

Reach Learning Disability Care C.I.C.

Reach Care

Inspection report

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on the 18 October 2018 and was announced. Reach Learning Disability Care CIC (RLDC) is registered to support people with 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. People also had use of a day service based at the office. At the time of the inspection there were 42 people receiving support with their personal care.

The service was last inspected in March 2016 and the overall rating for that inspection was Good. However, improvements were required in Effective. At this inspection we found that improvements had been made.

On the day of our inspection there was a registered manager in post who was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe care. Staff were aware of their responsibility to keep people safe. Risks were assessed and managed to reflect people's current needs. Staffing levels were adequate. Safe recruitment was followed to ensure suitable staff were employed. Medicines were managed safely. The provider followed relevant guidance for infection control. Systems were in place to monitor accidents and incidents and to identify any lessons learned and make improvements where required.

People received care and support from knowledgeable and suitably trained staff. Care needs were assessed and considered the full range of people's diverse needs.

People received sufficient to eat and drink. Staff encouraged people to cook for themselves and eat and drink nutritious food. People's healthcare needs were monitored to ensure their day to day needs were met. People used equipment and technology to ensure they could be independent.

People were involved in making decisions about their care. Staff were working within the principles of the Mental Capacity Act 2005. People could choose which staff cared for them. Staff understood the requirements about consent and people's capacity.

There was a strong person-centred culture throughout the service. Staff were sensitive to times when people needed caring and compassionate support. People were extremely positive about the caring nature of staff. People were empowered to make decisions about their care and support. Respect and dignity was at the heart of the services culture and embedded in everything they did.

Care was tailored to meet individual needs. People were supported without exception to lead meaningful and independent lives. Information was provided in formats that were accessible to people. Complaints and

concerns were fully Investigated, with lessons learned and action taken appropriately.

The service was extremely well led, with a clear focus on person centred care, which empowered people and their relatives to make decisions about their care. Care planning involved people and their families to be fully involved and enabled them to be as independent as possible. The quality assurance systems in place effectively monitored the service. The registered manager responded positively and was proactive to change to continually strive to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training relevant to people's care needs.

People's needs were assessed using evidence based tools and provided staff with clear guidance to ensure they had a good understanding of people's needs.

People were encouraged to eat and drink sufficiently and their nutritional needs were met. People were supported to live a healthy lifestyle.

People's health needs were well managed, and positive links had been developed with external professionals.

Staff followed the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People and relatives consistently told us that staff were exceptionally caring and displayed a passion and commitment in relation to how they supported people at the service.

Staff demonstrated empathy for the people they cared for. They spoke with pride and enthusiasm, ensuring people's needs came first.

People were always treated with dignity and respect.

People's care was proactively planned for and they were always fully involved with their care and support.

Is the service responsive?

The service was extremely responsive.

People received person centred care that was tailored to their needs. They received information in formats that were suitable to their needs.

People were supported to live a full and active life by staff who encouraged them to reach their full potential.

People and their families received information about how to raise a complaint if the need arose and the provider ensured the correct action was taken in response to these.

Outstanding 

Is the service well-led?

The service was extremely well led.

There was strong clear leadership of the service. Staff felt very well supported without exception. There was a clear vision that people were the heart of the service provided.

The service had an open and transparent culture where people and their families felt they were listened to at all times.

Staff were highly motivated and demonstrated a clear commitment to providing excellent quality care.

Outstanding 

Reach Care

Detailed findings

Background to this inspection

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

We inspected the service on 18 October 2018 and the inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and staff 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.

Prior to the inspection we contacted the local authority commissioning team and other professionals who were involved with the service. Their comments were used to plan the inspection and fed into the report.

We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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.

During the inspection we observed three people taking part in an activity at the day centre which is part of 'Reach Learning Disability'. We spoke with four people who used the service and three family members. We also spoke with six support staff, the care coordinator, senior administration officer, registered manager and operations director.

We looked at the support records for six people who used the service, and we also reviewed parts of other records for other people. This included people's medicine administration records, accident and incident

logs, staff recruitment and training records. In addition, we reviewed company quality assurance audits, policies and procedures.

Is the service safe?

Our findings

People continued to receive safe care. People were protected from the risk of abuse, as the provider had systems in place to ensure staff were fully aware how to keep people safe. People we observed were content, happy and relaxed with the staff who cared for them. One family member said, "[Name] is so safe, because the staff are all friendly and caring." Another family member told us, "[Name] is perfectly safe as the staff always have their best interest at heart."

The registered manager described the reporting process for safeguarding concerns. There were systems in place to record and monitor safeguarding issues and concerns. All staff had training on abuse and this training was renewed and refreshed regularly. Staff understood what constituted abuse and how this should be reported. One member of staff said, "I would report to the office or the local authority safeguarding team. Records we looked at identified all safeguarding concerns had been reported and dealt with in line with the provider's policy and procedures."

The provider operated a safe place scheme, which meant the office was a safe space that people who used the service and others could access, should they find that they felt unsafe whilst they are out in the community. For example, lost, frightened, confused or scared. This meant people were supported to keep safe.

People's needs were assessed. Risks were identified and managed. Detailed risk assessments were in place to identify current risks for each person in relation to their care needs and behaviours, such as, carrying out tasks independently and managing their own safety. Each risk assessment had been reviewed on a regular basis to ensure the support plans in place were appropriate to individual's needs. We saw one risk assessment for the use of barrier creams that may contain paraffin. These creams can pose a risk of fire. The risk assessment identified the risks and how to keep the person safe.

Systems were in place in case of an emergency, such as risk of fire. There was an emergency evacuation plan for each person to support them in an emergency in their own home, which was easily accessible and kept on the person's care file.

Recruitment systems were in place to make sure that the most suitable staff were recruited to support people. People told us they were involved in the recruitment process to ensure they got the right person to support them. Staff described how they were introduced to the person they were caring for and that they undertook shadow shifts in the first instance (working alongside another staff member), so people were aware who would be caring for them. Discussions took place to make sure each person was happy with their care team. Any concerns, such as if the person wanted a change of staff, was accommodated.

People and their families felt there was sufficient staff. Staff told us there was enough of them to support people's needs. One member of staff told us about the staff team they worked with. They said, "This gave the person we care for a variation of staff. We work well as a team and communicate to each other through the communication book, phone calls and text to ensure we meet the person's needs."

We spoke with the registered manager and the operations director and they told us they assess people's needs for the number of staff required. They had identified three staff were required to maintain adequate levels of cover for holidays and staff training. The registered manager said, "We don't use agency staff as we like to keep familiarity for the people who use the service." They told us they had a rolling recruitment process in place to ensure there was sufficient staff employed. The operations director said, "We do not take on any care packages if we do not have the relevant numbers of staff to cover the care."

People received their medicines as prescribed and were given them by trained staff who ensured medicines were administered on time. Three people confirmed they got their medicines on time. One person said, "Staff help one evening a week when I am out in the community, but other times I am responsible for my own medicines." Records showed identified medicines were given as prescribed. There was a list of medicines with known side effects on each person's care file. This was for staff to identify any symptoms if a person had a reaction to the medicine taken. Staff who administered medicines received appropriate training and had their competency assessed. Staff adhered to policy and procedures for administering medicines to people.

A robust system was in place to manage accidents and incidents to ensure they mitigated any risk to people. Accidents and incidents were monitored to identify any lessons learned and make improvements where required. For example, in response to medicines errors, additional staff supervision, training and staff meetings were held to discuss medicines management. The provider told us they were planning to simplify some of their medicines recording systems to reduce errors.

People were protected from the risk of infection as the provider had infection control procedures for staff to follow. Arrangements were in place to ensure the provider was following relevant guidance for infection control and staff ensured the environment where people lived, was clean and free from infection. One person told us staff wore both gloves and aprons as appropriate when providing personal care. Staff we spoke with confirmed they used personal protective equipment (PPE) and that these were in good supply. We found regular spot checks took place to assess staff practice and checking staff wore appropriate PPE was part of these checks.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and their relatives felt the staff were well trained. One person said, "Staff are trained to support me, they are trained on the job." A relative said, "Staff are trained to support [Name]." Staff undertook a robust induction, training and supervision to ensure they worked effectively in their role. The administrator told us the system in place to monitor training was being reviewed and was being upgraded. This would make monitoring the process for training renewal and refresher courses more efficient.

The registered manager told us, a robust induction had been undertaken by staff. Staff and records we saw confirmed this. Staff had completed the 'Care Certificate' training where required. 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 and their relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Records we looked at demonstrated training and supervision was up to date.

People's needs were assessed by using nationally recognised evidence based tools. These tools assessed different aspects of people's care needs, including health care, communication, behaviours, nutrition and hydration. People were aware and involved with their care plan and care reviews. We found people, where able, had signed to say they agreed with discussions and changes to their care needs. We found thorough assessment of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People had their nutritional needs met and were supported with their individual dietary needs. One person said, "Staff sometimes cook for me and it's always nice food." Staff explained people's dietary needs and clearly had a good knowledge of these. Staff completed a food hygiene certificate and prepared food for the people they supported. One staff member said, "Sometimes I prepare and cook the food, but we do encourage people to cook for themselves. We ensure we complete the appropriate risk assessment for the person to do the cooking. We also have a kitchen at the office/day service where people are supported to learn life skills, so they can cook for themselves." We saw the area used for this activity, so people were able to gain these skills safely.

People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff at each shift handover. Care plans were updated as and when needed. People told us staff contacted the GP if they needed one. One person said, "Staff sometimes take me to my appointments." Each person had a health passport to ensure any information held by the provider was current and correct. Where required a grab sheet was in place to make sure in an emergency relevant health information was available to other professionals quickly.

People received care and support which was delivered in line with current standards and guidance. People were involved and consulted on decisions about their care and in relation to their home environment.

Equipment and technology was used to ensure people could do things independently. Such as, computer communication system or walking aids. People's care plans demonstrated different activities and social events that had a positive impact on their health and wellbeing. One relative described how their family member had blossomed since being with Reach Care. They said, "[Name] attitude, behaviour and emotional state was unrecognisable, because staff had worked with them to find solutions, which included one to one support." The family member was overwhelmed with the progress they had seen for the person to gain independence and improve their life skills. This was reflected throughout the care plans and case studies we saw.

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.

Staff showed an understanding of the MCA and were confident in assessing if people had the capacity or not. They were very knowledgeable about the principals of the MCA and how this reflected in the care and support they provided. One member of staff told us about a person that had anxiety and a fear of speaking to people. The person liked music and wanted to play their musical instrument in public. The staff arranged for the person to attend a social event, so they could achieve their ambition. The person had capacity to decide that they wanted to attend the event, but required support initially with making this decision. This gave the person confidence to make the choice of attending the venue alone. This had a positive impact on the persons quality of life.

Care records confirmed detailed capacity assessments had been completed and reflected a holistic approach for each individual decision about the care requirements of people. Where best interest decisions were required, these had been completed and confirmed with any relevant professionals that should be involved. A healthcare professional told us communication with the multi-disciplinary team (MDT) was excellent, ensuring all those involved in the care package were aware of relevant issues.

At our last inspection in March 2016 we found concerns that relevant DoLS applications had not been made. During this inspection we found efficient and robust systems were in place to ensure appropriate DoLS applications if necessary would be submitted to the assessing authority. We saw where referrals had been authorised that staff were adhering to the conditions as required.

Is the service caring?

Our findings

There was a strong, visible person-centred culture. The registered manager stated, "Our whole ethos is about caring for people, we always say that clients are the most important people and the focus of all our efforts." This ethos was confirmed by all people, relatives and staff with whom we spoke.

People and relatives were extremely positive about the caring nature of staff. They constantly told us they were a caring team. One person said, "Staff are kind to me, very kind." Another person said, "[Staff] and I have a laugh and joke together." A relative told us their relation had made friends with their peer group and other people that used the service. They said the person was able to develop these relationships at their own pace. The relative told us that staff were thinking about the persons holistic needs and aspirations always. They said, "There are staff who are as ambitious for [name] as we are as a family." Staff were proud of the way they built relationships with people. All staff we spoke with shared examples of how they improved people's lives. One staff said, "It is a very rewarding job. I love working with the people I support." This told us people and their family valued their relationship with the staff team.

The operations director told us how one person had overcome hurdles in their life with support from the staff who helped them to remain relaxed and happy. The impact on the person had an extremely positive outcome. Family had commented that they felt staff genuinely cared and worked hard to provide the best service for the person. From documents we looked at, we saw staff had gone the extra mile to provide care and support to everyone who used the service.

The provider ensured that staff focused on building and maintaining meaningful relationships with people. During our inspection we observed a women's group activity. Our observations confirmed staff treated people with dignity and respect. People and staff interacted well. We saw staff sharing information when a person asked what they were doing. Staff explained in a caring and calming manner why they had to remove the persons possessions away from the activity work area. We saw people laughing and talking to staff and others in the group. People looked as if they were having fun. Staff were comfortable in their surroundings and respectful of the people's dignity. People reported staff were respectful in all areas of support and care.

The service was exceptional in helping people to express their views. Our observation supported what we were told. We saw interactions between people and staff were calm and relaxed. Staff knew how best to support people and people appeared comfortable with staff and the environment they were in. People had limited verbal skills and used a mixture of words, sign language and single word communications. Staff showed excellent skills and knowledge to ensure they communicated with each individual and how to support them.

A health care professional told us the service had responded well to changes of one person's mental health in terms of providing flexible support when needed, with the overall goal of increasing the persons independence and respecting their dignity. Another healthcare professional told us communication with the service was excellent. They said, "The whole staff team were most caring and empathetic towards people they cared for."

People's care records described how staff were to respect people's choices and preferences, and promoted their dignity. For example, the care records detailed the level of support people needed to enable them to manage their personal care needs and how best to offer this assistance. People's care and support was planned proactively with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued. One person told us they completed their care plan with the family and the care staff. One relative said, "We wrote it together and the staff are very flexible and adaptable to my family member's needs." This confirmed people's care was proactively planned with the person and their family.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the staff who told us none of the people using the service at the time of our inspection had independent advocates but knew how to access this support.

People's records were stored securely to ensure their confidentiality. The registered manager told us they had processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information.

Is the service responsive?

Our findings

Staff used a range of different methods to enable people to become a part of their community. Without exception people told us they found the staff supported them to lead independent lifestyles and were very skilled and competent. One person told us, "When I come here I feel amazing and very happy. When I go shopping with my support worker it makes me pleased to be doing it myself. I am going to go to flower pod more. I like gardening, digging and pulling up the weeds. I am really good at gardening I have done it since I was little."

Flower Pod is part of Reach Learning Disability and is a horticultural based social enterprise. The operations director told us 'Flower Pod' had strong links with the community and this enabled people to take part in community activities. They learned new skills, made new friends and it enabled people to feel they belonged.

Staff told us about a person that had increased their independence and now attended Flower Pod without support. The persons communication skills had improved with innovative ideas, such as, using communication software and a communication book with signs and symbols, which enabled the people to communicate more effectively.

Staff were flexible and responsive to people's needs and wishes. People led fulfilling lives and developed friendships with others and staff clearly supported them to be as independent as possible. People were able to follow a variety of interests, and staff enabled them to do this to meet their specific needs and preferences. People enjoyed their hobbies and interests and staff supported them to be independent with these. One relative told us staff go out of their way to find activities, "there is pottery once a week, because [name] likes that."

One relative told us staff had given their family member a better quality of life and had gone over and above to ensure they had improved the person's daily routine. They did this by ensuring the person attended swimming activities and hydro therapy pools each week. Records we looked at reflected that staff had always gone the extra mile to provide care and support. Staff were highly motivated and all enjoyed caring for the people they supported. When they talked about a person they cared for they spoke with enthusiasm and were proud of the improvements to a person's life they had made.

Staff went above and beyond to find out about people's needs and wishes. One person said, "Staff are very kind to me and I have both male and female staff, there is a mixture, they are all very nice and we have a laugh, which I like." Support plans were detailed and written collaboratively with people, reflecting their needs and preferences. Time had been taken to ensure the plans were person-centred and focused on people reaching their goals and achievements. People had a choice when and how care was delivered. Reviews of care took place and were documented. For example, one person required a specific way in which they should be lifted in to a vehicle in their wheelchair. There were clear instructions in how staff should do this which were unique for that person. Each person had a 'This Is Me' document that described the persons history and specific incidents that happened in their life in great detail.

Information we viewed told us one person had discussed strategies with staff to ensure they led a healthy life style. They had then received information from the service tailored to them to help them make healthy life choices and changes which could reduce risks to their health. Staff clearly had an excellent understanding of people's wellbeing and how to support them. The manager showed us many examples, where people had exceeded in facing and overcoming the challenges of their lives and how they then sustained this. They gave examples of people whose behaviour and anxiety was out of the person's control and how they had focused on ways to gaining a deeper understanding of the underlying issues that may cause this.

Great care and attention was given when matching people and the support staff. They tried to match people and staff with similar interests and personalities. The registered manager told us they encouraged people to tell them exactly what they wanted and their assessments of care were person centred and not task focused. This was confirmed during our visit. We heard staff contacting people to ensure everything was satisfactory with the care they were receiving. They offered the person an opportunity to make changes to their staff group if needed. This told us people were involved in ensuring the right person was caring for them at all times.

People were able to share their experiences, concerns and complaints with the staff and the provider acted upon information shared. A complaints procedure and complaints log was in place to monitor these. We saw where concerns had been received, they had all been followed up and responded to in a timely manner. People told us they were confident if they had a complaint they knew who they should speak to. One person said, "The owner." Relatives said the whole company of staff listened and were easy to talk to. Staff understood what they should do if a complaint was raised with them. We found the registered manager thoroughly investigated all concerns and incidents then ensured action was taken to put measures and improvements in place to minimise the potential for a reoccurrence of these.

Health care professionals told us communication with the service was excellent. They said information was shared and discussed regarding interventions and strategies for people. One healthcare professional also said, "The service were always keen to improve their input and ensured that they were offering the best service to people." The staff followed advice, sought out and participated in proactive discussions and debriefs with multi-disciplinary teams. They felt the staff teams also shared information with each other well to ensure people's needs were responded to in a timely manner.

The provider had taken innovative steps to ensure that they met the legal requirements for the Accessible Information Standard (AIS). The AIS is a legal framework that requires providers to ensure people with a disability or sensory loss can access and understand information they are given. One member of staff told us they used gestures and sign language to ensure people understood when they had difficulty communicating. For example, if they were living with dementia or lacked capacity. Another member of staff told us there was an email address box for people, families and staff to communicate any change in needs or updates. Easy to read, "Have Your Say" booklets were available to people and their families. For example, an anti-bullying policy and how to make comments, compliment and complaints to ensure all people who use the service understand the information given to them.

People had the opportunity to discuss with staff their end of life wishes should this be required. People had expressed their own preferences, what they wanted to happen at their end of life and advance arrangements in the event of their death. The registered manager told us although they had discussed end of life care with people they had identified the need for better provision for quality end of life care. They were in the process of introducing new support plans in line with current guidance and best practice. The Provider Information Return told us the document will be a celebration of the person's life plan, to include

how they would like people to remember them and how people would like their life to be celebrated by others. This would encompass religious requirements, cultural beliefs and any other person specific information. We saw some of these support plans had already been implemented. This would ensure people experienced a comfortable, dignified death.

Is the service well-led?

Our findings

The provider's ethos, vision and values were completely person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the nominated individual and registered manager. One relative told us their family member had been with the agency since the service opened. They said, "The service is very family orientated. I am very happy to sing their praises, they are one of the best agencies. When [Name] first joined the service the staff even supported them to claim specific benefits to ensure they were receiving appropriate financial support. Staff couldn't have been more helpful. Another relative said, "It is a quality service and has changed [names] life." This confirmed staff displayed the services vision and values.

The culture of the service was to support people to rise to new challenges in their lives and learn from these experiences. The staff were excellent role models, identifying and learning new strategies to work with people daily. Staff were also open and transparent working with other professionals to gain greater knowledge and empower people to lead the life they choose.

The registered manager carried out their role of reporting incidents to CQC. They displayed the last rating of the report in the office and on their website. The registered manager led by example, all staff felt the registered manager and the management team were visible and approachable. One member of staff said, "The management are good leaders they are available 24/7 and always come back to you if you have any concerns." Another member of staff said, "The manager and her team are great. They keep us updated and share information, they are all supportive." The registered manager told us they had an open-door policy for people and staff to come and talk at any time. We observed this during our visit, as people and staff popped into the office to have a chat clearly able to discuss any issues as they arose

Staff were extremely motivated and demonstrated a clear commitment to providing dignified and compassionate care. All staff we spoke with gave overwhelmingly positive feedback about working at Reach Learning Disability Care Limited. One staff said, "Staff morale is great. The atmosphere we work in impacts on the people we care for." Another staff said, "When I see people I care for smile, I know I have done my job." Staff said it was 'a great organisation' to work for.

The registered manager showed a good understanding of the duty of candour following any incidents and was open and transparent. They investigated issues and concerns, informing people and providing support where needed. We saw examples of how the registered manager had followed the company's complaint policy when feeding back information on incidents to relatives. There was a fair, open and honest culture at the service.

An effective quality assurance system was in place. Audits and checks were carried out which clearly monitored all aspects of the service. The operations director stated, "We have a clear culture of continuous improvements, we are always looking to see how we can improve things and the new service user agreement is a good example of this. We have made many changes to the service over the past 12 months, learning from both our successes and failures." They told us the service had introduced a service user forum,

which gave people who use the service a voice and an opportunity to raise issues about changes they would like to see within their local community or within Reach. As part of the service preparation for CQC inspection they had undertaken several mock inspections, which the registered manager said they found a very useful tool and will continue to do so using each of the five key lines to identify gaps and plan improvements. They also intended to introduce PIR based audit to identify areas for improvements. There was a strong emphasis to improve the quality of the service. We found they had a proactive approach to learn from concerns. All concerns were fully investigated. Any action was taken and if necessary changes were made.

Service user forums were held regularly to gain people's feedback about the service. This recently led to a new project. People feedback that they wanted to grow vegetables and fruit. The service listened to the feedback and provided space at flower pod for people to grow their own produce. This demonstrated that the service valued the people they supported, people's opinions were important and the service facilitated change when requested.

The registered manager sought new ways to engage with people to overcome barriers of communication. The information in people's care records showed how staff with given clear consistent information on how best to communicate with people. People who used the service were encouraged to join in regular meetings and they were supported to contribute by using the particular communication methods best suited for them. One person was involved in the service user forum. We saw on their care file 'this is me' how much they enjoyed being part of these forums. It said it gave them the opportunity to make a difference, as they were the 'voice' of people who used the service.

The directors of the service met at least four times a year. The membership of the board comprised a diverse mix of the skills required to steer the organisation together with an adequate representation of parents of people with learning disabilities. The development of the annual report involved staff, service users and families. We saw copies of the last report and it was wholly focused on the people using the service. The service's mission was to enable people with learning disabilities to reach beyond their expectations by providing personalised support with purposeful activity and create new opportunities for people to lead a fulfilling life. We saw this was being achieved.

Both the operations director and registered manager told us they were fully supported by the provider. They told us they received guidance, advice and finances to continue to improve performance for the service.

We found staff cooperated well with other healthcare professionals to provide positive experiences for people. We received positive feedback from healthcare professionals. They told us the manager and members of her team always responded positively to their input and in a timely manner to any queries or requests for updates. The staff shared information with relevant organisations to develop and deliver joined-up care. The service continually worked to build relationships with external agencies to provide excellent care and support.

The Provider Information Return (PIR) told us the service were Members of Optimum Workforce Leadership delivered by Nottinghamshire County Council, ARC (Association for Real Change), Skills for Care and the Social Care Institute for Excellence. To ensure the service used best practice guidelines at all times and keep updated with relevant changes.