

Reach Learning Disability Care Ltd

Reach Learning Disability Care Ltd

Inspection report

Reach, Prebend Passage
Westgate
Southwell
Nottinghamshire
NG25 0JH

Tel: 01636919946

Date of inspection visit:
24 March 2016

Date of publication:
20 April 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 24 March 2016. Reach Learning Disability Care Ltd (RLDC) is registered to support people with their personal care. RLDC specialises in providing care and support for people who live with a learning disability, in their own homes and when out in the community. At the time of the inspection there were thirty eight people receiving support with their personal care.

On the day of our inspection there was not a registered manager in place, although an application for them to become registered had been received. 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 risk to people's safety was reduced because staff could identify the different types of abuse, knew how to report concerns and had attended safeguarding adults training. However some staff required refresher training.

Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff, including volunteers, were recruited in a safe way. People told us there were enough staff to meet their needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. Processes were in place to ensure people's medicines were stored, handled and administered safely, although the reasons 'as needed' medicines were administered were not always recorded.

People were supported by staff who received an induction, although when staff had commenced the Care Certificate training their progress had not always been reviewed. Staff received training, although there were some areas where staff required refresher training. Staff received regular assessment of the quality of their work, although during 2015, these assessments were limited.

The registered manager ensured the principles of the Mental Capacity Act 2005 (MCA) had been applied when decisions had been made for people. Staff ensured people were given choices about their support needs and day to day life. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards (DoLS) if applicable. However, we did find one example where a lap belt was used to secure a person in their wheelchair and the relevant DoLS application had not been made.

People were encouraged to plan, buy and cook their own food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals

to relevant health services were made where needed.

People were supported by staff who were kind and caring and treated them with respect and dignity. People were able to contribute to decisions about their care and support needs, although examples of this in people's records was limited. People were provided with the information they needed if they wanted to speak with an independent advocate. People's friends and relatives were able to visit whenever they wanted to.

People's support records were person centred and focused on what was important to them. The records were regularly reviewed. People's personal preferences and how they wanted their personal care to be provided was recorded. People were encouraged to take part in activities that were important to them and were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People, relatives and staff spoke highly of the manager. The manager understood their responsibilities. People, staff and relatives were encouraged to contribute to the development of the service, although a process for obtaining formal feedback was not yet in place. Staff were encouraged to develop their roles. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. Funding had been obtained from an external organisation to help fund improvements and to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by staff who could identify the signs of abuse and knew the procedure for reporting concerns.

Accidents and incidents were appropriately investigated. Assessments of the risks to people's safety were conducted and regularly reviewed.

Plans to evacuate people safely in an emergency were in place.

People felt they were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

People's medicines were stored, handled and administered safely.

Good 

Is the service effective?

The service was not consistently effective.

Training and induction for staff was in place, but effective processes were not currently in place to ensure these were up to date and completed appropriately.

Staff felt supported by the registered manager and they had the quality of their work assessed.

People's records showed the principles of the MCA had been adhered to when a decision had been made for them, although a DoLS application was needed for one person.

People were supported to follow a healthy and balanced diet and were encouraged to plan, buy and cook their own food.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed.

Requires Improvement 

Is the service caring?

Good 

The service was very caring.

People felt staff were kind, caring and respectful and treated them with dignity.

Staff understood people's needs and people were involved with decisions about their care and support needs. People were provided with the information they needed if they wished to speak with an independent advocate.

Person centred care and encouraging independence were key aims for the service.

People were encouraged to maintain meaningful relationships with friends and relatives

Is the service responsive?

Good ●

The service was responsive.

People's support records were written in a person centred way. People were involved with the planning of their care and support.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People spoke highly of the manager. The manager understood their responsibilities and ensured staff knew what was required of them.

People, relatives and staff were encouraged to provide feedback on how the service could be improved, although a process for obtaining formal feedback was not yet in place.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

The provider had acquired funds from external originations to develop the service further.

Reach Learning Disability Care Ltd

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 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that staff and people who used the service would be available.

The inspection was conducted by one 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

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We sent questionnaires to people who used the service, their relatives, staff and external health and social care professionals. We asked them their views on the quality of the service provided. In total we received twenty four responses. We also carried out telephone interviews and spoke with three people who used the service and eleven relatives.

During the inspection we visited the service's community day centre and observed five people taking part in an activity. We spoke with one of these people. We also spoke with three members of the support staff, the training and development manager, the manager and the managing director.

We looked at the support records for five people who used the service, and also reviewed parts of other

records for other people. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt they or their family members were safe when staff supported them. One person said, "They [staff] are marvellous, wonderful; I'm quite safe with them." Another person said, "I feel completely safe." Another person said, "Yes, no problems at all, (I am) very safe with them [staff]." A relative said, "[My family member] is completely safe."

People were provided with the information they needed in the service user handbook which explained how they could recognise if a person had behaved inappropriately to them, and who they could report concerns to.

All of the people who responded to our questionnaire or spoke with us told us they felt safe from abuse. The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. All staff had attended safeguarding adults training, however records showed that some of the staff required a refresher training course to ensure their knowledge met current best practice guidelines. The staff we spoke with were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

The manager told us there had not been any allegations of abuse and records viewed supported this. They also told us they had the processes in place to respond quickly if any allegations were made and they would put immediate processes in place to protect people.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. These included, carrying out tasks independently of staff, the environment in which they lived, their ability to interact with others and managing their own individual safety. Each risk assessment had been regularly reviewed to ensure the support plans in place to manage the risk, were appropriate to each person's individual needs.

People told us staff supported them to live their lives in the way in which they wanted to. No unnecessary restrictions were placed on people by the staff. One person said, "I can do pretty much as I wish, no restrictions at all." A relative said, "[My family member] likes doing risky things. They [staff] involve me in knowing what the risks are." Another relative said, "There are no restrictions, but [my family member] can't make decisions. They [staff] support and encourage [my family member] and try to give them choices."

We looked at records which contained the documentation that was completed when a person had an accident, or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the manager, or other appropriate person and they made recommendations to staff to reduce the risk to people's safety. The manager carried out regular analysis of these incidents to identify any trends. This enabled them to put preventative measures in place, if needed, to reduce the risk of reoccurrence.

The risk to people's safety had been reduced because regular assessments of the environment they lived in were carried out and regularly reviewed. People's support records contained a personal emergency evacuation plan (PEEP) that identified each person's individual needs in a case of an emergency. These plans took into account people's physical and mental disabilities and provided staff with sufficient guidance to support people in an emergency.

People told us there were always enough staff available to keep them safe when they needed them and the staff arrived on time. One person said, "They [staff] are quite on time, they are never late, it's perfect." Another person said, "Yes they [staff] are on time. They are very apologetic if they are late; it's only ten minutes at worst. They always come." A relative said, "Yes, [the staff] are on time, they always come. If there are any changes, they tell me in advance."

The manager told us a formal assessment of the number of staff required to support people was not carried out, however they continually reviewed people's needs. Where changes were needed, such as people requiring continuous support, (also known as one to one support) then requests were made to the local authority and also to the provider to ensure sufficient staff were in place to keep people safe.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. The staff we spoke with felt there were. One staff member said, "There are plenty of staff in place."

The managing director told us they had a very clear and strict recruitment process which included staff being able to demonstrate they shared the service's approach to caring and supporting people in a compassionate and caring way. They told us this process, along with robust checks such as checking if people had a criminal record, had appropriate identification and references in place, ensured people were protected from the risks of unsuitable staff. These processes were also completed for volunteers to the service.

Where appropriate, processes were in place that ensured staff supported people safely with their medicines. People told us they were happy with the way staff supported them with their medicines. One person said, "I do my medication myself. I forget sometimes, they [staff] remind me." A relative said, "They give [my family member] medicines once a day, it is on time, and recorded on the sheets (medicines administrations records)." Another relative said, "They [staff] deal with [my family member's] medicine. I have no problems at all. It's in a locked cabinet in [my family member's] bedroom."

Each person's support records contained detailed information about how they wanted to be supported with their medicines if they needed assistance from staff. This included how they wanted to take their medicines. One support plan that we looked at stated this had been discussed with the person and they had given very specific guidance for staff to follow to enable the person to be comfortable when taking their medicines.

The staff we spoke with had a clear understanding of their responsibilities when supporting people with their medicines. Records showed staff had received training in the safe administration of medicines and the manager told us staff were not permitted to support people with their medicines until they had completed the training.

The provider had a medicines policy in place which described how staff should ensure the safe handling, storage and where appropriate, timely ordering of people's medicines. These checks included recording the temperature of rooms or fridges where people's medicines were stored.

Once completed, people's medicine administration records (MARs) were stored at the office. We checked

five people's records and they were appropriately completed. MARs are used to record when a person had taken or refused to take their medicines. In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine. We saw one person had been identified as having an allergy to latex. Staff had been provided with latex free gloves to protect the person's health.

Individualised processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. Where staff administered these medicines they recorded the reasons why, although we did find a small number of examples where they had not done so. The manager advised us they were confident that people were not receiving their medicines inappropriately, but would ensure staff were reminded of their responsibilities to complete the records accurately.

The manager was in the process of implementing a competency assessment to regularly check whether staff administered medicines safely.

Is the service effective?

Our findings

People spoke positively about the way staff supported them. One person said, "They are lovely, quite supportive, no problems with that." Another person said, "They [staff] are very good, they know what to do." A relative said, "[The staff] have a lovely relationship with both of [my family members]." Another relative said, "[My family member] gets on with the staff very well; [my family member] would say if they were not happy."

The manager told us staff received an internal induction to provide them with the skills needed to support people in an effective way. They also told us all new staff were expected to complete the 'Care Certificate' training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

However records showed that many of the staff who had started the Care Certificate in April 2015 had not yet completed it. The training and development manager told us there had not previously been a coherent process in place to regularly assess staff progress, which has resulted in staff not completing the training. The training and development manager told us since they joined the service they had identified the people who required assessments to be carried out and plans were in place to complete this. Records forwarded to us after the inspection supported this.

Records showed staff had completed training in a number of areas deemed essential for their role. These included, safeguarding of adults, autism awareness and the safe moving and handling of people. We viewed the training matrix, used by the training and development manager to monitor what training staff had completed. This showed staff required refresher training in some areas. For example, records showed four staff had not completed safeguarding of adults training for over three years and three people required refresher training for the safe moving and handling of people.

Staff told us they felt supported by the manager and received regular supervision of their work. However, records showed the frequency with which staff received supervisions in 2015 was limited. The manager told us when they were appointed to their position in late 2015 they had identified this as an area that required immediate attention. Records for 2016 showed improvements had been made and staff received regular supervision of their work.

Records showed staff were encouraged to complete nationally recognised qualifications in adult social care. Twenty of the fifty staff had either completed or were working towards their diplomas, (previously referred to as NVQs). The training and development manager told us they encouraged as many of the staff as possible to complete these qualifications to develop their skills and improve the quality of the service people received.

Staff spoken with told us they felt well trained. One staff member said, "I have done loads of training."

Safeguarding, moving and handling and lots more."

The vast majority of people we spoke with or responded to our questionnaire told us they felt they received support from a familiar and consistent staffing team. People and their relatives told us they felt the support workers were well matched and met their or their family members needs effectively. A relative said, "They work very hard in matching the carer to the right person." Another relative said, "It's well thought out who [my family member] would get on with."

People's support records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. When we visited the services' day centre we saw staff engage with people who had a variety of communication needs. The staff were patient and calm and interacted with people in an effective way.

People's support records contained individualised guidance on how they wanted and needed to be supported if they presented behaviours that challenge. All of the staff we spoke with had a good understanding of these processes. The manager told us physical restraint was never used when supporting people and staff used other techniques to manage challenging situations.

People told us they were offered choices by staff. Relatives told us they were happy with the way staff gave their family members choices and options and never forced them do anything that was not in their best interest. One person said, "I make all the changes to my care. They [staff] give me good advice." Another person said, "It's up to me to decide what needs doing." Staff could explain how they ensured they gave people choices and only made decisions for them, when they were unable to make them themselves and they were in their best interest.

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

The staff we spoke with had a good understanding of the MCA and could explain how they used it effectively when supporting people.

In each person's support records we saw people's ability to make decisions had been assessed in areas, such as their ability to manage their own medicines and finances. Where decisions were needed to be made, that they could not make for themselves, meetings were held with other appropriate people such as relatives and external health and social care professionals. This ensured that decisions were always made in a person's best interest.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of what DoLS meant for people, although in this type of service the need for DoLS are rare. However, we did identify one person who had required the use of a lap belt when being transported in their wheelchair. The lap belt restricted this person's freedom. This person did not have the capacity to consent to the use of the lap belt. As the person did not the capacity to consent an application for DoLS should have been made. The manager told us they would do this immediately.

People were involved with planning their own meals and were supported to buy and cook their food where they were able to. One person said, "I need help with the food. I choose what to have." Another person said, "I'm able to do my own meals now. They [staff] used to help me." A relative said, "They [staff] do the cooking but [my family member] is encouraged to help. [My family member] is always given a choice, as it is not safe for them to cook by themselves."

People's support records gave staff clear guidance on the foods that people liked and disliked, any allergies they may have, and any risks they may face when eating. For example, we saw one person had a specific way in which they wanted their food to be cut up for them to reduce the risk of them choking. When referrals to dieticians or speech and language therapists (SALT) were needed, due to weight gain or loss or a choking risk, these were done so in a timely manner.

People and their relatives told us they were happy with the support they or their family members received from staff with their day to day health needs. One person said, "If I'm ill, they [staff] phone the doctor for me." A relative said, "They [staff] help with the healthcare for [my family member], they are very on the ball. They initiated a chiropodist for [name]."

People's day to day health needs were met by staff. People's records contained numerous examples where people had attended external health and social care appointments. These included visits to see a GP or dentist. The staff we spoke with had a good understanding of the health needs of the people they supported.

Is the service caring?

Our findings

All of the people who we spoke with or responded to our questionnaire gave positive feedback when we asked them whether the staff who supported them were kind and caring. One person said, "They are very caring staff." Another person said, "I really like them [staff]." Relatives agreed, one relative said, "Yes they [staff] are very caring, [my family member] would tell me if they were not." Another relative said, "Yes, they are kind. If [my family member] didn't like them they wouldn't go with them."

Staff told us they responded to people's needs if a person became upset or distressed. One staff member said, "I put a friendly arm around their shoulder and reassure them that everything is ok." All of the staff we spoke with spoke passionately about the way they supported people. A relative said, "[My family member] is absolutely comfortable with staff. We were looking to move house but the care is so good it is too good to give up. So we are staying put."

People's care records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

We observed volunteer staff interacting with people in the service's day centre. They were making Easter biscuits. There was a good rapport between them and the people they were supporting. People clearly liked the staff and one person said, "The staff are great. I like them a lot." We saw the staff were patient and listened to what people had to say.

People's support records contained information about their likes, dislikes and personal history. A document called 'All about me' included information that was important to each person. Staff told us they used this information to help them form meaningful relationships with people. One person who used the service said, "(I am) very comfortable (with the staff), they understand me."

People told us they were involved with decisions about their day to day care and support needs. People's support records contained some examples to show where they had been involved with decisions about their care, although examples were limited. The manager assured us people were continually involved with decisions but agreed this needed to be recorded more regularly in people's support plans.

People told us they had a support plan and it was reviewed with them and their views were welcomed. One person said, "I am (involved) yes, I have a care plan, it was reviewed last year." Another person said, "I have a care plan, it was reviewed four months ago." A relative said, "They [staff] encourage [my family member] to make their own decisions."

The manager told us where people needed their relatives to support them with decisions about their care they ensured the relatives were involved. The relatives we spoke with all felt involved. One relative said, "They [staff] work with us in the home environment. We work together, it's a good relationship." The manager also told us a person, due to their physical condition, needed very specific methods to be used to ensure they were moved and repositioned in a safe and effective way. They told us they had discussed the

person's needs with them and their relatives and invited the relatives to attend a moving and handling training course with the staff. The manager told us they offered this to give them the skills they needed to support their family member safely, but also to feel fully involved with the care they received.

A service user handbook, written and designed in a way to make it easier for people with learning disabilities to understand, was provided for people when they first started receiving support from the service. This document provided people with information about the service. The document included information about people's human rights, how they should expect to be treated equally and without discrimination, and also how they could contact an independent advocate if they wanted to. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People's support records contained assessments of their ability to undertake tasks independently of staff. People told us they were supported to be as independent as they wanted to be. One person said, "They [staff] encourage me to do things round the house. It's amazing what I can do." Another person said, "They encourage me to do the hoovering and other jobs."

The staff we spoke with explained how they supported each person to be as independent as they wanted or were able to be. A staff member said, "All people are involved as much as they want to be. We do everything in our power to encourage them and support people in the way they want to be."

The service user handbook explained to people how their privacy would be respected by the staff. It stated, '[People] have the right to be alone or undisturbed and to be free from public attention or intrusion into your private affairs. Staff are guests in your home and will only enter with your consent.' People and relatives did not raise any concerns about their or their family member's privacy not being respected.

Staff could explain how they maintained people's dignity when supporting them with their personal care. One staff member said, "We treat people in a dignified way. I personally treat people in a way in which I would want to be treated." A relative described how staff helped their family member with their personal care. They said, "They [staff] have to do [my family member's] bathing and washing. [My family member] always looks well cared for."

Is the service responsive?

Our findings

People and their relatives told us they or their family members were encouraged to do the things and follow the interests that were important to them. One person said, "I like to play games, I do what I want." Another person said, "I go to the gym twice a week with them [staff]." A relative said, "[My family member] is very knitting focussed, so one of the staff learned how to 'cast a line' on the internet." Another relative said, "[My family member] likes dancing, walking, craft and swimming. They do more than I do!"

People's support records showed their interests had been discussed with them and the staff, and wherever possible, supported people in doing what they wanted to do. The managing director said, "Our care staff constantly look for ways to create a safe and supportive environment for people to progress and contribute. For example, one person is supported with their ambition to be a DJ; another is supported to run their own art club."

People were encouraged and supported to find employment or to carry out volunteer work. The managing director told us a person was supported to find a glass collecting job one night a week at a local pub, with staff in attendance; and another was supported to do volunteer work for a local shop in the town.

There were processes in place for people to develop their skills and to gain new qualifications. For example, people and the staff who supported them were invited to attend a British Red Cross first aid course. The managing director told us, "This gave really basic and easy to understand advice on what to do in an emergency, bearing in mind that people may often be on their own or just with their carer when something happens." Another example included, people attending a course run by Mencap advising people how to stay safe. Mencap is a UK learning disability charity that works with people with a learning disability and their families and carers.

Before people started using the service, pre-assessments were carried out where people and their relatives were asked to give their views on the support they or their family members wanted from staff. The manager told us this then enabled them to ensure the staff who would be supporting them had the right skills and experience to meet their needs.

People and their relatives told us they received support from a consistent staffing team. One person said, "For the last year it's been the same two people. I know in advance who is coming." A relative said, "[The manager] tries to keep a core of three carers to help [my family member] form a relationship with them [staff]." The manager told us by providing people with a consistent team of staff helped people to develop trusting and effective relationships with the staff who support them.

People's support plans were written in a person centred way which recorded people's wishes about how they would like their care and support to be provided. This included the support they wanted with their personal care. At the time of the inspection there were two support planning records in place. The manager told us they were in the process of moving all records to the new process. Although both forms of the support plans contained the information needed to support people, the new style would be easier for

people to understand. Pictures, signs and symbols were used throughout to enable people to understand their records.

Support plans were regularly reviewed and contained guidance for staff to support people living with varying physical or mental health disabilities. For example, we saw detailed guidance was in place for staff to support a person living with epilepsy.

People were provided with the information they needed to make a complaint in the service user handbook. However, when we spoke with people some told us they were not aware of the formal complaints process. The registered manager told us they would ensure that people were reminded of the process.

Relatives felt any concerns they needed to raise with staff or the manager would be dealt with appropriately. One relative said, "No, I've not complained. I'm sure they would respond quickly." Another relative said, "No, we haven't made any complaints, only observations, nothing serious. We have every confidence in them."

We reviewed the provider's complaints policy and complaints register. We saw complaints had been responded to, in line with the company policy.

Is the service well-led?

Our findings

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. A relative said, "There is not a thing to improve. I can't sing their [staff] praises enough." Another relative said, "I do feel listened to, the [staff] are very responsive." A member of staff said, "It is nice to work somewhere where your views and opinions are valued."

Many of the relatives we spoke with told us they had not been invited to a formal 'relatives' meeting' but would welcome the chance to meet and discuss their views with others. Regular staff meetings were held. Minutes of these meetings showed a wide variety of issues were discussed, along with staff having the opportunity to raise any concerns they may have.

The manager told us that although they regularly spoke with people to gain their views, formal feedback by way of a questionnaire had not been requested from people and their relatives since 2013. They told us they were in the process of completing a questionnaire and would send this to people and their relatives shortly. They told us this would provide them with more formalised feedback and would help them to make improvements to the service if needed.

There was a strong emphasis on involving people as much as possible with their local community. The managing director said, "As part of our work we create opportunities for people to participate in community life and challenge negative perceptions of learning disability. This includes facilitating participation in a wide range of community activities such as archaeology, arts, performance, horticultural volunteering, sports events and exhibitions of work." People from within the community were also encouraged to meet with people who used the service at one of the service's three community day centres. A variety of groups and activities were provided. On the day of the inspection a 'Women's Group' had met to make biscuits for Easter.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. They were provided with a staff handbook which advised them what was expected of them in their role. Staff felt encouraged to develop their skills and felt confident that the manager continually looked for ways to improve the quality of the staffing team.

The staff we spoke with told us they felt empowered by the manager to provide people with the highest standard of care and support possible. One member of staff told us they were encouraged, "to think outside of the box" to improve the quality of the service people received.

The provider's vision, 'A community where people with learning disabilities can make a good life for themselves, a life full of meaning, challenge opportunity and friendship', was understood by the staff we spoke with. The staff were clearly passionate about their role and all told us they enjoyed their jobs.

People and staff were supported by a manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

All of the staff, people who used the service and relatives spoke highly of the manager and felt they were approachable. A person who used the service said, "I can talk to the manager." Another person said, "I do know her. I do feel listened to." A relative said, "I talk to them mainly on the phone and by email." Another relative said, "The owner and the manager are very approachable." A staff member said, "The manager is brilliant."

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly.

The managing director told us they were always looking for ways for the service to develop and improve. They told us they had recently been awarded a grant from the Local Sustainability Fund (LSF). Delivered by the Big Lottery Fund on behalf of the Office for Civil Society, the Local Sustainability Fund aims to help medium sized voluntary, community and social enterprise organisations to secure a more sustainable way of working by providing funding and support to help them review and transform their operating models. The managing director told us this money enabled them to invest further in senior management, staff training, quality assurance and performance management. They told us this would result in new, effective methods for improving people's experience, ensuring people's views were captured and drive up the quality of the planning and delivery of the care and support people received.

The service is also a member of the Association for Real Change (ARC) a membership organisation which offers support, training, and information to service providers assisting people with a learning disability in the UK.