Royal Mencap Society

Royal Mencap Society - Domiciliary Care Services - West London

Inspection report

Athena House
86-88 London Road
Morden
Surrey
SM4 5AZ

Tel: 02086969147
Website: www.mencap.org.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 24 February 2017 and was announced. This service was rated 'good' at our last inspection in February 2015.

This service provides personal care and support to people living in supported living schemes across the London boroughs of Hounslow, Richmond, Hillingdon, Kingston and Wandsworth. At the time of our inspection there were 45 people using the service. The service was required to have a registered manager in post and did not have one at the time of our inspection. However, a service manager was in post and was in the process of applying for their registration. We confirmed that this process was completed shortly after our visit and the manager's status was updated to registered. 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. The manager of this service had worked for the same provider for a number of years and was already familiar with the service when they came into post.

People had built very good relationships with staff, who were friendly and respectful and who knew people well. The service used creative and innovative methods of supporting people to express their views and make choices about their care, including the use of accessible technology where needed. Staff made an effort to learn how to communicate with people whose first language was not English.

The service had a strong commitment to promoting people's privacy, dignity and independence. People had access to private space whenever they needed it. Staff worked closely with people to build their confidence and learn to do more for themselves.

The provider used a person-centred approach to care planning based on evidence-based measures of quality of life. Support plans were personalised and centred around people's preferences, views and experiences as well as their care and support needs. They took into account people's history, family relationships and religious and cultural needs. People's care and support was planned in such a way as to facilitate working towards their goals and ambitions. The provider recognised people's achievements and encouraged them to always improve by setting new targets whenever their care was reviewed.

People received support to engage in a variety of activities to suit their tastes and abilities, both at home and in the wider community. This included taking more responsibility for their own household tasks but also pursuing their interests and hobbies, making new friends and finding new interests. Staff supported people to pursue education and employment opportunities and to join social groups. They actively supported people to strengthen existing friendships and arranged activities to help ensure people did not lose touch with their friends.

People were satisfied with how the service responded to their complaints and concerns. There was an

accessible complaints procedure and records showed the manager dealt with complaints according to the procedure. Managers sought people's feedback in accessible ways, giving equal opportunities to people who did not communicate verbally.

Staff took pride in the provider's visible person-centred culture with a clear vision, strong values and a reputation for providing good support to people with learning disabilities. Leadership was accessible and people, staff and others involved with the service had opportunities to express their views about the service. Managers used people's feedback to improve services in a variety of ways.

The registered manager used several tools to assess, monitor and improve the quality of the service including internal audits carried out by people who used similar services operated by the same provider. They assessed the quality of the service against standards that were based on people's feedback about the care and support they wanted from services. People were also involved in the recruitment and selection of new staff. The provider worked to challenge discrimination and stigma in a variety of ways, including supporting people to publish articles about their experience of discrimination.

Staff knew how to keep people safe, because there were detailed risk management plans to reduce risks. Staff supported people to make sure their homes were safe. They received suitable training in safeguarding people from abuse and there were procedures in place to protect people from financial and other abuse. Medicines were managed safely.

There were enough staff to keep people safe and appropriate arrangements for emergency staff cover. Recruitment processes were designed to ensure only suitable staff were selected to work with people.

People benefited from being cared for by staff who received suitable, good quality training that was relevant to their work. Staff received regular support from managers and had opportunities to learn and discuss good practice with their colleagues.

Staff were aware of their duties under the Mental Capacity Act 2005. They obtained people's consent before carrying out care tasks and followed legal requirements where people did not have the capacity to consent.

Staff supported people to choose food they liked and to eat healthily. Staff ensured people had the information they needed to maintain a healthy lifestyle whilst respecting their choices about how they wanted to live. People had detailed plans to help staff and health professionals provide the care and support they needed to remain healthy and manage any existing health conditions.

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. There were robust systems for staff to identify and report abuse or potential abuse.

People had personalised risk assessments and management plans so staff knew how to keep them safe in as least restrictive ways as possible. There were systems for reporting and learning from accidents and incidents.

There were enough staff to keep people safe, adequate arrangements for emergency staff cover and robust recruitment systems to help ensure only suitable staff were recruited.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. Staff had access to relevant, good quality training, support and development opportunities to help them carry out their roles well.

Staff knew their responsibilities under the Mental Capacity Act 2005 and knew how to apply this to their work. They obtained people's consent before carrying out care tasks or involved people in the appropriate processes when they did not have capacity to consent.

People had the support they needed to stay healthy, eat healthily, make choices about their nutrition and health and engage in active lifestyles.

Is the service caring?

Outstanding ☆

The service was very caring. People received support from staff who were caring, respectful and took the time to build a good rapport with them.

People were enabled to make choices about their care and staff used creative methods of supporting people to communicate their choices and what was important to them.

Staff supported people in ways that promoted their privacy,

dignity and independence. The service worked with people to gradually increase their independence so they were able to do more for themselves.

Is the service responsive?

Outstanding ☆

The service was very responsive. People's needs were assessed and their care and support was planned in partnership with them. People's care was reviewed monthly and took into account their preferences, cultural background, likes and dislikes and the goals they wished to achieve. People's care was focused on supporting them to achieve their goals.

The service supported people to engage in meaningful activities, to engage in education and employment and to build and maintain meaningful relationships.

The service promoted a positive attitude towards complaints and encouraged people to raise any concerns they had using an accessible complaints policy. The manager dealt with complaints promptly and fairly.

Is the service well-led?

Outstanding ☆

The service was very well-led. Management was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

The provider actively worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

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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 24 February 2017 and was announced. We gave the provider 48 hours' notice because we needed to be sure somebody would be at the office.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had experience of caring for family members with learning disabilities and mental health problems.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We looked at feedback from questionnaires we asked people, staff, relatives and community professionals to complete about their experience of this service. We also reviewed the provider information return (PIR). The PIR is a document we ask providers to submit before our inspection about how they are meeting the requirements of the five key questions and what improvements they intend to make.

During the inspection we spoke with eleven people who used the service, two relatives of people who used the service, three members of staff and the service manager, who was in the process of becoming the registered manager. We looked at six people's care plans, four staff files and other records relevant to the

management of the service such as audits and incident data. We also visited a supported living scheme to speak with people and staff, to review care records held at the scheme and to observe staff caring for people.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person said, "There's staff that keep me safe and make sure I'm always safe." Another person told us, "It's a lot safer than where I used to live. They keep the front door locked when staff go off duty and for intruders." One person told us about bullying they had been experiencing outside the service, but also said that staff were trying to resolve this and had successfully intervened in the past.

The provider had robust systems in place to identify, report and act on signs or allegations of abuse. Staff were familiar with the different types and signs of abuse and could describe these and the action they would take if they discovered any. Staff told us they always documented any suspicion, sign or allegation of abuse. We looked at several examples of safeguarding cases. Documentation showed the provider had taken appropriate action, which they followed up to ensure people remained safe and to prevent reoccurrence.

Each person had personalised risk assessments and management plans that covered risks specific to them and around their environment. These included accessing the community with staff, engaging in specific activities such as cycling, cooking at home, any health conditions people had, mobility and financial abuse. Assessments considered people's individual abilities and needs. For example, one person was unable to check independently whether food was too hot and might burn their mouth so their risk management plan instructed staff to check this for them before they started eating. This helped to ensure staff had the information they needed to keep each person safe in ways that were as least restrictive as possible and allowed people to try new activities because risks were considered in advance.

Managers used the provider's accident and incident reporting system to create action plans after incidents and ensure they were followed up to help prevent them from happening again. Examples included reviewing people's risk assessments and reviewing guidelines for staff about how to support people safely. The service manager gave us some examples of situations where they had used the reporting system to identify trends and patterns in incidents that allowed them to take additional preventative action promptly. We looked at data from incidents across the London region and saw that while no categories of incidents had increased over the last five years, there was a significant decrease in reports of incidents related to people's behaviour that challenged services. The manager said they felt this was due to an increase in people's quality of life and general happiness.

People and their relatives said there were enough staff to keep them safe. One person said, "There's plenty of staff." The provider had a bank of relief staff that services could request when needed and also had access to agency staff for emergency cover. We looked at rotas and confirmed that while use of agency staff was rare, supported living schemes were usually able to use relief bank staff who had worked at the same schemes before to help ensure consistency. The service manager used the provider's management tool to keep track of staff turnover, absence and use of agency staff. This helped them to identify and address any problems with staffing levels.

We looked at four staff files and found evidence that the provider carried out the checks required by law

when recruiting new staff. This included criminal record checks, proof of identity, evidence of fitness to work, references and work history. This helped to ensure the provider employed staff who were suitable to work with people.

There were robust systems in place to ensure medicines were managed safely. New staff received training in medicines management and administration and observed more experienced staff administering medicines as part of their induction. Managers then carried out a medicines competency assessment for the new staff, which they had to pass before they were permitted to administer medicines unsupervised. This was repeated annually or more often if needed, for example if staff made administration errors. Staff were able to describe to us the main principles of safe medicines management. The service manager told us each scheme had a dedicated member of staff responsible for medicines stock checks, ordering and returns. This helped to ensure people did not run out of their prescribed medicines and that all medicines entering and leaving the service were accounted for. We checked medicines administration records for four people and found they were complete and indicated people had received their medicines as prescribed.

Good

Is the service effective?

Our findings

The provider had a programme called 'Shape Your Future' that was designed to give staff the training and development opportunities they needed to perform their roles well and provide effective care and support to people. Staff had development plans and we saw evidence that they had regular meetings to discuss these. Staff also confirmed they received regular one-to-one supervision with line managers, which they found useful to discuss their work and set targets for themselves.

The service manager used a monthly management tool supplied by the provider to keep track of staff training and ensure staff were up to date with their essential courses. The tool alerted them before current training expired so they had time to book staff onto the relevant courses. They were also able to use the tool to request specific training that was not essential for all staff but would help relevant staff meet the individual needs of people they supported. We looked at training records for five staff and saw they were up to date with essential training such as food safety, medicines management and moving and handling. Staff had also completed extra training to give them the knowledge and skills to meet people's individual needs, such as training on epilepsy, autism and creative communication. Staff confirmed they received their training on time and told us it was good training that equipped them well to do their jobs.

The service manager told us about, and showed us, several tools the provider used to keep staff up to date with current research and best practice in their field. These included regular best practice updates from the provider's communications team and on the provider's intranet, a monthly newsletter, communications from local authorities and meetings with other providers.

As part of this inspection, we checked whether the provider was meeting the requirements of the Mental Capacity Act (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.

We saw that people had signed to indicate that they agreed with and had been involved in decisions about their care. Where they did not have capacity to do this, there was evidence that others involved with the person's care such as families, healthcare professionals, advocates and social workers were involved in the process to help ensure that decisions about people's lives were made in their best interests and were likely to be what they would choose for themselves if they were able to do so. Staff were able to describe in detail the main principles of the Mental Capacity Act Code of Practice and understood their responsibilities under the Act.

Staff carried out capacity assessments where there was any doubt about people's mental capacity and they took into account where people might have capacity in some areas but not others. For example, one person was able to complete several tasks independently and make choices about many aspects of their care but did not have the capacity to understand the value of money and this was reflected in their support plans.

This flexibility helped to ensure that staff obtained people's consent for aspects of care they were able to consent to, whilst giving them the extra support they needed to make decisions in other areas of their lives.

One person told us, "[Staff] help me with my lunch and tea." We saw examples of weekly menus that staff supported people to choose and prepare. People confirmed this and told us, "The staff ask me what I like to eat every day" and, "Every Wednesday we get together to decide. I can choose what I like of course." At the supported living scheme we visited, each person had the option of choosing their own personal menu for each week but often chose to eat together anyway. Menus we saw showed that some people ate the same dishes while others had chosen something different and everybody had a good variety of nutritious food on their menu.

Staff encouraged people to stay healthy while respecting their choices about their lifestyle. One person's relative told us, "They advise him on his diet otherwise he'd continue eating. He needs to be guided and they're coping with this quite well really." Another person had been recommended to work with a physiotherapist but did not want to. Staff encouraged the person to start using a gym and then liaised with the physiotherapist so they could give information about the exercises the person needed to do to a personal trainer at the gym. This way, the person was doing the exercises that had been recommended for them but was doing so in an environment they were comfortable with.

People told us they received the support they needed to attend healthcare appointments. One person said, "I've been already to the dentist. I've seen the optician but need a new appointment. I book an appointment with the doctor, normally with support." Each person had a health action plan. A health action plan is a document designed to help people with learning disabilities access the healthcare they need and to make choices about their healthcare. We saw examples of health action plans with information about people's health conditions and the support they needed to manage these, what healthcare services they used and when their appointments were due, their medicines and what activities they did to help them stay active, such as swimming and cycling. As part of health action planning, staff asked people what aspects of their healthcare they would like to maintain or improve, such as losing weight or maintaining a healthy exercise programme, and how they would like to do this.

At the time of our inspection, the provider was working on a campaign to assess and improve the quality of healthcare for people with learning disabilities nationwide and a person who used this service was involved in the campaign. This involved the person attending an interview where they had the opportunity to have their say about how easy they found accessing the healthcare they needed. The provider was also involved in a project that was intended to reduce hospital admissions where possible. The service manager told us a learning disability liaison nurse from a local hospital had visited the service to talk to people about this and raise awareness.

Outstanding ☆

Is the service caring?

Our findings

People told us the staff were "brilliant," "very pleasant" and "very kind and gentle." Each person had a keyworker, a member of staff assigned to make sure their care needs were met, their choices about their care were known and respected and to help them plan their care and events such as holidays. Managers told us they tried to match people with keyworkers who had interests or backgrounds in common with them or were trained in aspects of care that were relevant to that person. However, people's choices took precedence over this and they were able to choose their own keyworkers, which one person confirmed they had done. Staff told us that keyworking was a useful tool to help them build positive caring relationships with people and to get to know them well. One person told us, "I'm very fond of my keyworker." A relative said, "My daughter very much likes the staff. [They are] like family."

Staff were able to demonstrate that they had built up a very good relationship with the people they supported. They told us about people's histories and the progress they had made, what they liked and disliked and what was important to them. Staff told us this was very important to know about in order to provide a caring, person-centred service. We also observed that the way staff spoke about people promoted a person-centred culture because they always put people first. For example, when staff spoke about people they focused on what people wanted and what support they wanted from staff to achieve it, rather than what they believed people needed. We noticed that staff always spoke in terms of supporting people to do things for themselves rather than "doing things to people." This helped create an empowering and person-centred environment that promoted dignity and respect for people and gave a strong message that people mattered to staff.

People told us staff supported them to make choices every day about their care. One person gave the example, "Yes, I can choose what to wear. I choose my activities." Managers and staff used a variety of creative methods to facilitate communication with people who used the service and thus enhance their opportunities to make choices about their care, communicate their wants and needs and to build their social relationships. For example, one person had a condition that led to a deterioration in their ability to speak. When this became evident, staff supported them to obtain a tablet computer to help them communicate. They worked with speech and language therapists to add communication apps that the person was able to use competently. The service manager told us the person used the device to make a speech at their friend's funeral about how much the friend would be missed. This showed how staff supported people to communicate what was important to them.

We met another person whose native language was not English and did not speak much English when they began using the service. This person was assigned a keyworker who spoke the same first language as them and who taught their colleagues some words and simple phrases in their native language to help them communicate with the person. We observed staff using some of these words and saw that the person's facial expression changed from neutral to smiling as they did so. Staff told us the language project had made a noticeable difference in the person's life because they were able to build better quality relationships with staff and had become more confident and empowered to make choices about their care.

We also saw examples of staff using objects of reference and flash cards to aid communication with people. Staff knew about different people's levels of verbal language skills both in terms of what they were able to understand and what they could express. People's support plans contained details of how to communicate effectively with them including details about any speech difficulties they had or words they used in unconventional ways. This helped staff to ensure they supported people in a way that promoted their dignity, helped them to feel valued and listened to and also helped them to make more choices about their care as they were better able to communicate what they wanted.

The service manager told us about a Makaton training session that two scheme managers had jointly organised. Makaton is a signing system designed to be used alongside speech to help people with learning disabilities understand and use spoken language. The managers invited people who used the service, their families and speech and language therapists who worked with people using the service to participate in the session. This gave some people an opportunity to learn meaningful ways of communicating with other people who lived with them. People who could communicate verbally told us staff were good at communicating in ways that suited them. One person said, "I know the staff very well. The way they speak to me."

Staff considered people's comfort, emotional needs and dignity when planning and delivering their care and support. For example, support plans contained guidelines about how to check whether people were comfortable, reassure them if they felt upset or anxious and how to communicate with them in ways that empowered them to talk about their emotions. For one person, this approach had been shown to reduce the risk of them self-harming.

We also observed at the supported living scheme we visited that when one person made some comments about unpleasant experiences they had had in the past and how upsetting they had found them, a member of staff immediately reassured the person that they did not have to worry about those things happening again. They asked the person if they wanted to talk about what had happened to them and when the person declined the member of staff reminded them that they could always ask staff if they needed emotional support. This demonstrated how staff showed concern for people's wellbeing in a way that was meaningful to them.

Staff told us that promoting dignity was very important to them in terms of how they supported people. We saw evidence that a member of staff had been nominated for a Dignity in Care award in 2016. These were awarded to care staff "who go the extra mile to provide outstanding care and support to local residents" by the London borough where that staff member worked. We observed staff supporting people in ways that were respectful of their dignity, for example checking a person's dressing gown was closed properly when supporting them between the bathroom and their bedroom.

People told us staff respected their privacy and that they had access to private space whenever they wanted it. One person said, "Yes, they knock every single time [before coming into my bedroom]." Staff told us about different ways in which they ensured they were respecting people's privacy. For example, they offered medicines discreetly and offered private space for people to take them because they understood some people wished to keep their health matters private. One person received support from staff to visit the grave of a family member when they wanted to and staff knew to leave the person alone at the site for some time during visits to respect their privacy and dignity. This was written into the person's support plan so all staff supporting them would be aware.

The service worked with each person to develop and maintain their skills in such a way as to promote their independence. We saw several examples of this. One person confirmed that they were currently doing travel

training with staff and had done a course at a local college that meant they were now able to use the internet independently. Staff told us the person was progressing well with travel training, was able to go to a shopping centre independently and soon hoped to be able to meet a friend for coffee without staff support. We saw the person's progress chart, which showed how staff had gradually supported the person to develop and improve their independence at a pace that suited them. Supporting people to gradually develop their independence in this way helped them to learn new skills without becoming overwhelmed by too many new things at once and also may contribute to people feeling valued as their achievements are recognised over time.

Outstanding ☆

Is the service responsive?

Our findings

One person told us, "[Staff] give me all the support I need and make sure I have a have a care plan filled in to make sure I'm safe." Another person said, "Yes, there's always a care plan filled in for me. They share it with me. It happens often." People had a needs assessment when they started to use the service and this was used to create support plans based on their care needs, communication needs, preferences, abilities and desired outcomes. People also had monthly meetings with their keyworkers to review the support they received, ensure support plans were up to date, make plans for any activities they wished to participate in and to think about the goals they wanted to achieve.

The provider had a set of standards and an approach called 'What Matters Most' for support planning. The service manager explained that this allowed people more choice and control over their support plans because they could choose which areas of their life to place more priority on and how to arrange their support plans in a way that was meaningful to them. The new system also reduced the risk of having too much or repeated information in support plans because it had been reduced from over 100 different sections to five. These were 'healthy,' 'happy,' 'money,' 'friendships' and 'social inclusion.' People were able to choose which areas of their support were most relevant to each section, which helped to ensure support plans were personalised and based on people's preferences. One person confirmed this when we asked about their support plan, saying, "It's up to me what's in it." A relative told us, "Yes, there's a support plan. I go to meetings and they ring me up. The manager checks the plan with me. I feel part of the team. If there's a change they let me know beforehand."

The 'What Matters Most' approach was based on evidence-based methodology such as use of the Personal Wellbeing Index, which is based on a tool originally developed by the Australian Centre on Quality of Life for measuring quality of life, satisfaction and happiness with life. This was meant to ensure that people received care and support based on their choices and what was important to them. For example, people's support plans contained detailed information about their likes and dislikes as to how staff supported them with personal care. Evidence that this approach had a positive impact on people's lives was shown by the provider's data on incidents across the London region, which showed the annual number of incidents relating to behaviour that challenged services had declined from 853 to 378 across London and from 226 to 73 in this service since the provider introduced the 'What Matters Most' approach in 2014.

Support plans included information about people's preferences and views around their health, money, activities and everyday tasks such as eating and drinking, bathing and shopping. Each support plan was clearly tailored to the person, was highly detailed and took into account any risks and the outcomes people wished to achieve. For example, one person's personal care support plan took into account the risks associated with that person bathing while they were unwell and more likely to present certain risky behaviours. The level of detail meant that new staff could build up a clear picture of who each person was, what support they needed and what they could do for themselves. Support plans also took into account advice and guidance from healthcare providers and other professionals working with people. This helped to ensure support plans were set up to meet people's needs in areas that care staff may have less expertise in, such as swallowing difficulties or diabetes care.

We saw, and heard about from staff and managers, examples of positive outcomes people had achieved from setting and attaining goals. There was evidence of these in people's support plan reviews and other care records. One person had lacked confidence to participate in activities and staff told us they did not speak much when they started using the service. Staff gradually introduced activities the person enjoyed and worked on communicating with the person in ways they understood better to help improve their confidence. By the time of our inspection the person was regularly participating in activities, including trips on buses and to shopping centres, and had had a significant reduction in behaviours that challenged the service. A second person who lacked the confidence to go out or socialise due to self-image issues had received support to overcome this and now had a boyfriend, regularly went to a gym and went swimming. Staff told us the person reported feeling happier and more confident than before.

For another person, staff had worked with healthcare services and other providers to support them to reduce behaviours such as destroying their clothes and property and smoking heavily. The service manager told us this person had now stopped smoking although cigarettes were available if they wanted to, but they no longer asked for them. The manager said the person was now settled and calm and no longer destroyed their property. This helped the person achieve improved quality of life, partly because it meant they had more choice about how to spend the money they formerly needed to replace damaged items and buy cigarettes. A fourth person engaged in behaviour that meant they needed to use certain equipment to preserve their health and dignity. Staff had worked with the person around this until the person no longer needed to use the equipment, which further supported their dignity and independence. We saw a progress report for another person who was learning to swim and had progressed from walking around the pool but declining to get in, to swimming on their own with a buoyancy aid.

The service had annual 'reflection day' events to recognise people's achievements and progress towards the outcomes they wanted. People were able to invite those who were important to them to these events, such as their families and partners. People and staff told us the reflection days looked different across the supported living schemes as people chose how they wanted to celebrate in different ways. Some people had created slideshows of photographs showing them taking part in activities they had wanted to do for a long time. Others held parties to celebrate their achievements. One scheme had held a cultural food event with people and staff of different nationalities making dishes from their native cultures. The events helped to make people feel valued and capable.

Staff worked to enhance people's social lives and the quality of their personal relationships as much as possible. For example, some staff had set up a social group, which all people using the service were invited to join and which focused on going out and accessing different parts of the local community. People suggested activities which the group then did. These included walks in central London, swimming, pub socials and sightseeing. One person told us staff were supporting them to plan a meal out for their birthday and that "lots of people will come." Another person's relative said, "There's line dancing, just the social side, going to the pictures, bowling, shopping, sports activities, a chance for chatting. People... chat to him."

The service manager told us that when a day service several people used closed down, those people were in danger of losing the friendships they had built up at that service and staff worked hard to ensure this did not happen. They arranged for people to see their friends for trips out and also hired a community centre for a disco after this was suggested by people who used the service. The manager told us the disco was so successful that it had become a regular fortnightly event over the last two years, where people socialised with their friends from the former day service and elsewhere. People received support to keep in contact and spend time with their families and friends. Although one person's close relative had passed away, staff took time to support the person regularly to visit their family member's grave and buy flowers to put there.

One person told us they had recently started a job, which they enjoyed. Another person said, "I am building a two shelf unit out of wood in my bedroom, made by myself. I visit friends at the weekend. I do voluntary work in [place] where I repair bikes." We saw evidence that people had opportunities to take part in meaningful activities every day. Many people attended colleges, day centres or employment. One person told us their regular activities included "music therapy, pottery, painting, bowling in [town], cinema, colouring." Another person listed "go-carting, bowling, I go to the restaurant, the cinema and [theme park]."

We saw evidence that people received support to be active members of their own households and to take ownership of household tasks such as cleaning and cooking. People at the supported living scheme we visited had also agreed rules for visitors after discussing it at a house meeting where some people were unhappy with the behaviour of visitors. This also supported people having a sense of ownership over their living space. These things showed that the service valued people as capable individuals and helped people to feel more in control of their own lives.

People received the support they needed to meet their religious and cultural needs. Two people told us they went to church every week. Several other people who used the service attended places of worship regularly with staff. We also saw evidence that a vicar was invited to visit the service on special occasions, such as for the service's Christmas party. We saw photographs from the party, including one of a person proudly showing off a cake they had baked. Staff told us about a person who they were supporting to learn how to prepare food from their native culture because this was important to that person. They were keeping track of the person's progress in this area and hoped to move on to cooking more complex dishes.

One person told us, "If I have a problem I can go to them and speak to them as and when I need to. If it's a problem that can wait, I'll write it down to release some anxiety. Then I share it with the staff if I feel the need. They're very supportive staff." Another person told us, "I get upset. I tell someone when I'm ready. Sometimes I go to the staff, then they talk to me and sort the problem." The service had a robust complaints procedure that was designed to ensure people's complaints were dealt with in a prompt and fair manner. This was available in an accessible format with pictures and symbols and people and relatives confirmed they were familiar with it. We looked at some examples of complaints with the manager's responses. The manager had responded to each point people and their relatives made in their complaints, made explanations and apologies where necessary and told people what action they would take to resolve the issues that were raised. One person told us a member of staff had said to them, "A complaint is not a wrong, it's a right" and that they felt confident raising concerns and making complaints.

Scheme managers actively sought people's views and feedback at house meetings and we saw evidence that they acted on it. We saw examples of flash cards that some people who did not communicate verbally used to indicate how they felt and whether they agreed with decisions made at the meetings. The minutes showed that their feedback was taken into account in the same way as verbal feedback and all of this was fed back at staff meetings so all staff were aware of any issues people raised. This showed that systems for collecting people's feedback were accessible and that people's views were given equal weight, regardless of their abilities or communication styles.

Outstanding ☆

Is the service well-led?

Our findings

People told us the service was "well run" and "very much well-led" and said managers were accessible and approachable. One person said, "The [scheme] manager comes every other day. She chats to me." Another person told us, "[The scheme manager] asks everybody individually if they're happy once a week." A relative told us, "I don't want the services nor the manager to be changed." Staff told us they were happy working for this service and provider. One member of staff said they were proud to be working for an organisation with a reputation for providing good quality support to people with learning disabilities. Another member of staff said the provider had "a commitment to improvement" and told us this involved improving both its own services and the lives of people who used them. They gave some examples of things they felt had improved in recent years, including communication and teamwork, which they felt had made the staff team able to support people better.

Each supported living scheme had a manager and the scheme managers received support from the service manager. Although the service did not have a registered manager at the time of our inspection, the service manager was in the process of registering and the process was completed shortly after our visit. The manager had worked for the same provider for a number of years and told us they already knew several people who used the service when they came into their current post. Staff told us scheme managers were supportive and efficient and that as a result staff teams were better at supporting people in consistent ways that met their needs and preferences. One member of staff felt that because they and their colleagues were confident as a result, people using the service also felt confident, safe and empowered.

The provider had developed an innovative new approach to management called 'Our Leadership Way' in 2016 and the manager of this service had been involved in the development of the programme. 'Our Leadership Way' was designed to demonstrate what good management should look like. This included a set of values specifically for managers and provision of clear information about the provider's plans to develop services and how managers were expected to work towards these. The plans included specific goals about making a positive impact on people's lives, such as better healthcare support, supporting people's relationships and improving quality of life in general. Managers were encouraged to work productively, be supportive, keep the provider's plans for the future in mind and to treat people, staff and others with respect at all times.

The manager told us about recent improvements the provider had made to the recruitment process in order to help ensure people benefited from being cared for by the best staff the provider could find. This included proactively seeking out care staff and managers with a good reputation, advertising that was designed to attract people whose values and attitudes aligned with those of the provider and involving people who used services in the process as much as possible. Involving people helped to promote an inclusive, person-centred culture that valued people who used services and promoted the provider's own values. The manager told us involving people also helped to give potential employees a better idea of what the job entailed and that this had helped to reduce the number of staff leaving their job within the first 12 months of employment.

Service managers had the opportunity to discuss their practice, share useful information and solve problems at a quarterly managers' meeting. The manager told us their colleagues were good at working as a team and supported one another well. This meant they felt able to contact other service managers for advice and support, which meant they in turn were better equipped to support their own staff team and ultimately the people who used the service. There was also a monthly staff meeting in each supported living scheme and the service manager held monthly scheme managers' meetings. We looked at some minutes from these and saw the meetings were used to discuss staffing and recruitment, complaints, good news and positive feedback, best practice information from conferences and other meetings and any news about people who used the service such as major incidents or changes in their support plans. Staff told us there was an open and empowering culture that allowed them to express their views and raise any concerns at staff meetings and said they were confident that colleagues and managers would listen and act on their feedback.

The service manager carried out a range of audits to assess and monitor the quality of the service. These included themed audits that focused on specific areas, which the manager told us helped them to identify smaller areas of improvement that might not be obvious when auditing more generally. For example, a recent finance audit had identified that staff were supporting people to buy carrier bags every time they went food shopping, rather than saving money by reusing bags. The provider also carried out internal audits, which included people with learning disabilities who used other services and took into account their views about the quality of services. These members of the audit team spoke with people who used services and observed staff providing care to them. The audits measured quality of care against a set of standards based on what people had said they wanted from the services.

The provider used an electronic tool to monitor outcomes and quality measures for each of their services. Service managers were able to view these for their own services and use the system to create and record improvement actions. These included completion dates so managers could monitor their progress and ensure they had carried out the actions they needed to. We saw the new version of the system, which the provider had recently introduced. This allowed the manager to view outcomes for each person who used the service, for example to check all their medical appointments were up to date. This helped to ensure that each person received equal priority in terms of checking they were receiving a good quality service.

The service manager made regular visits to supported living schemes to carry out observations of the care staff provided to people. The manager told us they focused on how staff approached people, whether they spoke to them respectfully and the quality of their communication with people. The provider also carried out annual surveys for staff and people to feed back their views about the service. We looked at completed questionnaires from the 2016 survey and saw that although people and staff were satisfied with the service overall and there were no major concerns, the manager had taken suggestions and feedback and had added these to their action plan using the electronic monitoring tool. This helped to ensure that people's feedback was taken into account and that people and staff were involved in the development of the service.

The provider had a clear vision and values, which were focused on supporting people to achieve their goals and live their lives to the full. The service manager told us the values had helped them to improve the quality of the service, for example by using them as leverage when it became necessary to demonstrate to staff why their performance fell below expectations. The provider had also introduced a scheme called 'You Rock' to recognise good work and outstanding contributions from staff. The service manager told us the scheme had helped them improve the culture of the staff team in terms of supporting people in a more positive and inclusive way and encouraging staff to "go the extra mile" in the ways they cared for people. One example they gave was about staff setting up a social group for people who used the service and those staff were nominated for a 'You Rock' award.

The provider's vision for the future was called the 'Big Plan.' This included improving social relationships for people with learning disabilities and during the inspection we came across many examples of how the service had supported people to do this. As part of working towards the plan, the service also worked actively to challenge and overcome discrimination against people who used services. One example we saw was an article staff had supported a person to write about their experience as a victim of hate crime and bullying. The article was published on a well-known current affairs website. In the article, the person described how staff had supported them to create more positive relationships and friendships through the service's social group and mentioned that they had found several good friends and a girlfriend through the group. We also saw a blog written by one of the scheme managers at the service about supporting people with learning disabilities with their sexuality and meeting their needs in this area. They used this to challenge stigma and discriminatory attitudes towards the sexual lives of people with learning disabilities. They also related this to the 'Big Plan' and the provider's commitment to supporting people to develop relationships that were important to them.

The provider also actively worked to challenge discrimination in its own recruitment processes. For example, the provider was part of the Disability Confident scheme, which works with employers to recruit and support employees who are disabled. This was reflected in the provider's recruitment policy, for example by stating that disabled applicants would be guaranteed an interview. The provider involved people who used services in the recruitment process. This was intended to ensure that the provider maintained a visible person-centred culture that contributed to people feeling valued. People were able to take part in interview panels and had a say in who was or was not recruited. We saw lists of interview questions presented in an accessible format to help people ask them during interviews. The provider's accessible selection process highlighted that people should have a choice about how to decide whether they thought each applicant should be recruited, for example by doing an activity together or having a conversation about their interests. People were then offered the opportunity to have a discussion with recruiting managers to agree on who should be selected.