

Stockdales Of Sale, Altrincham & District Ltd

Stockdales Domiciliary Support Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection took place on 09 and 10 February 2016 and was announced. The provider was given 48 hours' notice of our inspection.

The previous inspection had been conducted on 12 December 2013. At this inspection, we found that the service had met all regulatory requirements.

Stockdales of Sale, Altrincham and District Ltd is a registered charity that provides care and support to children and adults with learning and physical disabilities. Stockdales Domiciliary Support Services (Stockdales) is the company's community and home support service, registered to provide personal care and support to people with a learning disability and other complex needs within a community setting. Stockdales aim to provide person centred support services which help people remain in their own homes and enable people to lead as independent a life as possible within their own community. The type of support offered includes help with care at home, accessing community services, respite care in a person's home, help to access medical care, weekend breaks, and supporting people to socialise with others and build friendships. Stockdales also provides, through its Lifeskills programme, a broad range of practical, social and educational activities designed to help people with learning disabilities maintain their independence, build their self-confidence, make friends, and participate in activities they may not usually get the opportunity to do. At the time of our inspection, Stockdales supported eight people in the community who also accessed the Lifeskills programme.

The service had a manager who had been registered with the Care Quality Commission (CQC) since February 2012. 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 they felt safe with the care and support they received. Relatives told us they felt reassured that staff providing support and care was consistent. All staff had been trained in safeguarding principles and knew what to do if they saw abuse occurring. People were protected from unsafe care and treatment because there were effective systems in place to review and monitor people's safety.

There were risk assessments in place for people using the service. These provided clear direction to support staff to manage risk appropriately to meet people's specific needs.

Stockdales had safe recruitment processes in place to ensure that staff were fit for the job they were recruited to do.

Health and safety records reviewed showed that the service had done equipment checks in line with

manufacturers' instructions and best practice. The area used for Lifeskills sessions, which included a changing area and toilet, were clean and well-kept.

Stockdales had a robust policy and procedure in place for staff to follow when administering medication to those people who needed assistance. The competence of staff administering medication had to be validated before they were able to do so.

People using the service and their relatives told us they felt that staff were competent. There was a good induction process in place and all new starters had to complete mandatory training such as health and safety, safeguarding awareness, infection control, and moving and handling. Staff were well supported in their roles and received additional role-specific training. Staff were also supported with regular professional development in form of regular one-to-one supervision meetings and an annual appraisal of their performance with their line manager.

We were told that the service recruited volunteers using the same process and during our inspection we saw a volunteer being interviewed.

Staffing levels were determined based on people's needs and dependency levels. Relatives told us they were confident that there were enough staff to support people's needs.

The service worked within the principles of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of domiciliary care services, applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection.

People using the service and their relatives found that both staff and management at Stockdales were kind and caring and we saw that people had developed good relationships with their support workers. We observed that support workers treated people with kindness and respect and that there was good interaction between people and support workers. The service promoted people's independence and helped them develop friendships and enjoy the social interaction with other people at the service. Staff and management knew the individuals they supported and demonstrated this by telling us about people and their preferences.

People who used the service felt they were involved in making decisions about what affected them and that their views and opinions were listened to and acted upon. The service facilitated a consultation group made up of people using the service and relatives which acted like an advocacy group; they helped to identify areas of good practice and those needing improvement.

Stockdales promoted diversity and creativity by taking part in one of Manchester's annual summer parades. The people using the service were central to the design and making of fancy dress costumes for the parade.

The service was consistently responsive and used person centred planning to tailor its service provision to meet the person's specific needs. People and their relatives told us that they had been involved in the care planning process. People were encouraged and supported to get involved in a wide variety of activities and trips allowing them to step out of their comfort zone and engage in different types of activities. The service

recently piloted a project called "Dream Days" which was about making people's dreams and aspirations a reality.

We saw that complaints were well managed and that people were encouraged to raise concerns and complaints formally or informally. The service had received few formal complaints.

People and relatives had confidence in the management and staff of Stockdales. The registered manager and their management team were well known and everyone we spoke with including staff said that they were very approachable and proactive.

The registered manager had a clear vision for the future growth of the service. The service also developed a mission statement and a set of values which were discussed with staff during their induction and reinforced in supervisions.

The provider undertook an annual satisfaction survey and we saw that people and relatives responded positively. There were appropriate forums for both people using the service and staff to discuss ideas for improving the service and feeding this back to management.

There was a robust system of audit and quality assurance mechanisms in place to monitor service quality and delivery and thus gave the registered manager and the provider good oversight of all operations.

Stockdales worked closely with other organisations and groups within the local and wider community and had initiated a partnership with the local leisure centre to enable people with more complex care needs greater access to community facilities.

The provider participated in quality improvement schemes such as "Driving Up Quality" code and the Investors in People (IIP) accreditation. Driving Up Quality code is a voluntary code of conduct geared towards improving the quality of services for people with learning disabilities. IIP provides a best practice people management standard, offering accreditation to organisations that adhere to the IIP framework. During our inspection, they were in the process of having their IIP accreditation reviewed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were satisfied that the care and support received was safe and consistent. Staff understood their responsibilities to keep people safe and protect them from harm.

Risk assessments for people using the service were in place and provided clear direction to support workers to manage identified risks and meet people's individual needs.

Recruitment processes were robust and staffing levels were sufficient to support people appropriately.

Is the service effective?

Good ●

The service was effective.

Staff had the right skills and knowledge to support people according to their individual needs.

There was a good induction process in place and all staff had received mandatory and additional role-specific training. Staff benefitted from regular supervisions and appraisals.

The service worked within the principles of the Mental Capacity Act ensuring that where people lacked capacity decisions were made in their best interest and according to the legislation.

Is the service caring?

Good ●

The service was caring.

People told us that both the staff and management were kind and caring towards them.

Staff and management knew the people they supported and were able to talk confidently about people's preferences, interests and hobbies.

The service took part in activities which celebrated and showcased people's creativity and diversity.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People told us they were very happy with the support received as it met all of their needs and that Stockdales was flexible and accommodating.

People told us they were always involved in deciding the support they wanted and that the support had been tailored to suit their specific needs or wishes.

People were encouraged and supported to get involved in a wide variety of activities and trip which helped to boost their confidence and independence.

Is the service well-led?

Good ●

The service was well led.

The registered manager was passionate about the service and provided strong leadership and had a clear vision for the future growth of the service; this vision was shared by the staff.

People using the service and staff were empowered to contribute to the development and shaping of the service through regular consultation forums. The service was committed to putting people at the centre of the support they received and their voice was used when making improvements to the service.

The provider had good systems for audit and quality assurance which monitored its service quality and delivery. The service had also signed up to the 'Driving Up Quality' code, a code designed for services that provide support to people with learning disabilities, and held the prestigious Investors in People award.

Stockdales Domiciliary Support Services

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.

Stockdales of Sale, Altrincham and District Ltd is a registered charity that provides care and support to children and adults with learning and physical disabilities. Stockdales Domiciliary Support Services is the company's community and home support service which offers person centred support packages as well as a wide range of educational, leisure and social activities that enable people to develop and flourish.

This inspection took place on 9 and 10 February 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care support to a small number of people and we needed to be sure that the registered manager or an appropriate representative would be available to meet with us.

The inspection was carried out by two adult social care inspectors. Before our inspection, we reviewed information we held about the service. We looked at notifications sent to us at the Care Quality Commission (CQC). We contacted Trafford Council's Commissioning and Safeguarding teams for information they held on the service; they both told us they had no concerns with the service. We also contacted Trafford Healthwatch who told us that they did not hold any information on Stockdales at present. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During our inspection, we spoke with the registered manager, two service managers, one senior support worker, two people who used the service and one relative who was visiting the service. After the inspection visit, we telephoned two relatives who had agreed to speak with us.

We looked at three people's care plans and three staff files. We looked at records relating to the management and operation of the service such as the statement of purpose, service development plans, policies and procedures, newsletters, minutes of management and staff meetings, supervision and training records, complaints, and audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care and support they received from the staff at Stockdales. One relative we spoke with told us "[Person's name] has told me (they) like Stockdales because the staff make (them) feel safe and secure." Another person told us, "If I'm ever feeling worried about something, anything, I can always have a chat with [Service manager's name]."

We asked relatives about the consistency of staff providing support. They told us staff were consistent since it was the same staff providing support for domiciliary care and in the Lifeskills programme; this meant that people knew their support workers well and felt comfortable and safe.

We saw that safeguarding concerns were recorded appropriately. Staff were all trained in the principles of safeguarding; they knew how to recognise signs of possible abuse and how to report these. We were told about a recent situation involving a person who used the service regarding the increased number of incidents taking place that posed a risk to themselves and others. We saw incident reports had been completed by the staff member supporting them which outlined, in detail, what had happened before, during and after the incident. The incident report was then reviewed by the service manager and by the registered manager and any action which was needed to prevent or reduce the same risk occurring was identified. This included a full review of the service being provided for one person and 'concern for welfare' referrals being made to Trafford Safeguarding team if they felt people were at risk of harm or abuse. This meant people using the service were protected from unsafe care and treatment because staff and managers used effective systems to review and monitor the safety of the people they supported.

We saw that risk assessments were done for people using the service. They provided clear direction to support workers to manage identified risks and meet the person's individual needs. However we felt that the risks to staff and equipment included in people's assessments were not appropriate since these risks bore no relation to the person's needs. We spoke to the registered manager about this and they agreed the assessments could be improved upon. The service did risk assessments for all activities and trips such as cooking skills sessions and the short walks programme. Each person had a 'grab file', a one page document containing key information about a person such as the names of relatives, their GP, any medical and physical issues, and identified risks. Staff we spoke with told us they always took people's 'grab files' with them when going out on trips or planned activities. We saw this and the registered manager confirmed that this was the service's practice. These measures ensured that staff knew how to support people to meet their needs while managing risk at all times.

Stockdales had safe recruitment practices. We looked at three staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. One service manager said "Stockdales have got good recruitment processes so (we) can be sure to get good staff".

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for

all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We reviewed Stockdales health and safety records since people accessed the Lifeskills programme held at Stockdales' registered office on Harboro Road. We saw that the service had appropriate checks done in line with manufacturers' instructions and best practice guidance. Monthly checks of the hoist tracking system were done in line with the Lifting Operations Lifting Equipment Regulations 1998 (LOLER); the most recent one was done just before our inspection. We saw that fire evacuation and firefighting equipment were regularly checked; the fire procedures review had been done in May 2015 and had focussed on all aspects of fire safety to ensure they remained current and that systems were being monitored. We were satisfied these checks helped to ensure safe delivery of service provision.

We conducted visual checks of the Lifeskills area. Staff we spoke with were able to talk confidently about infection prevention and control and knew what good practice was. From training records, we noted that all support workers had completed infection control and were up to date in this training. We observed that the area including the changing room and toilet were clean and well-kept. We saw there were unlabelled toiletries in one of the dresser drawers in the changing room and asked a senior support worker about this; they told us these items were not being used since people brought their own. We clarified this with the registered manager; they confirmed this was correct and told us they would have these items removed and discarded immediately. The next day of the inspection we checked that these items had been discarded; the registered manager confirmed that staff had also been reminded to ensure that people using the service brought their toiletries.

Some people using the service needed assistance with taking their medication. We saw that Stockdales had a good policy and procedure in place for administering medications; this ensured that all staff had been validated as competent before doing so.

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge. People and relatives we spoke with confirmed this. Relatives we spoke with said, "Staff are absolutely brilliant... they're fantastic" and "Support workers have the right skills because (person) comes home happy and wants to go again." In the consultation group's meeting notes we saw the following comments being made about staff members: "[Staff name] is very good ... helpful" and "Very good staff that listen. [Staff names]...really nice and good at (their) job. Very helpful."

Staff we observed during our inspection demonstrated that they knew what was expected of them. One service manager told us, "Good team, the skills and experience of support workers reflects the diversity of the people supported."

Staffing levels were appropriate to people's needs and dependency levels. Relatives we spoke with told us there was always enough staff to support people's needs. One senior support worker said "We have guidance on how to decide the number of staff we need." We asked the registered manager about this and they confirmed that the service used a dependency tool which helped determine the number of staff required based on people's needs and any risk factors. The registered manager also told us that staff retention was good. This meant that Stockdales was able to manage its current service provision.

We observed that Stockdales had a good induction process in place. The registered manager told us that all new starters at the service had to do mandatory training such as health and safety, safeguarding awareness, infection control, and moving and handling; this ensured they had the competencies required to undertake their role. We saw that newly recruited support workers were enrolled for the Care Certificate. The Care Certificate is a set of standards to be worked towards during the induction training of new care workers; it helps care workers develop the values, behaviours, capabilities and skills needed to provide high quality and compassionate care.

Staff received support and professional development to help them develop in their roles. We reviewed training records which confirmed that staff had been assessed as fully competent in all the mandatory areas and that regular training updates were provided. Staff had access to training to meet the specific needs of people who used the service such as epilepsy and positive behaviour support. We asked staff about getting additional training. They told us that requests for relevant training was encouraged; this meant that Stockdales recognised the importance of continuing education and development for staff and how this improved the quality and delivery of care for people.

Staff we spoke with confirmed that Stockdales invested in its staff and was a very supportive employer. One senior support worker told us "I got training and support" and "Good training and it's updated...training is provided for every aspect of the (job)." One assistant service manager told us, "I received a lot of support from Stockdales...I enjoy my job; it's very rewarding to be able to support people and spend time with them and their families."

We also saw that Stockdales was proactive in identifying the training needs for 2016 for both managers and support workers; this showed that the service's continued commitment to ensuring its workforce kept up to date with the knowledge and skills required for their roles.

There were formal systems in place for staff support and professional development including one-to-one supervision meetings between staff and their manager. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. Staff we spoke with confirmed they had regularly scheduled supervision meetings with their manager where they discussed concerns about service issues or raised any training needs. Staff told us they had an annual appraisal of their performance and that they felt supported in their role. We saw a schedule of supervisions and appraisals for the period 2015/16 which recorded dates of supervisions and appraisals.

We reviewed three staff files which confirmed that staff had had regular supervisions and annual appraisals. We noted that appraisals were used to reinforce staff's awareness and knowledge of Stockdales' aims, objectives, service protocols, and policies and procedures and the skills they needed to perform their role.

We asked the registered manager if the service used volunteers and if so how was the recruitment managed. They told us that all volunteers at Stockdales went through the same recruitment process as paid support workers such as completing an application and having DBS and reference checks done. This meant that the service took the appropriate safeguards to ensure that suitable people were employed and that people were kept safe at all times. During our inspection, we observed someone being interviewed to become a volunteer and noted that the process used was exactly the same for that of paid employees.

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.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of domiciliary care services, applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection.

We found the service was working within the principles of MCA. We saw in people's care files that consent was sought for support provided as well as taking part in activities and outings. Where people were making decisions on behalf of others it was acknowledged these were best interest decisions and done according to the legislation. We found one instance where a person's care plan had been signed by their relative and we raised this with the registered manager. Since the person had capacity they should have signed their own care plan. The registered manager agreed with our finding and said they would ensure the person signed their own care plan. We saw evidence in daily records that people were asked for their choices regarding how they wanted their care and support delivered. Staff we spoke with demonstrated awareness and knowledge of MCA and making best interest decisions. We noted that most staff had been trained in the principles of MCA and those that had not were nominated for training in the future.

Is the service caring?

Our findings

People and relatives we spoke with told us they found both the management and staff at Stockdales to be kind and caring. Relatives told us that their family members enjoyed spending time with their support workers and other people using the services at Stockdales. Some of their comments included, "[Name] really enjoys it at Stockdales. (They're) very happy to go there" and "I'm very happy with the care [Person's name] receives; (their) face lights up when (they) see [support worker's name]."

Another relative told us that they and their family member had good relationships with their support workers and that they got to know them really well. They said, "When they (person and support worker) come back from their trip, we would have a good chat about how the day went over a cup of tea."

One relative we spoke with said, "Stockdales is so pivotal in [Person's] life because it gives (them) a sense of maturity, independence and enjoyment... As well as this, (they are) developing friendships with other youngsters and building excellent relationships with (their) support team." Another relative shared similar sentiments when they told us, "[Person] enjoys the social side of things and interacting with other service users."

Relatives also gave us examples of how the service promoted people's independence by exposing them to a variety of activities such as hill walking, dance, and the theatre.

During our inspection, we observed the Lifeskills "Get cooking" session and saw that support workers treated people with kindness and respect. We also observed that people were engaged in the activity, that there were friendships between people using the service and also good interaction between people and support workers. We noted how one senior support worker supported a person when they became distressed; they had promptly recognised the triggers that were causing the distress and managed the situation by first gently and calmly speaking with the person and second by taking them away from the environment until they were comfortable to return. This was done in a skilled yet caring manner.

Staff and management we spoke with were able to talk about individuals with confidence, giving examples of people's personal histories, their preferences and interests; this meant that support workers and managers knew the people well and were supporting them according to their individual needs.

One person using the service told us they had a good relationship with managers and support workers. They told us they used to work within the service; this demonstrated that where possible people's independence was encouraged. The person told us they had participated in the service's Dream Days project. We saw a newsletter article and photographs documenting this event and that the person had been supported to do this activity by one of the senior support workers.

Relatives we spoke with told us people's views and opinions were listened to and acted upon; they felt involved in making decisions about the support they received. People we spoke with told us they got to do what they preferred. One person we spoke with told us they were doing the cooking skills session because

they did not like the dance one. A senior support worker confirmed that the person's activities were changed when they said they did not like dancing and would rather do the cooking sessions.

We asked the registered manager about advocacy and how this was promoted. They told us that everyone using domiciliary support services did not require advocacy services; however, the service facilitated a consultation group made up of people using the service and relatives and that the group acted as advocates as well as helped drive improvement within the service. We reviewed minutes of monthly meetings which identified areas of good practice and areas requiring improvement, suggestions for the service's quarterly newsletter and feedback on staff.

The registered manager told us that in 2015 people using the service took part in one of Manchester's annual summer parades which celebrates and showcases diversity and creativity. They told us that people were involved in designing and making the fancy dress costumes for the parade. In Stockdales' quarterly newsletter (Summer edition) we saw an article reporting on the event. Involvement in events like these demonstrated Stockdales commitment to promoting equality and diversity for the people using the service. The registered manager told us that people were keen to participate in the following summer's parade.

Is the service responsive?

Our findings

People told us they received excellent personalised care that was responsive to their individual needs. One person when asked if they were satisfied with the present level of support replied, "Very happy with the support received as all (my) support needs are being met."

One relative we spoke with told us how flexible and responsive the service was and always prepared to go "above and beyond" to support people. For example, they said Stockdales had recently arranged extra domiciliary support for their family member at the last minute so that the relative could take their partner to a hospital appointment; they told us this had helped them tremendously since they would have had to cancel the appointment. Another relative expressed their full confidence in the responsive approach of the service. They said, "I like [Service managers' names] tremendously; (they have) a very good understanding of their clients." A third relative told us about the poor experience their family member had at another facility and told us how invaluable Stockdales' intervention had been to the person's wellbeing. They said, "I think that Stockdale's service has done [Person] a world of good. [Person] is engaging again."

People and their relatives told us they were involved in the care planning process. One relative we spoke with told us that their family member found it difficult to step out of their comfort zone and get involved in activities they would not normally do but that Stockdales helped them 'think outside the box' to come up with new ideas, thus expanding their options and improving their quality of life.

We saw that the service was consistently responsive, tailoring its provision around the needs of the individual. The registered manager spoke passionately about the working with people and their relatives, if applicable, to develop support that was specific to them. They told us this was done using person centred planning (PCP). PCP is the process of helping a person plan all aspects of their life thus ensuring they remain central to the decision-making process. They told us that PCP takes into account a person's views and aspirations, strengths, preferences, areas of difficulty and the kinds of support the person will need and want to achieve their goals.

We looked at five people's care plans and we could see these had been developed in line with PCP principles. It was clear to us what each person wanted and needed by reading their care plans and because they were written in such a person centred way we knew about the personal characteristics each person had, for example, sense of humour, shyness, introvert or extrovert. This meant that the service respected the individuality of each person, looked beyond the disability and promoted independence, choice and dignity in creative and innovative ways.

We saw that care plans recorded what was important to the person, what they liked or disliked, notable information about them such as the type of person they were or hobbies they had, and their dreams and aspirations. For example, we saw in one person's care plan that having a cup of tea helped them manage anxieties when becoming agitated or upset. Another person's care plan recorded in the section 'What is important to me': "To be given clear instructions, to have regular routines, to be supported by people I know." This meant staff would know what was important to them and worked effectively to support them. A

third person's care plan contained additional information about a condition they had so that staff could understand what that meant for the person and be able to support them appropriately.

The service offered support to a wide variety of people with a number of complex care needs. Some people were unable to express their needs verbally. Where this occurred the service had responded by making sure there was enough information about their needs, preferences, communication styles and goals.

This meant that care plans were comprehensive and gave clear and specific information which ensured that staff knew how best to support that person.

People's care plans contained a "skills match" which outlined what characteristics and skills staff should have to support them. Some examples included, "people who will help me find activities", "friendly and chatty", "sense of humour", "enjoys walks", and "people with an understanding of autism". We saw at the recruitment process, staff were asked questions about their own hobbies and interests and how they could incorporate these into the service if they were successful. This showed that the service responded to people's specific needs and what type of support they wanted and tried to match the skills of the staff with the needs of the people they supported.

We saw that each person had their own weekly planner which showed they lived busy and varied lives. Staff supported people to pursue a wide variety of interests and hobbies, and to access community groups. For example, several people attended literacy and numeracy courses and sensory activities through the Lifeskills programme and others were involved in a drama production at a local school. One of the senior support workers told us they had organised the week day activities over the winter period and a colleague was responsible for the weekend activities. We were told and saw from records and the display noticeboards that seasonal activity programmes were planned for Easter, Summer and Christmas. This meant the service was proactive in getting people involved in activities they enjoyed and building their confidence and independence.

The registered manager told us about the Dream Days project piloted in August 2015 which was about making people's dreams a reality. They told us they initially approached three people using the service in order to assess whether or not the project could be successful. The registered manager told us about each person's specific dream. We confirmed these when looking at their care plans. We spoke with one person who had participated in the Dream Days project and they confirmed that Stockdales had made their dream a reality. They told us, "I got to visit [City] and see [name of national landmark] ... They organised it all!" They told us this was something they could not have done without the support of Stockdales.

The registered manager told us going forward with this project there would be an application process and a panel of judges would decide on persons to be awarded their dream days. This was an innovative way of providing 'extra' support in a way that the person might not have considered or been able to achieve themselves. This showed that the service was flexible and responsive to people's needs, and found creative ways to enable people to live as full a life as possible by enabling them to fulfil their dreams and aspirations which they may not otherwise be able to do.

We asked the registered manager about complaints and how these were managed. They told us that the service had not received many formal complaints and that day to day concerns raised by people and relatives were dealt with by the service managers. We asked to see the current complaints; one had been received in February 2016. We could see that the service had resolved the matter satisfactorily by conducting a thorough investigation, responding promptly to the complainant and offering them an apology and appropriate compensation for the inconvenience.

People using service and family members we spoke with said they could give feedback to the service at any time and that they were encouraged to do so. They said that Stockdales responded to any concern raised in a prompt and appropriate manner. One relative we spoke with told us about an issue they had with an outing. They told us they had gone into the office and had been seen immediately by the service manager. They added, "If I didn't have confidence that they would listen to me and sort out any issues, (Person) wouldn't be going there...it would show they don't care about my (relative)." We saw that concerns and complaints raised were discussed in team meetings and service managers fed this back to the registered manager. This meant that the registered manager had good oversight of issues raised and was able to use these as lessons learnt to improve future performance.

People were consulted and involved in the running of the service; their views were sought and acted on. The provider had a forum where a person from different parts of the service got together with other people to meet with managers. Prior to meetings, people were asked if they wanted to raise any issues and following the meeting, their representative fed back to them.

From feedback we received from people who used the service, their relatives, external professionals and staff, and from our own observations it was evident that the service had developed a positive culture based on strong values. We saw that the values of the organisation were put into practice on a day-to-day basis which ensured that people received person centred support that was caring, of a high standard and improved people's quality of life.

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. People and their relatives spoke very highly of the registered manager, staff and the service at Stockdales and had no concerns about any aspect of the care provided. They told us they thought the service was well-led, efficient and approachable. Examples of what they told us included: "an excellent and well-managed service...I couldn't find fault with them at all", "The service is approachable and always responds promptly", "(Stockdales) is a very good place". Relatives said and we observed that the registered manager was extremely visible within the service. One relative told us, "I've met [registered manager's name] on numerous occasions, on visits to the office and at Christmas and Easter fayres."

One of the many reasons relatives told us they liked Stockdales was because the service was amenable and the management and staff were very accessible. The registered manager told us that Stockdales' ethos was to provide support and care in a proactive and planned manner but also to be able to respond effectively to emergencies. We saw an example of this when the service facilitated a last minute request from a relative who had to attend a hospital appointment. Staff using their initiative ensured that the person had the right support at the right time and that the relative did not have to cancel their appointment.

During our inspection, we observed an open and supportive culture at Stockdales. One senior support worker told us, "[Management] listen to staff...there is an open door policy." This meant and we saw that staff were more likely to raise issues about service delivery or any other matter relating to how this affected people using the service.

Staff told us that there was a clear management structure in place and that the registered manager led by example. From team meeting minutes, we saw that staff were encouraged to challenge and question practice and supported to change things that did not work well and try new approaches with the people they supported. For example the staff were asked for their views and feedback in relation to the new venue that would be used for community activities.

The registered manager had a clear vision for the future growth of the service which included continuing to listen to people using the service so that its provision remained responsive and expanding the service's involvement and visibility within the local community. They also spoke with pride and passion about their commitment to the provision of a high standard of care. This vision was shared by other staff we spoke with; one staff member told us, "I feel excited by being a part of the growth of this service; we are clear though not to move too quickly and compromise the quality of care in any way."

We saw a clearly developed mission statement and a set of core values for the service. These values included the empowerment of people to make their own decisions, ensuring services were responsive and adaptable, and supporting people to achieve their dreams and wishes. We noted in staff records that the organisation's mission and core values had been discussed during induction and continually reinforced at supervision sessions. Staff we spoke with gave us examples of how they put Stockdales core values into action on a day to day basis. One staff member told us, "I like working with different people with specific

needs because I help them do things (and) that makes a real difference in their life" and another staff member said, "I observed that [person's name] wasn't enjoying a particular activity and recommended a change to (person's) support package." We checked the person's support plan and saw that this had been the case.

The provider was extremely thoughtful about how to enrich the lives of people who have a learning and/or physical disability and had devised a Dream Days initiative. The aim of Dream Days was to support people with learning and/or physical disabilities to achieve their aspirations. The project had been successfully piloted during the summer 2015 and going forward would take applications from people using their services as well as anyone in the community who had a learning and/or physical disability. The initiative would be funded through the provider's own fund raising initiatives and demonstrated the provider's creativity and commitment to enriching the lives of people within their community by enabling them to achieve their goals and fulfil their ambitions.

The registered manager spoke passionately about their ongoing effort to further integrate Stockdales into the community. To this end, Stockdales worked closely with other organisations, groups and services within the local and wider community. This meant that people had access to a wider range of services which encouraged community inclusion and participation and potentially ensured sustainability of the service in years to come. The registered manager told us the service had initiated a partnership with the local leisure centre to enable people who used wheelchairs and those with complex care needs to use the facilities to attend activities such as drama, music, yoga and arts. This had involved the centre agreeing to reconfigure parts of the facility to make it more accessible to people with limited mobility. The registered manager could not hide their delight when they told us this development was pivotal to the service since it meant Stockdales would be more visible within the community and would encourage people with limited mobility to engage in activities they may not have been able to access before. They said the impact for their users would be tremendous.

Other community partnerships that the service was involved in were with local schools. Stockdales had arranged and facilitated drama productions at the school starring people who used the service and similarly the schools had reciprocated by visiting the service to conduct their own production. This had proven to be a popular event and was well attended by people who used the service. It also engendered interest in and learning about learning disabilities.

All the staff we spoke with were passionate about what they did and said they were proud to work at Stockdales. We were able to see their commitment and motivation during our inspection when we observed a cooking skills session that was in progress. We saw that there was an outstanding sense of teamwork and observed that staff communicated well with each other, the people doing the activity and the registered manager who had popped in to see how things were going. The interactions we witnessed were comfortable and created an atmosphere that was pleasant and family-oriented. One staff member told us, "I love my job!" Another said, "We deliver what a person needs, (that is) person centred care." Staff told us they felt proud to work somewhere that put people at the centre of their care. They told us the philosophy of the service came from the top, and that senior managers and trustees played an active role in the running of the organisation which meant there was an open and transparent culture throughout. One staff member we spoke with described how they had worked previously for another provider who they thought were good but coming to Stockdales had shown them what "excellence looked like".

Staff knew about the principles of person centred care and had been trained to use individualised care plans and life map tools with people. Staff were able to explain to us how this tool was used to embed person centred approaches as a way to support people to have choice and control over their lives. The provider

monitored the skills and knowledge of the staff team and identified further training needs and areas for improvement as evidenced by current training records and forecasted training needs assessments.

We saw that the registered manager had initiated an open approach to continuous improvement of the service by having a brief weekly meeting with support workers. Staff told us that, though they could approach the registered manager or any other manager at any time and had regular team meetings, these informal meetings made them feel really valued and listened to, and that they were directly influencing improvements within the service. We reviewed notes of these meetings and saw that the outcomes were shared with the Chief Executive Officer and that decisions taken had already been actioned. For example, staff said having their rotas well in advance would be more effective and also expressed concern about low morale due to gossiping and negativity. We noted that staff rotas were now being circulated three weeks in advance and that staff felt more confident and positive about dealing with colleagues who were affecting team morale. Staff told us they looked forward to these meetings and that discussions had improved team morale and how they did their job.

People and their relatives had good opportunities to provide feedback about the service they received. They told us that they would usually email, telephone or visit the service if they had a concern and that these were dealt with promptly. We saw that the provider undertook a user satisfaction survey each year; the survey was being revised this year to include open-ended questions because the provider wanted people to be able to provide more detailed feedback. We confirmed with relatives that their family members receiving support had received and completed one of these annual surveys. The aggregated survey responses demonstrated that people had extremely positive experiences using the service.

The registered manager told us and we saw that the provider had developed service user forums. These forums were held monthly and gave people the opportunity to discuss ideas for improving the service. The registered manager told us that these sessions drove improvements and changes within the service. We reviewed records of these forums and these showed that people actively participated and were encouraged to contribute to how the service was shaped and praised for their efforts. For example, people routinely suggested articles to be included in the provider's quarterly newsletter and provided feedback on trips and activities such as what went well, problems that may have occurred or new ideas for trips and activities.

The record keeping and auditing was of a high standard. We looked at service audit reports for the last three months, October through to December 2015 and found that there was a robust quality assurance system and audit process in place to monitor and improve on service quality and delivery. We saw that service managers audited in their areas of remit each month which included service matters, health and safety, staffing and finances. This allowed operational management to determine what was working well or not. The registered manager then conducted their own monthly inspections and audits of the service. This meant that the registered manager and the wider management team had oversight of the service's operations and were able to effectively verify the quality of the service being delivered. The findings of these audits were discussed with the Chief Executive and the Chairman of the Board of Trustees to look at what further improvements could be suggested and agreed and formed part of the organisation's continuous improvement process.

Staff we spoke with told us they felt the provider had excellent staff support systems in place, including regular monthly team meetings, to ensure that they were always kept up to date on people using the service, policies and procedures and any other aspects that they needed to know about. We saw that staff's knowledge of policies and procedures were reinforced by discussing a specific policy each month at team meetings and in supervision. This meant that staff had the right resources and motivation to develop and drive the improvement of services, thus creating better outcomes for people using the service.

In keeping with the transparent culture of the organisation, we saw that staff representatives from each service delivered by the provider also attended regular meetings with the Chief Executive Officer. These meetings were used to discuss any service specific issues and to celebrate good practice. They also helped to ensure that appropriate action was taken by the provider to protect people using the service and staff by addressing any concerns which were brought to their attention but also recognised and acknowledged the hard work and commitment of the staff.

The provider used a range of external systems to monitor the quality of their service such as the "Driving Up Quality" code and Investors in People (IIP) accreditation. We discussed the "Driving Up Quality" code with the registered manager. They told us that the provider had signed up to the code in December 2013 and had completed its first self-assessment and published action plan in May 2014. From their quality records we saw that the provider had done the annual self-assessment and published an updated action plan in July 2015. This demonstrated their commitment to ensuring that people with a learning disability or other complex needs were listened to and that people were supported to have meaningful and fulfilled lives. The provider also demonstrated in their revised plan the importance of lessons learnt. The "Driving Up Quality" code is a voluntary code of conduct written by the Driving Up Quality Alliance (a group of national member organisations that collectively represent 80 percent of all learning disability service providers in the country) as a response to the abuse that took place at Winterbourne View Hospital. The code's main aim is to avoid what took place at Winterbourne View happening again by improving the quality in services for people with learning disabilities, promoting a culture of transparency and honesty and celebrating and sharing best practice.

We noted that the provider held the prestigious IIP accreditation. This is an internationally recognised award which celebrates best practice in people management standard and offers accreditation to organisations that adhere to the IIP framework. At the time of our inspection, we saw that the provider was in the process of reviewing their accreditation; this meant they understood the importance of leading, supporting and managing staff well in order to maintain the company's success and continued improvement in providing care and support services.