sought and acted upon. This inclusive ethos was echoed throughout our discussions with staff. Staff spoke about it as being "their service" and regularly stressed the importance of "Putting people first." When we spoke with people it was clear that they enjoyed having control about how the service was run. One person told us, "I like being in charge and coming up with ideas."

We received consistently positive feedback about the registered manager and their approach to managing the service. Staff told us they were "brilliant", "approachable" and "supportive." Health and social care professionals told us the registered manager shared best practice and ways of working with other services to help drive improvements across services and to ensure a collective approach to risk management. One health professional also commented that the registered manager, "Demonstrated a very well informed and pragmatic approach to safeguarding and their contribution and support [at multi-disciplinary meetings has been] extremely highly valued." This meant they provided positive input to secure the best outcomes for people who used the service. People who used the service told us they were "Nice" and "One of my favourite people."

The registered manager promoted an open and honest staff culture through encouraging staff to voice their opinions about how the service could be improved. For example, they had introduced a twice weekly open surgery where they made themselves available to staff. They emphasised they were available at other times, but had set this time aside specifically as a staff clinic so staff would know where to find them. The staff we spoke with were aware of this and told us they felt able to talk to the registered manager. There were also two staff representatives they could approach and who had regular meetings with the management team to discuss any issues or concerns.

During our discussions with care staff it was clear they were proud to work for the organisation. One staff member told us people in the community often commented that they could tell people were supported by Ambler Way staff. They said this it made them proud that they were providing a good standard of care. Another staff member told us, "I genuinely believe all the staff who work here have a person centred approach. That makes me proud to work for this organisation."

Staff had developed strong links with health and social care professionals, community services and key local contacts such as pub landlords and transport services. They actively shared information and where appropriate worked in partnership with them to ensure a high quality service provision. We saw examples where people had benefitted from staff's proactive joint working by being able to independently access services and community activities. One health care professional told us staff, "Strive to maintain high standards of care and support to those they support. They are always willing to consider innovative ways of working and promote good working practices." Another professional told us, "The service is managed by people who are passionate about the learning disability group and have high expectations of their staff team and together they provide an excellent service."

We saw the entire staff team was keen to share any lessons learned and this included enabling people who used the service to share best practice. For example, the next 'all about me' day planned for Easter 2016 included two people providing feedback about their experience of how they dealt with an emergency to help share learning and help build other people's confidence should they encounter a similar emergency situation. Equally we saw that staff meetings were often used as opportunities for reflective practice. For example, a recent meeting had involved discussion about a medicines error. The minutes showed staff discussed what could be done to prevent a reoccurrence and that additional staff training had been arranged where needed.

The registered manager actively encouraged people who used the service, relatives and other agencies to feed back their experiences of the service. They did so through a variety of formalised methods such as service user meetings, relatives forums, quality questionnaires, annual care reviews and monthly key worker reviews. However, the registered manager also told us their door was always open and they encouraged people to come and speak with them at any time. The people we spoke with confirmed this. We also saw they embraced additional opportunities for feedback. For instance, at the fun day, relatives ran an independent feedback stall. This gave the opportunity for feedback without staff involvement which demonstrated that they wanted people's honest and impartial opinion. Feedback forms were collated and plans of action were developed to address any issues. For instance, a day service commented that people were being collected up to half an hour late due to roadworks. This was logged in the complaints file and actioned by a carer being paid to come in an extra half an hour earlier. There were no further instances of late arrival recorded. This showed us staff always valued people's feedback and used it to amend how care was delivered to ensure it was in line with people's current needs and preferences. This demonstrated that the people who used the service were central to shaping the future direction of the service.

A number of spot checks were carried out by a senior member of staff. This included observations of staff

practices on key areas such as medication and infection control. These were documented, discussed at staff meetings and action plans were put into place where required. A programme of audits was also carried out throughout the year which included audits of care plans, complaints, incidents, medication and infection control. Action plans were put in place to address any shortfalls in service provision and these were updated to reflect actions taken. An annual overview audit also took place which enabled the registered manager to identify any trends or patterns across the entire service.