

Royal Mencap Society

Leicestershire Community Support Scheme

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

At the last comprehensive inspection on 21 and 25 October 2016, the service was rated Good.

At this announced inspection on 8 and 12 March 2018, we found the service remained 'Good'.

This service provides care and support to people living in two supported living settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Leicestershire Community Support Scheme provides personal care to people living in their own homes or shared accommodation when they are unable to manage their own care. They provide support with personal care, food preparation, managing finances and enabling people to undertake activities in the local community. At the time of the inspection there were eight people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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 and relatives told us that they were supported by very kind, caring and compassionate staff that often went the extra mile to provide them with exceptional care. The staff and the management team were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. We saw that people were at the centre of their care and goals and achievements were celebrated. Each person was treated as an individual and as a result, their care was tailored to meet their exact needs.

The staff and the management team were always available and listened to people and their relatives, offered them choices and made them feel that they mattered. The service empowered people to have as much control over their lives as possible and to achieve their maximum potential. The staff were passionate about the person-centred approach of the service and it was clear it was run with and for people. Without exception, people spoke positively about their experience of the service and the successes they had been supported to achieve. It was clear the culture within the service valued the uniqueness of all individuals.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to

recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role. There were systems in place to ensure people were protected from the spread of infections. People's medicines were managed safely and in line with best practice guidelines. If any accidents or incidents occurred lessons were learnt and action taken to reduce risk in future.

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. There were sufficient numbers of staff, with the correct skill mix to support people with their care. Staff received an induction process when they first commenced work at the service and in addition received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required to make sure they received continuing healthcare that met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Care plans provided staff with detailed information and guidance about people's likes, dislikes, preferences and guidance from any professionals involved in their care. People and their relatives were involved in planning all aspects of their care and support and were able to make changes to how their care was provided. Records were regularly reviewed to ensure care met people's current needs. This helped to provide staff with the information they needed to provide care that was personalised for each individual.

People, relatives and staff knew how to raise concerns and make a complaint if they needed to and there was a complaints procedure in place to enable people to raise complaints about the service.

The management and leadership within the service had a clear structure and the management team were knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and valued. There were systems in place to monitor the quality of the care provided and to ensure the values; aims and objectives of the service were met. The registered provider was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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 remained safe.

Good ●

Is the service effective?

The service remained effective

Good ●

Is the service caring?

The service is very caring

Everyone without exception praised the caring approach of staff at every level. People received kind and compassionate care and had maximum control over their lives. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment. Staff went the extra mile to ensure people were supported to achieve their goals and aspirations.

Outstanding ☆

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Leicestershire Community Support Scheme

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 checked 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 comprehensive inspection took place on 8 and 12 March 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

One inspector carried out the inspection.

We visited the office location on 8 March 2018 to see the management team, office staff; and to review care records and policies and procedures. We also visited three people in their homes. On the 12 March 2018, we made phone calls to relatives of people using the service.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During this inspection, we visited three people using the service and spoke with three relatives on the phone. We also spoke with seven staff that included the registered manager, the service manager and five care and support staff. In addition, we had a discussion with an independent advocate. □

We reviewed the care records of three people that used the service. These included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for four members of staff to see how the provider operated their recruitment procedures. Other records we examined related to the management of the service and included staff rotas, training and supervision records, quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. One person told us, "I'm safe here." A relative said, "It's brilliant. My [relative] is as safe as houses. I have total peace of mind that relative is totally safe." Staff felt that all the people using the service were kept safe from avoidable harm. They understood their roles and responsibilities to safeguard people and were supported by up to date policies and procedures. One staff member informed us, "We have had training in safeguarding; I would most definitely report anything I was worried about." All the staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area. We saw that incidents had been reported to the relevant authorities as required.

Risks to people had been assessed and their safety monitored. One person told us, "I know I have a risk assessment for when I go out." There were detailed risk management plans to identify all the risks present within a person's life. They were completed in a way that allowed people as much freedom as possible, and promoted their independence. These included accessing the community, environmental risks and behavioural plans. Risk assessments were reviewed on a regular basis or when there was a change in a person's individual circumstances. One staff member told us, "The risk assessments are good. They are detailed and tell us what to do and what not to do."

There were enough staff to support people safely. One person told us, "There are enough staff to look after me and take me out when I want to go." A relative said, "I couldn't be more pleased. The staff are very good and work well together. There is enough staff to look after [relative] and to meet their needs." Staff also said they felt there were sufficient staff to meet people's needs. One told us, "We do have enough staff. There are ups and downs when staff leave but it's the best it's been in a while." Rotas demonstrated that sufficient numbers of staff were available to support people consistently.

Records demonstrated that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service. We looked at staff files that showed all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

People received the support they needed to take their medication as prescribed. A relative told us, "I know they manage [relatives] medicines very well. There has never been a problem." A staff member said, "We have training in medicines administration. It does give you the confidence to make sure we can give people their medicines safely. [Name of service manager] also observes us giving medicines to make sure we get it right." People's care records listed their medicines and the times they were to be given. We saw that there were pictorial medication pen pictures in place that detailed the support people needed to take their medicines safely. Records confirmed staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through team meetings and supervisions if required. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

We saw that people were involved in detailed pre assessments before receiving support, and when people moved in to a service, their transition was tailored completely to their needs. A relative told us, "They [meaning staff] couldn't have made it easier. [Relative] had several introductory days and each staff introduced themselves individually to [relative]. The staff have also helped me come to terms with the move." There were processes in place to ensure that no discrimination took place, and people's cultural and life choices were respected. Particular attention was also paid to the compatibility of the people already living at the service.

People received care from staff that were knowledgeable and had received the training and support they needed. One person said, "The staff know what they are doing." A relative commented, "The staff are excellent. [Relative] has some complicated needs and the staff are very good at making sure they get the best care." Staff told us that their training was relevant to their role and equipped them with the skills they needed to care for the people using the service. For example, staff had received specialist training in supporting people living with autism and behaviours that may challenge the service. One staff member told us, "We get loads of training. If a person we are supporting has a particular condition or need, we have been provided with training around it to make sure we can care for them properly. For example, one person developed a terminal illness. We were given training about how to care for them." Within the staff files we saw that staff had been provided with induction and on-going training that was relevant to the people they cared for.

Staff told us they received regular supervision and an annual appraisal of their performance. One staff member commented, "We do have regular supervision. [Name of service manager] is always around, they work shifts with us so we can talk about anything at any time." The service manager confirmed each staff member received regular supervision and an appraisal and we saw evidence in the staff files to confirm this.

People were supported to maintain a healthy and balanced diet. One person told us, "We have fresh food and it's healthy." A relative informed us, "The staff help [name of relative] with cooking and making sure they get enough to eat and drink." On the day of our visit, we saw that one person had been supported to make a stew. Staff told us that they encouraged and supported people to be involved with the shopping and preparation of their meals. Details of people's dietary likes and dislikes were also recorded and where it had been identified that someone may be at risk of choking, or not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. For example, with health authorities, day centres, the community learning disabilities nurse, GP practice and different funding authorities. Regular reviews were held with relevant health care professionals if required. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. A staff member told us that one person had concerns about their weight. Working with a dietician the staff supported them to lose a significant amount of weight. We saw this had had a positive impact on the person's health and well-being. Records contained information about people's medical history and current health needs that were frequently monitored and discussed with them and if appropriate their relatives.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. We saw that applications had been made for all people using the service and we saw staff were providing support in line with these decisions.

Is the service caring?

Our findings

Staff had a very kind, caring and empathetic approach to supporting people and ensuring they received good quality care and support. They had detailed knowledge of the people they supported and had developed positive relationships with them. One person told us, "They [meaning staff] are good to me. We go out together and have a good time." A relative said, "We struck lucky finding this service. [Name of relative] is doing so much more than they ever did before. I'm so pleased and have peace of mind."

Relatives thought staff, "went the extra mile" to ensure people were happy and safe. They also told us that staff were dedicated and had a genuine wish to help people achieve their potential. One relative said, "The staff really do care. It's not just a job to them. They really do hold [name of relative] in high regards and really care for them as a person."

Comments from a relative in the most recent satisfaction survey included, 'This move could have been most traumatic for [name of relative] settling in to this whole new environment after their painful experiences from last year. I would like to place on record my thanks for the help and care that [service manager] and her team have given to both [name of person] and me in this worrying time. [Name of person] has totally accepted their new surroundings and seems to be enjoying new routines, not only in the change of accommodation but also their change of day centre care. I have received help and information with the myriad of forms and benefit claims that have been presented to me in the past few months. Please pass our grateful thanks on to all persons involved in this complex move.'

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and used people's preferred names. We observed a staff member working with one person and supporting them to count their money. The staff member asked the person if it was okay to take their purse out of their money tin and before they undertook any task, we saw that they always asked for their permission.

The service was committed to supporting people with their diverse needs and staff had an excellent understanding of people's social and cultural diversity. One person told us how much they enjoyed going out to the pub, but it was really important for them to be able to buy the staff member who was supporting them a drink. We saw that their decision had been listened to and an agreement drawn up so their wishes could be respected. They had a decision making form in place that detailed how staff supported them to make decisions. This showed that staff respected people's rights to make their own decisions and their choices were respected.

The service manager informed us, "The wellbeing and safety of the people we support are at the core of my job; but the wellbeing of staff is also equally important. MENCAP has a 24 hour employee assistance helpline called Care Assist, to offer confidential support to staff as needed. To help staff feel valued the provider has a 'You Rock' scheme where staff can nominate one another, or managers can nominate them for anything where they have gone above and beyond their roles. In December 2017 the service manager nominated the whole of the staff team for being caring. They all received individual certificates to acknowledge this.

Staff demonstrated their awareness of people's likes, dislikes and the care needs of the people who used the service. Two people were able to make choices and decisions about their own holidays. We saw that one person had chosen to go on a supported holiday without their usual staff. We also saw that this person wished to go on a cruise. Their goal was to book and pay for three holidays. There was a step-by-step approach to achieving this, for example, the first step was to collect some holiday brochures, the next step was to choose where they wanted to go and when. We saw that staff celebrated the person's achievements whenever they reached or completed a personal goal.

People were involved in making decisions about their care and support. A staff member told us, "This is their home and everything we do is about what they want. We help people to get the most out of life." Regular reviews and meetings had taken place and these provided people with an opportunity to be able to discuss their likes and dislikes, wishes and aspirations. We saw that one person organised their own reviews. They had decided upon the venue and who they wanted to invite. They had decided not to invite family members and this decision had been respected by the staff team. We found that staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help them achieve their goals. Minutes of meetings showed that people had the opportunity to feedback regarding the care they received and also the running of the service.

The management of the service spoke passionately about the people they cared for and were prepared to do all they could to make sure people were happy and well supported. The service manager said that having staff with the right values and skills was essential and people using the service were involved in the recruitment process. This was to ensure they matched the values that were at the heart of the service. Staff supported people to consider what questions they wanted to ask which were written on placards because due to speech difficulties sometimes verbal communication was difficult to understand. One person said about their involvement in the recruitment process, "It's my choice. I get to choose the staff." Two of the individuals had also recently participated in the interviewing of the recent managerial position for the People Business Partner at MENCAP. We were informed by the registered manager, "The people we support played an important role in the decision making process of recruitment, and have offered to be available for future interviews of managerial posts; as well as for local recruitment."

We saw that people could have access to an advocate and would be supported to make decisions about their care and support. An advocate was used to support people in relation to final decisions about holidays and the purchase of larger items, to ensure that they were making clear choices of their own. The same advocate had been involved in the service for a number of years and had got to know people well. We spoke with the advocate who told us, "Without a shadow of a doubt people are included in all the decisions about their life and are understood by the staff team. Most are long serving staff who know people really well. Everything is about [people using the service]. They are centre to all the decision made and have full control over their lives and the choices they make. I can't praise it enough."

An equality, diversity and human rights approach to supporting people's privacy and dignity and treating them as individuals was embedded in the staff practice. Part of the annual observations with regards to finances, medication, and moving people also served to remind staff of the need for privacy and respect, and an acknowledgement of their diversity. In the medication updates staff were observed to ensure that the individual was asked if they are happy to be supported with medication, and was this in a way that they wanted.

The provider had embedded five main core values in all roles within the charity. The values are – Trustworthy, Inclusive, Caring, Challenging and Positive, and all staff were expected to work with these values at the core of everything they did; irrespective of what that role that may be. The service manager told

us that they constantly promoted these values within the team, through staff meetings and one to one sessions with staff. Staff also had four 'Shape Your Future' meetings with their manager and these were an opportunity to discuss development and objectives. The service manager informed us, "MENCAP firmly places the people we support at the centre of everything we are here for, and there is a requirement that staff discuss and have recorded how they have worked in a way that encompasses these values in their "Shape Your Future" meetings. This really helps to keep the focus on good practice, and staff need to explain how they have included these values in their ways of working."

Staff used different tools depending on the individual's communication needs. For example; one person always repeated the last choice offered and all staff were aware of the importance of using open questions for this individual. A lap top was frequently used to show people videos of activities that they may want to do; such as bowling and going to the zoo. One person particularly liked the swiping effect of moving from one picture to another on an IPAD. This was used to engage the person in communicating. Staff sourced pictures of items or activities; such as catalogues to enable choices. The service manager told us about one person who had been diagnosed with a terminal illness. Working with other health professionals they were able to communicate with them using pictures and photographs of the person. The service manager informed us, "One of the most difficult things I have had to do is insert a photograph onto an angel going to heaven; but the person concerned always talked about angels and heaven because a relative had passed away. This pictorially helped them to understand how ill they were."

Some people at the service used a sign language to communicate and bespoke training for this had been delivered to all staff working at the service. The staff team developed this further by learning a new sign every week. One staff member had taken this on as an additional role; making a drawing of the new sign and we saw the sign of the week on the notice board. The service manager told us they used music as another tool to aid communication and people were encouraged to express themselves through music and singing. There were also notice boards for 'now and later' happy and sad signs, visual photos of menu choices to take out on activities, and objects of reference if needed.

All staff respected the privacy and dignity of each person. Each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff to respect people's choices and right to privacy, whilst making sure they remained safe.

Staff were given clear guidelines about how to support people who may display certain behaviours whilst in public or communal areas, and how best to de-escalate that situation. Retaining a person's dignity was clearly a priority alongside their personal safety and that of others. One member of staff said, "We work closely with people to help them achieve their goals. If a person gets anxious we help them work through that." A relative told us, "The staff are always very respectful. They talk to [name of relative] like an equal."

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Is the service responsive?

Our findings

Care was personalised to each person that used the service; they felt valued and were supported to lead meaningful lives. One person said, "Staff are like my friends. They take me to the pub." Another person told us, "Staff know me very well and I get the care I need. I asked for an extra day at [activity placement] and they sorted it out for me. I like going to the day centre." A relative told us, "[Name of relative] has achieved so much. They have come on in leaps and bounds. I couldn't be happier with the care [relative] receives."

We looked at the care provided for one person who had a fear of the bathroom. The staff involved the help of the Community Learning Disability Nurse and between them they developed a strategy to support the person overcome their anxieties. This took place over a period of months. The consistent support from staff helped the person to overcome their fears and the outcome resulted in the person using the bathroom. Further support had been provided for this person to use a public toilet that proved to be successful and had improved the quality of their life when out on activities. We saw that staff celebrated this person's achievements with them and their family. The relative of this person told us, "The staff have helped [relative] to become so much more independent. [Relative] has a new outlook on life now. It's absolutely brilliant and I didn't think I would ever see this much improvement."

The provider completed a comprehensive assessment before a care package was agreed. These focused on the person's 'dreams and goals for the future as well as obtaining information about their physical and emotional needs and preferred lifestyles, beliefs, hobbies and interests. These were available in pictorial formats that were used during the assessment process and people's annual reviews.

The initial assessment formed the basis for the development of people's care plans. People said they had been listened to and their needs were central to this process. One person told us, "Things are explained to me. I know about my care plan." A relative said, "I am involved with [name of relatives] care as I want to make sure they get the care they need. They make sure they get it right and it's what [name of relative] wants." We saw that people's life histories and experiences were documented, which provided staff with essential information on past experiences of the people they cared for. Staff had taken the time to listen to people and their relatives to help ensure they received person centred care.

People were treated as individuals and had outcome focused care plans that they were involved in completing and reviewing. They included information about people's areas of strength and special interests. Each care plan was bespoke to the needs of the individual. They described the individual support people needed to achieve tasks, from simple day-to-day things like preparing food or booking their own holidays. One member of staff told us, "Each person's care plan is about them. They contain all their wishes and things they want to achieve."

People's interests were well documented and systems were in place to support people to attend social groups and leisure activities of their choice within their local community. One person told us how they had decided not to attend a day centre placement any more but wanted more tailored activities. Staff had listened to the person and facilitated their request. The person told us, "I like to go shopping, bowling and

bingo." We saw that people attended activities of their choosing and were supported to try new activities and experiences. Two people were supported to attend a church of their faith so they could continue practising their religion.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

The service had a complaints policy and procedure in place. This was available to people in a pictorial format. People we spoke with knew how to make a complaint and felt comfortable to do so. One told us, "I would go to the boss." Another said, "I do complain if I'm not happy." Relatives knew how to make a complaint and were confident that any issues were addressed in a timely manner. One relative told us, "I have raised a complaint in the past. It was dealt with straight away."

Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures. The management told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints would be dealt with appropriately.

At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events taking into account people's wishes. The community team for learning disabilities (CTPLD) would support them with putting together a detailed bespoke end of life plan.

Is the service well-led?

Our findings

There was a registered manager in post who was also the area operations manager. They were responsible for fifteen services two services within MENCAP with the support of seven service managers. The registered manager maintained an excellent oversight of all services. The two supported living services that we inspected were managed by a service manager. Both were available to assist with the inspection.

There was a very positive culture that ensured people were at the centre of everything the service did. There was a clear management structure that passionately promoted a person-centred culture and commitment to promoting independence and personal achievements. One person told us, "[Name of service manager] is the boss. They sort everything out." The registered manager told us, "I wish I could bottle the person centred aspect of the service and use it in other services."

We received positive feedback from everyone we spoke with about the leadership and staff expressed a high degree of confidence in how the service was run. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team. Staff said that all of the members of the management team were good role models and were knowledgeable in their roles. One staff member said, "[Name of service manager] has worked their way up. They know the service inside out and I think that's why they make such a good manager."

People and relatives we spoke with told us the management team and the staff were patient, kind and like an extended family. One relative commented, "The leadership comes from the top. They lead by example."

All staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work that ensured they could express any views about the service in a private and formal manner. One staff member told us, "[Name of service manager] has an open door policy and are always willing to listen.

People who used the service were integral to the recruitment process and new staff were selected based on the personal qualities that were important to them. The service manager worked directly with people and their support workers to help monitor care and to offer direct support and feedback. The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. The service manager told us, "If something isn't quite right we will look at how we can change it to make it better."

Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

People using the service were encouraged to provide feedback via satisfaction surveys and one to one chats.

They actively sought staff and people's views and feedback and took action to improve things. For example, we saw that there had been concerns raised about one person's behaviours that could challenge the service. In response to this, the service manager had sourced specific training for staff and had implemented strategies to help lessen their anxieties.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the service ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with and other elements of their care needs.