

Mayday Trust

# Mayday Trust Lennon Court

## 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 visited the offices of Mayday Trust Lennon Court on 16 May 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service.

Mayday Trust Lennon Court is a supported housing scheme which provides personal care and support to people in their own homes. At the time of our visit the service supported 25 people. The service was last inspected on 12 November 2013 when we found no breaches of the Health and Social Care Act 2008 and associated Regulations. Before our inspection the provider told us that the service may change in the future, due to recent adjustments in the way the local authority funded care.

The service has 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.

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on staff to ensure their suitability to work with people who used the service.

There were enough suitably trained staff to deliver care and support to people. Staff received an induction and a programme of training to support them in meeting people's needs effectively. Staff understood the principles of the Mental Capacity Act (MCA) and staff respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills and experience to provide the care and support they required. Care plans and risk assessments contained relevant information for staff to help them provide the care people required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. The registered manager valued staff and promoted their development.

There were processes to monitor the quality of the service provided and understand the experiences of

people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on staff and a programme of other checks and audits.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe because risks to people's individual health and wellbeing were identified and staff followed care plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the registered manager checked staff were suitable to deliver care before they started working with people at the service.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and staff gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. They respected people's privacy and dignity and encouraged people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Health professionals were positive about the care provided. Staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to complain and were able to share their views and opinions about the service they received.

## Is the service well-led?

Good 

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak with the registered manager if they needed to. Staff felt well supported by the registered manager and felt able to raise any concerns. Staff were encouraged to share ideas to make improvements to the service. The registered manager was dedicated to providing quality care to people. There were processes to ensure good standards of care were maintained.

# Mayday Trust Lennon Court

## **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.

The inspection took place on 16 May 2016 and was announced. We told the registered manager prior to the inspection that we would be coming, so they and the staff were available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the office visit we sent surveys to people who used the service to obtain their views around the quality of care they received. Surveys were returned from nine members of staff and one community professional who was involved in the care of people who used the service. During our inspection we spoke with the registered manager, the senior personal asset mentor (who worked as a line manager for care staff), and two carers. We also spoke with three people who used the service in their own homes. Following our inspection visit we spoke with two relatives and two health professionals. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

We reviewed four people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People told us they felt safe because they received care from staff they knew well and trusted. A relative told us, "They are looking after [Name] very well. I haven't had any worries at all." Everyone who responded to our survey told us people who used the service were safe from abuse or harm from the staff of the service.

People who used the service told us they felt comfortable talking with staff or the registered manager if they felt unsafe. People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, "I would report any concerns straight away to my manager and report to the local authority safeguarding team." They explained they had done this and were satisfied with the way the issue had been dealt with. They explained how one person had told them they felt unsafe in the community. They said, "Since then we talked about safety all the time and in residents meetings. We talk about safe places and there is a list of safe places in [Name]'s flat." 'Safe places' is a scheme set up by the local authority for people with learning disabilities. It is a list of community places, for example a shop, where people can go to get help if they feel unsafe. Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. The registered manager told us senior staff wrote people's risk assessments with them and these were reviewed regularly. They said, "Individuals tell us what their wishes are and they are signed off together once the client understands and they have talked about it. It can lead to a high risk management plan, which is triggered when risks are high or by a specific incident." The registered manager gave an example where one person had a high risk management plan for managing their health, because they chose not to use some of the equipment recommended to keep themselves safe. We saw these serious risks were escalated to the provider for them to review on a regular basis.

Risk assessments had been completed and care was planned to minimise risks wherever possible. One person told us how they had been supported by staff to have special equipment fitted in their home to keep them safe. They told us they felt safer because of an alarm which had been fitted to their bed and they said, "I have a pendant". A pendant is a personal alarm which can be used to call for help in an emergency. Staff knew about individual risks to people's health and wellbeing and how these were to be managed. For example, a member of staff explained how they had supported one person to stay safe in their home and suggested they moved to a downstairs flat due to their deteriorating mobility. They told us, "Actions were taken and they moved to a ground floor flat and they have settled in really well." The person's relative told us the change had, "Worked really well", for the person. The registered manager told us, "Ideas always come from staff because they work with people on a day to day basis. For example, when they do risk assessments together with people, something may crop up. If staff think there's something we can do to improve someone's care, they will tell us straight away."

Incidents were recorded and actions were taken to protect people and keep them safe. We found records of incidents were detailed and included the actions taken as a result of any incident. The registered manager explained how they assessed possible risks to people, by monitoring any incidents which took place and

reviewing the information to identify any patterns. They said, "We put things in place to ensure people are safe and we keep them involved to understand what we were doing." Records showed information about risks were escalated to the provider on a regular basis, where information was reviewed again in order to ensure people were protected.

There were sufficient numbers of experienced staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they had regular staff that they knew well. Staff explained there was a rolling rota made available for staff, however people who used the service did not receive a rota because they had regular staff.

The registered manager had an out of hour's on-call system when the office was closed. Staff told us they felt supported by this system and could always contact a senior member of staff for advice.

The registered manager checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. One person told us, "I take it (medicine) and staff come and check." Staff had received training to administer medicines safely which included checks on their competence. They recorded in people's records when medicines had been taken and they signed a medicine administration record (MAR) sheet to confirm this.



## Is the service effective?

### Our findings

People we spoke with told us staff had the skills they needed to support them effectively. A relative told us, "I've always felt that [Name] was well looked after and everything's done properly."

Staff told us they completed an induction when they first started work, which prepared them for their role before they worked with people in their homes. One member of staff said, "The induction was thorough, we received training on everything, for example behavioural management and understanding how people express emotion. I was observed during induction, they made sure I was safe and felt comfortable." The registered manager told us when staff first started they were given a buddy (mentor) who they shadowed and could ask questions. A member of staff confirmed this and told us, "I was able to ask for longer shadowing and everyone was helpful. There was always someone available to talk to. My mentor was really helpful and very patient." Records showed staff had obtained care qualifications. However the registered manager told us staff had not begun to work towards the nationally recognised Care Certificate, due to the current changes which were taking place at the service. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and observational checks of their practice. A member of staff told us, "1:1s [supervision] are fantastic, it's a chance to catch up. It's a really nice opportunity to talk to people. I'm asked what support I need to achieve my targets and if I understand policies. We get feedback in 1:1s which is helpful." The senior personal asset mentor told us staff received supervision, every two months and staff could, "Blow off steam if they've got any concerns." Staff told us they were invited to take part in reflective practice. Reflective practice is the analysis of actions in a process of continuous learning. One member of staff said, "It is good fun, we bring a case study and talk about how we could handle a situation." The staff member explained how they were able to obtain ideas from other staff members about how they could improve communication with one person, by using pictorial aids to help discuss things like their menu planner.

Staff received training considered essential to meet people's care and support needs. This included training in supporting people to move safely, first aid awareness, handling difficult situations and safeguarding people. Staff were positive about the training they received. A member of staff told us, "I've had some fantastic training." They explained how the training they received specifically helped them to improve the way they cared for one person." Staff said they were supported to do training linked to people's needs, such as autism and epilepsy awareness. The registered manager explained they had recognised there was a gap in staff training and had recently arranged for all staff to receive training on the principles of the Mental Capacity Act 2005 (MCA). The registered manager told us, "We are a close team and people request training in 1:1 (supervision) and team meetings. The provider delivers quite a bit of training." Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the registered manager was working within the principles of the MCA.

Staff we spoke with understood the requirements of the MCA. One member of staff told us, "It's about knowing people have the autonomy to make decisions and understanding their capacity to make decisions." The registered manager told us, "We assume people have capacity unless we have concerns about them in a particular area." They told us there was no one using the service at the time of our inspection visit that lacked capacity to make decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. For example, one person had a health problem which required treatment, so staff involved health professionals to support the person to make a decision in their best interest and the person received appropriate treatment to improve their health. A health professional we spoke with told us, "They [staff] are fully involved in setting up multi agency meetings and they include the person in these meetings." They gave an example where staff had set up a best interest meetings for one person. They had benefitted from decisions made about their care and were able to move on successfully to a more independent accommodation setting. We found there were documented mental capacity assessments for some people, included where specific decisions were required about their care. For example, one person was assessed to see if they could administer their own medicines. The assessment and decision were clearly documented and involved the relevant people to help support the decision.

People told us staff gained their consent before supporting them. Staff told us they knew they could only provide care and support to people who had given their consent. Staff gave examples of how they asked people for their permission before they supported them to do certain things. One member of staff told us, "I always ask if what I'm doing is Okay."

Some people told us they received food and drinks prepared by staff. A relative told us, "[Name] cooks themselves and staff check on them and may help. [Name] has a choice of what they want to eat, because they are helped to go out and buy it." Another relative said, "We try and encourage [Name] to eat more healthily. We try and manage it together and they [staff] respond well to my suggestions. For example [Name] bought a slow cooker and staff support them to use it." We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional, including district nurses and occupational therapists. Two people told us, "Staff come with me to the GP and the dentist and I feel better when they are there" and "Staff come and help because sometimes the doctor speaks quick and I can't understand what they're saying. If I'm poorly I tell staff and they ring the doctor." A health professional we spoke with told us, "When staff visit with clients, they are informed and they know the purpose of the meeting. They follow recommendations." Staff told us they supported people to manage their health and well-being if this was part of their care plan. One member of staff gave an example where they had contacted one person's consultant doctor to arrange a review of their medicine due to their increasing lethargy. They told us the person's medicines were changed and their health had improved. They said they were, "Like a new person." We spoke with the person's relative who confirmed the improvement in the person's quality of life.

## Is the service caring?

### Our findings

People told us staff were caring and treated them with kindness. Relatives told us, "All the staff I meet seem concerned about [Name]" and "The staff are one hundred per cent caring. [Name] loves all the staff." All the staff who responded to our survey said the care and support they provided helped people who used this service to be as independent as they could be. Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. Two members of staff told us, "My main concern is our clients" and "I love all our clients and I have really built up relationships with them." Another member of staff said, "We listen to our clients and we are there to support and encourage them." A health professional we spoke with told us, "They are a very committed group of care staff who do what they can to support clients. Their values are great. They are absolutely person centred. They have been supporting clients over long periods of time. They support people as individuals and genuinely want clients to develop and improve."

During our inspection visit we saw staff supporting people and we saw there was good communication between them. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff were compassionate and supported people according to their individual needs. We saw staff took time to listen to people and supported them to express themselves according to their abilities to communicate. For example, staff told us they used different communication methods to meet people's needs, such as using pictorial aids. Communication methods were recorded in people's care plans. Staff sat with people and took time to interact with them on a one to one basis about things they were interested in.

Staff told us senior staff gave them opportunities for personal development within the service and were caring and this made them feel motivated in their role. A member of staff commented in their response to our survey, 'Mayday Trust is a great company to work for, I get all the support I need as an employee to fulfil my job role. It was clear to me from day one of my job that Mayday and its employees are dedicated and enthusiastic about what they do, and that is what makes my job so enjoyable. Knowing that everyone is here for the same reasons is really something rare to come across, but I am confident that each and every member of staff genuinely cares about the people we work with and wants to support them to independence. Mayday trust is a unique and refreshing organisation that really does have people's best interests at heart.'

The registered manager told us, "They [people] are at the centre of everything we do. We try hard to make sure they know they have rights." They explained how they made documents easier to read by using bigger print and pictures." They told us they ensured staff were compassionate by observing their performance, observing how they treated each other and ensuring that staff gave people choice and control. They said, "Staff sort things out for each other and care for one another and that contributes to caring for the clients."

Staff demonstrated a clear understanding of the caring ethos the registered manager was keen to promote.

One member of staff told us, "We get a lot of time to talk to our clients and ask them what interests them. We have a cup of tea and a chat about things and then when I support them, I know what to do."

People we spoke with confirmed they were involved in making decisions about their care and were able to ask staff for what they wanted. One person told us, "I look at the support plans. I can say if I don't agree with things." The senior personal asset mentor told us, "People's support plan is what the individual wants to achieve. The care plan is the method staff use to support that person." A member of staff told us, "We give people an easy read version of support plans and make sure they understand, so they can comment. We ask them if they agree to it." We saw support plans were easy to read and included pictures. Care plans were personalised and included details of how staff could encourage people to maintain their independence and support them to make decisions. There were detailed instructions on people's care plans about how staff should support people in their daily routines.

People told us they were supported to maintain their independence as much as possible. Staff told us they had enough time to encourage people to do things for themselves where possible. One member of staff told us, "[Name] always says they want to live independently, so we give them a task, for example, cleaning the bathroom to see how they get on." They told us the person was, "Really pleased", when they had achieved the task. We observed staff supporting this person and saw they encouraged the person to complete tasks independently and this support was reflected in their care plans.

People told us staff were kind and treated them with dignity and respect. Relatives told us, "Staff respect [Name] has their own space" and "Staff are discreet with [Name] when they have a shower." All the staff who responded to our survey told us they always treated people who used the service with respect and dignity. A member of staff explained how they maintained people's dignity whilst supporting them. They explained one person woke up early and opened the curtains whilst undressed, so they took action to protect their dignity and made sure the curtains remained closed until they were suitably dressed.

## Is the service responsive?

### Our findings

People told us they were very happy with their care and support and that staff knew them well. One person told us, "I can talk to [member of staff] if I have a problem." A relative told us, "I'm very happy, [Name] seems happy. I think they do a very good job and [Name] seems settled." We spoke with a health professional who told us they, "Found staff to be very supportive, they listen and get involved."

People told us their support needs had been discussed and agreed with them and that staff knew their likes and preferences. One person told us, "Staff know what I like." Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. The senior personal asset mentor told us, "We know what people like by spending extra time with them and documenting their comments in their daily contacts. We make time for them when they want it. For example, when we support [Name] with their tea, we can talk then and it's much more relaxed." A member of staff said, "We speak to families and we ask people and record on their files, for example dates they may be sensitive about." All the staff who responded to our survey said they were told about the needs, choices and preferences of the people they provided care and support to. Support plans contained detailed information about people's personal history and preferences.

Staff we spoke with had a good understanding of people's care and support needs. A member of staff gave an example of one person who had expressed a desire to do a voluntary work placement. They had been supported by staff to access two different types of employment. The member of staff said, "We support [Name] to be clean and smart. Their confidence has grown with people they've not met before and they have a big beaming smile when they talk about work." We spoke with the person and they were able to tell us about their work placements, which they clearly enjoyed.

A member of staff gave us an example of one person whose mobility had declined. They had discussed the change in the person's needs with them and their family and made a referral to an occupational health therapist (OT) to obtain specialist equipment to support the person to remain independent in their own home. They told us, "The adaptations help to keep [Name] safe and be able to use their accommodation for longer."

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. We saw on people's weekly planners, they were encouraged to maintain their religious beliefs and staff told us they supported people to attend religious services.

People were supported to develop and maintain relationships with people who were important to them. People told us their relatives visited them regularly and staff told us they encouraged as much contact with people's families as possible. Staff told us about one person who they had supported to retain access to their young family and gain parenting skills.

People had fulfilling lives because they were engaged in activities that were meaningful to them. One person told us about the holidays they had been on with support from staff and how they enjoyed them and

wanted to go again. They told us they attended 'job group,' where they learnt interview skills and about getting a job. They said, "It's helping me because I'm shy." The service was actively involved in building links with the local community and people were supported in individual ways that suited their needs. For example, people were encouraged to attend local church services, colleges and social organisations. The registered manager explained the provider had, until recently, organised a variety of activities for people who used the service, at their 'Learning Ability Base (LAB).' Due to the recent changes within the service, the activities had declined and staff told us they were looking for other opportunities for people to take part in now. A member of staff told us, "We ask people what they want to do at meetings and catch ups and we try and organise things as a group. We are doing our best to go out with people now the LAB is closing. We are recommending other activities to people." The senior personal asset mentor told us activities at the LAB had, "Offered clients many opportunities including educational and social and helped to increase people's social skills." They told us about other activities staff supported people with, such as working on volunteer projects with charitable organisations including projects abroad.

People told us they had been involved in planning their care. Relatives told us they were invited to meetings to review their family member's care where appropriate. One relative said, "I am always involved in reviews. We all work together with [Name] as a team. We discuss things so they understand." A member of staff told us, "People are involved in making support plans, we sit with the client. We contact families and health professionals if people wish us to." The registered manager told us, "There are different levels of ability within the service, so each support plan is based on what people want." They told us they had tailored the way people's care reviews were held, to meet individual's communication needs. For example they told us, "One person doesn't like reviews, so they don't attend. We do it informally by having conversations prior to the review meeting and working closely with their relative. They come to us and tell us what they like." We saw evidence that any changes discussed with people at reviews were recorded and care plans were updated.

Communication between staff allowed them to share information and ensured people received care which met their needs. A health professional we spoke with told us, "I always found communication really good. There was a good rapport between myself and the organisation and they responded to things they needed to do. They contacted me regularly for updates and to discuss situations." Two members of staff told us, "We are always talking to each other, nothings left undone" and "Staff are kept in the loop constantly and the manager is always available." They went on to give an example and said, "One person had an accident and was taken to hospital. Information was handed over straight away, we were told via email and it was included in handover on the next shift, so we could monitor their wellbeing." The registered manager told us, "Care staff share information really well." They explained it was all staff's responsibility to share information if there were changes to people's needs. Staff confirmed this and one member of staff explained how they had let all staff know about a change to one person's needs on the day of our inspection visit.

People and their relatives said they would raise any concerns with the registered manager and the staff in the office. One person told us, "If I wanted to make a complaint I would speak to staff." People told us they had the information they needed to make a complaint. Staff knew how to support people if they wanted to complain. A member of staff told us, "I would ask them what it's about and encourage them to fill in a complaint form. I would help them fill in form. I would escalate it to my manager." The provider's complaints policy was easy to read, it had pictures to help people's understanding and it was accessible to people in their homes. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. It also provided information about where people could escalate their concerns outside the organisation if they were unhappy with how their complaint had been dealt with. A relative told us, "I have the complaint information and the manager's details." We found complaints were dealt with to people's satisfaction. Records showed there had been one complaint in the last 12 months,

which had been dealt with in a timely way and in accordance with the provider's policy. Compliments about the service had been recorded. There were thank you cards from relatives and people who used the service. For example, there was card from one from person to say thank you to staff for their support following an accident.

We found the registered manager had listened to people's views and taken steps to improve the service. The registered manager explained there were several ways people could share their experiences of the service using meetings, surveys, forums and care reviews. Meetings were held regularly and guest speakers were invited to talk about things which were important to people. For example an external organisation gave a talk on how to complete benefit forms, community support officers gave a talk about keeping yourself safe and safe places in the local area and a local college talked about numeracy and literacy courses which were available to people. The senior personal asset mentor told us, "Some people don't like to attend meetings, so we visit them independently." The registered manager told us forums were made up of one representative from each of the provider's services. People were able to give their views and make changes to the provider's processes. They told us, "We have changed things." They gave an example where people had told the provider they did not want to lose the out of hours on call facility to a local member of staff and have it replaced by a call centre facility. They told us the provider listened to people's views and the on call facility was not changed.



## Is the service well-led?

### Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. Two relatives told us, "Everything gets done that needs to be done" and "I am very happy with service, particularly since the manager started. I've always had a really good relationship with them." Health professionals we spoke with were complimentary about the service and one told us, "I have had a very positive experience of the service. The management are fully involved and contact me for updates." All the staff who responded to our survey said their managers were accessible and approachable and dealt effectively with any concerns they raised. Two members of staff told us, "I love it here, I think we have fantastic managers" and "I love my job, I find it very rewarding."

Staff told us they felt well supported by the registered manager and senior staff in the office. Staff understood their roles and responsibilities and what was expected of them. Some staff had worked at the service for several years and all the staff told us they enjoyed working there. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. Staff were positive about the leadership of the service and about the support and guidance they were offered. Two members of staff told us, "I can approach the manager if I have a problem, I feel comfortable and I can talk to my manager" and "Because managers give, we give back and staff don't mind doing things, it makes a good team."

People were encouraged to provide feedback on how things were managed and to share their experiences of the service by completing surveys. The registered manager explained there were questionnaires for people who used the service and people were supported by staff to complete these if they wished to. We looked at the survey results from December 2015 and saw the results were very positive. For example, one person had commented, 'The staff are great.' We saw one person raised an issue about their accommodation and the registered manager explained how they had taken action to respond to their comment.

All the staff who responded to our survey said their managers asked what they thought about the service and took their views into account. We saw there were regular staff meetings where staff were asked to contribute and raise issues to discuss. There were different types of meeting to allow staff to share their ideas for development of the service and where new guidance were shared. The senior personal asset mentor explained that external speakers were invited to staff meetings, to support staff with their learning. For example, a speaker from an external organisation gave a talk on how to complete benefit forms and staff used this information to support people more effectively. The registered manager explained that other types of meetings were held, where staff were asked for feedback about how the service could be improved. For example, staff working groups where new initiatives such as a new computer system were discussed. Resident catch up meetings, where staff focussed on improving people's care and the staff forum. Staff forums meetings were made up of one staff representative from each of the provider's services and gave their views on the provider's new policies and processes. Staff confirmed there was good communication and they were asked for their opinions on how the service could be improved.

The manager was aware of their responsibilities as a registered manager and had provided us with



notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well. The registered manager was aware of the achievements and the challenges which faced the service. The registered manager told us they kept up to date with best practice by researching changes to legislation and procedures and attending local forums to share information and best practice with other service providers. For example, the 'learning disability providers forum', which is an external event where service providers in the local area share their knowledge and new initiatives. The registered manager told us they found these events really useful and said, "It's nice to know how other people work." The registered manager told us they kept staff up to date with best practice by sharing information in staff meetings and by sending staff emails.

The registered manager completed monthly quality checks which made sure the service was meeting people's needs. For example, risks to people were evaluated and checks were made to ensure care was delivered as outlined in people's care plans. They told us, "The monthly audit covers such a lot, I am happy that the service provided is good." The registered manager maintained an action log and we saw where required, improvements were made in a timely way. Additional audits were made on the service by the provider and by senior managers. The results of these audits were positive and there were few recommendations for improvement. The registered manager told us, "I have regular supervision with my line manager and, we have excellent communication. We don't really have major actions from audits because when I audit, I flag up any required actions."