

Choice Support

Choice Support Bedford

Inspection report

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Date of inspection visit:

25 January 2017

26 January 2017

Date of publication:

30 March 2017

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

This inspection took place on the 25 and 26 January 2017 and was announced.

Choice Support Bedford provides personal care to people with learning disabilities and autistic spectrum disorder living in supported living accommodation and outreach services. At the time of the inspection 23 people were using the service.

The service had a registered manager. 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.

There was a positive approach towards supporting people to exercise their rights to take risks within their capabilities. Staff were knowledgeable about safeguarding and how to protect people from the risks of abuse. People were empowered to take positive risks. Accidents and incidents were closely monitored and actions were taken to mitigate the repeat of accidents.

Safe recruitment practices were followed and there were sufficient numbers of skilled staff available to meet people's needs by a core staff team. This fostered trusting relationships between people using the service, their relatives and staff. People received their medicines safely, in keeping with best practice guidelines.

Staff received training on the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS). They put their learning into practice and confidently worked in line with the principles of the MCA. The service made sure that people were fully involved in decisions about their care, so their human and legal rights were continuously sustained. The service had a strong, person centred culture, which supported people to exercise choice and express their views.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing. They had regular supervision and annual appraisals from their managers. Systems were in place to continually assess staffs skills, where gaps were identified further training and support was provided. Staff felt valued, included and listened to and good practice was celebrated.

Where able, people were supported to shop, prepare and cook their own meals. They were supported to eat and drink sufficient amounts to meet their nutritional needs, dietary preferences, likes and dislikes. The service promoted leading a healthy lifestyle; staff worked in partnership with other health care professionals to support people to access health services quickly.

The staff were highly motivated and inspired to offer care that was kind and compassionate. They enabled people to remain independent and had an in-depth appreciation of their individual needs around privacy and dignity.

Independent advocacy services were used to speak up on people's behalf and people were fully supported to access their services.

People's care and support was planned in partnership with them and/ or their representatives, so they received personalised care that was specific to meet their needs.

The support plans were written in a person centred way, and done with the individuals as well as involving family, professionals and advocates.

People were consulted and involved in the running of the service and their views were sought and acted on. Staff made sure that people were supported to make choices and have control of their lives. People were supported to engage in individual and social activities, and where appropriate education and paid work.

People's feedback was valued, the service actively sought and acted upon the views of people using the service and their representatives. Information on how to raise any concerns or complaints was provided in easy read formats. The service appropriately responded to complaints and used complaints as opportunities to reflect on the service to develop and learn.

People were supported to attend a range of educational, occupational, voluntary and leisure activities as well as being able to develop their own independent living skills.

People, relatives and staff were very positive about the leadership of the service and the support they received from the service. The ethos and vision of the service promoted personalised high quality care and continued improvement.

The vision and values of the service were person centred and made sure people were at the heart of the service. The service worked in partnership with people and their representatives, actively involving them in all aspects of their care and support needs.

People were encouraged and supported to identify how the service and other services providing care for people with learning difficulties could further develop and improve. Feedback from people using the service, staff and relatives was consistently positive.

The management team had a positive sense of direction, strong leadership and a commitment to delivering high quality care. Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels.

Robust systems were used to assess and monitor the quality of the service. The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. The service strived for excellence through consultation and reflective practice.

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 protected from harm. Staff were knowledgeable about safeguarding and how to protect people from the risks of abuse.

People were empowered to take positive risks. Accidents and incidents were closely monitored and actions were taken to mitigate the repeat of accidents.

Safe recruitment practices were followed and there was sufficient numbers of staff available to meet people's needs.

People received their medicines safely, in keeping with best practice guidelines.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs.

Staff had regular supervision and annual appraisals. Systems were in place to continually assess the support staff provided for people, where gaps were identified further training and support was provided.

Staff confidently worked with the principles of the Mental Capacity Act (MCA) 2005 to make sure that people were fully involved in making decisions and their human and legal rights were continuously sustained.

Where able, people were supported to shop, prepare and cook their own meals. They were supported to eat and drink sufficient amounts to meet their nutritional needs, preferences, likes and dislikes.

Leading healthy lifestyles was promoted. The service worked in partnership with other health care professionals to ensure people could access health services quickly.

Is the service caring?

Good ●

The service was caring.

The service has a strong, person centred culture, which supported people to express their views.

Care and support was provided for individuals by a core staff team. This fostered trusting relationships between people using the service, their relatives and staff.

The staff were highly motivated and inspired to offer care that was kind and compassionate. They enabled people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

Independent advocacy services were used to speak up on people's behalf and people were fully supported to access their services.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in partnership with them and/ or their representatives, so they received personalised care that was specific to meet their needs.

The support plans were very detailed and had fully involved the person and their representatives.

Staff made sure that people were supported to make choices and have control of their lives. People were supported to engage in individual and social activities, and where appropriate education and paid work.

People's feedback was valued, the service actively sought and acted upon the views of people using the service and their representatives.

Information on how to raise any concerns or complaints was provided in easy read formats. The service appropriately responded to complaints and used complaints as opportunities to reflect on the service to develop and learn.

Is the service well-led?

Good ●

The service was well-led.

The vision and values of the service was person centred and made sure people were at the heart of the service. Promoting independence was a fundamental aspect of the ethos of the care and support for people.

There was strong leadership the staff team had a positive sense of direction and were commitment to delivering high quality care.

The service worked in partnership with other organisations to make sure they followed current best practice and provided a high quality service. They strived for excellence through consultation and reflective practice.

Robust and effective systems were used to assess and monitor the quality of the service from a local level, and monitored at a corporate level.

Choice Support Bedford

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 26 January 2017 and it was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Milton Keynes office to facilitate our inspection. The inspection was undertaken by one inspector.

We had asked the provider to complete a Provider Information Return (PIR), which 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. This was completed by the provider on the 6 September 2016. We also looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC).

During the inspection we visited six people living in supported living services based in Biggleswade and Ampthill. Some people using the service had complex learning disabilities that affected their ability to communicate verbally, the staff supported people to express their views about the service to us. We spoke with the registered manager, two support managers, six staff members and one relative.

We reviewed the support plans, risk assessments and other associated care records for four people using the service. We also looked at three staff recruitment files and other records in relation to staff supervision training and support, and management records in relation to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel very safe, the staff are nice and I am very happy." Another person said, "I tell the staff if something is not to my liking." A relative said, "I can't praise the staff highly enough, I have absolute peace of mind that [Name of person] is absolutely safe." During the inspection we observed that people appeared relaxed and comfortable with the staff and other people using the service and there was a homely atmosphere.

Staff knew how to take action to minimise the risks of abuse or coming to harm. The staff knew how to report abuse if they ever suspected it happened. One member of staff said, "We do training on safeguarding during our induction then we have refresher training each year to keep me up to date. I am fully aware of the whistleblowing procedures and am confident if I brought any concerns to the manager they would follow the safeguarding procedures." A second member of staff said, "We have a zero tolerance to abuse, I believe that every member of staff prides themselves in respecting the rights of people we support." We saw that the staff training records had a rolling programme of safeguarding update training for all staff. We also saw that posters were on display within the staff areas to act as reminders, giving the local authority safeguarding teams contact details for reporting safeguarding concerns.

The approach to safeguarding demonstrated the services commitment to keeping people safe. The registered manager fully understood their responsibility to report safeguarding matters to the local authority and also to notify the Care Quality Commission (CQC). There was a 'keeping me safe' folder available within the supported living service's that contained information on the safeguarding and complaints policy in easy read formats.

A monthly staff newsletter was published in which safeguarding matters were highlighted. We saw that within a recent newsletter the issue of people in the community with learning disabilities being vulnerable to exploitation and radicalisation was highlighted. Staff were urged to be vigilant in protecting people from being subject to the attention of extreme political, social, or religious groups. The provider stated that 'prevent duty and radicalisation' were being added to their safeguarding policy and safeguarding training and all staff needed to be familiar with the terms.

We saw that safeguarding concerns were referred to the local authority safeguarding team appropriately and the outcomes of safeguarding investigations were shared locally and regionally. All incidents were collated nationally and reported to the board of trustees and the safeguarding committee that was chaired by a family carer. In addition safeguarding audits and reviews were carried out by an independent safeguarding expert from outside of the organisation and recommendations and lessons learned were shared across the Choice Support organisation. The service had received the Investors in People Silver Award that acknowledged staff had significantly improved their understanding of keeping people safe.

Risk assessments were carried out to identify individual strengths and abilities and where additional support was needed to support people to keep safe. Records showed they were reviewed monthly or sooner as required. Choice Support Positive Behaviour Team (PBS) provided on-going training for all staff on

supporting people whose behaviour could challenge them and others. A member of staff said, "The training I have received on supporting people with challenging behaviour has been great. We use reflective practice to look at the whole picture, what was happening at the time and what we can learn from it." We saw that out of office emergency arrangements were in place, provided initially by a support manager and if further advice was required this escalated to a more senior manager.

The support managers carried out monthly health and safety audits, which were sent to the organisations quality analyst team, who in turn sent out monthly quality briefings to all services within Choice Support. The service had been successful in achieving an outstanding commitment to safety award. Established systems were in place for staff to report and record accidents and incidents. They were followed up appropriately, through identifying the cause and actions being taken to minimise the risks of repeat incidents.

Safe recruitment practices were followed. Staff told us before they started working at the service they needed to produce documentation to prove they were legally entitled to work in the United Kingdom. They also told us they had to provide references from their previous employer and have suitability checks carried out through the government body Disclosure and Barring Service (DBS). The provider told us that during the interview process they used a specialised questionnaire to assess a candidate's ability to deal with care scenarios. This allowed them to see how suitable candidates were to deal with the sometimes challenging and varying demands of the role. The staff recruitment files we viewed contained evidence these checks had been carried out before staff started working at the service.

Sufficient numbers of staff were available to meet people's needs. One person said, "There is always a member of staff available whenever I need them." A relative said, "There always seems plenty of staff about, there is always somebody to speak to." The staff told us they had a manageable workload and did not feel under pressure. One member of staff said, "The staffing levels are good, it's like heaven working here." They told us they worked closely as a team and they all knew of the individual needs and capabilities of people in their care. We saw the allocation of staff support hours were closely monitored to ensure staff were matched to meet the needs and dependency levels of people using the service.

People were involved in making decisions about how their safety needs were to be met. For example, one person had chosen to have an alarm fitted to their door; this provided the person with the reassurance that other people using the service would not be able to enter their flat.

People received their medicines as prescribed and in line with best practice guidelines. We saw that staff were provided with on-line medication training, followed up by several practical observations to assess their competency on administering medicines. The staff confirmed they were provided with medicines training. They told us that observations to assess their competency to administer medicines were carried out, and the training and supervision records also confirmed this.

A member of staff showed us the system they used for overseeing the medicines ordering, administration and disposal systems. It was apparent they were knowledgeable of the medicines policy and ensured it was followed by all staff. They told us the service had an excellent working relationship with the local GP surgery, the local dispensing pharmacist and pharmacy staff. We saw documentation that evidenced that people had their medicines regularly reviewed and that weekly medication audits were carried out.

Is the service effective?

Our findings

The staff spoke highly of the quality of training and support they received at the service. One member of staff said, "We do lots of training, it is all relevant to the work that we do with individual people." Another said, "I feel very proud to work here, I love my job, I don't think there is any other job that could be better." A relative said, "All the staff seem very well trained, they are so professional, I trust each and every one of them, they are very dedicated."

We saw that comprehensive induction training was provided for all staff when starting working at the service. One member of staff said, "The induction training is very in-depth." They told us they worked alongside an experienced member of staff, as a mentor, until they felt confident in their role. The staff training records demonstrated that all mandatory training was provided for staff, such as health and safety, moving and handling, first aid, food hygiene, cross infection, medicines administration, safeguarding including the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff were placed on training to obtain the Care Certificate diploma and undertook regular training updates to refresh their knowledge. This was provided through, e- learning, completing workbooks, face to face training and observations carried out by their supervisors. Records showed that staff training was on-going and the company closely monitored the staff training at the service.

All the staff spoke highly of the support they received from their supervisors and the management team. One member of staff said, "It's like heaven working here, I absolutely love it, the support and training we get is fantastic." They told us they had regular one to one supervision meetings with their supervisors and felt they could approach the registered manager or any of the management team for advice and support whenever needed. We saw records that demonstrated that supervision meetings were planned in advance and took place regularly. In addition observational supervisions were carried out during which staff were observed providing support for people, such as cooking, cleaning, community based activities, activities at home and providing personal care. The aim of the observations was to assess the quality of interactions with people, how staff facilitated independence and how they followed the individuals support plans. The findings of the observations were used to identify areas of good practice and areas for further development. We also saw that annual appraisal meetings took place with staff to enable them to discuss and plan their continual learning and development needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care and supported living settings this falls under the Court of Protection.

The law requires the Care Quality Commission (CQC) to monitor the operation of deprivation of liberty. We

checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty through the Court of Protection were being met.

We saw that all staff had received training on the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS). They were able to demonstrate how they put their learning into practice and confidently worked in line with the MCA. Mental capacity assessments had been carried out and people assessed as lacking capacity to make decisions in some areas of their lives had best interests' decisions in place.

We found the service was fully committed to working in partnership with people and their relatives. One relative said, "I and my [family member] are involved every step of the way in all decision making, the staff are exceptionally good at keeping us informed, we fully trust their judgement." Detailed discussions had taken place with people and their representatives, also using easy read and pictures to assist. MCA assessments had been carried out regarding people's understanding and capacity to consent, for example to have regular health screening checks carried out. A relative said, "I am fully involved in every aspect of decisions made for [name of person] I have attended many meetings to discuss her needs." In discussions with the staff they demonstrated an in-depth understanding of the importance of enabling people to make their own choices and take risks and when they needed to intervene and follow the guidance in the best interests' decision within the person's support plan.

Best interests' decisions had been made involving the person as much as possible, their relatives or other representatives. The practice followed the principles of decisions being the least restrictive and always in the person's best interests'. We observed the staff phrased questions in such a way that people were encouraged and enabled to make their own decisions and choices. People's support plans contained detailed information on the best interests' decisions and regular meetings took place involving the person, their representatives and keyworker to review the decisions.

We saw the support plans contained detailed information on the different methods of communication people used. For example, specific words and phrases used to express moods, facial expressions, movements, sounds and gestures. This facilitated the staffs' ability to harness opportunities and respond to people's fluctuating capacity to enable them to consistently enable people to make choices and decisions. This meant the service made sure people were fully involved in making decisions and their human and legal rights were continuously upheld.

People were supported to eat a healthy diet and were provided with guidance on how to do this. The provider told us they aimed to build on people's skills enabling them to progress to gain further independence. We saw the staff took into account people's different levels of capabilities. They supported people to choose what foods they wanted, using easy read formats where appropriate, to plan weekly menu's with the person, assist with shopping for groceries and help people to prepare their own meals and snacks

We saw that detailed guidance was available within the support plans for people with any food allergies or other problems with eating and drinking, such as swallowing difficulties. The staff were knowledgeable of the different levels of support people needed to eat and drink.

People were supported to live a healthy lifestyle and have access to health services in the community to improve their health and well-being. The staff told us they worked closely with healthcare professionals involved in people's care. We saw that guidance and advice from healthcare professionals had been incorporated in people's support plans. The provider carried out regular health surveys to ensure people

were fully supported to have access to all health care. The records confirmed that people's health needs were frequently monitored and discussed with them and / or their representatives. We saw that a 'Big Meet' conference had taken place in Bedford hosted by Choice Support 'Our Rights Group' which people from the service attended, the theme of the conference was all about leading a healthy lifestyle. The register manager said, "It was a great event that brought lots of people together."

Is the service caring?

Our findings

The service had a person-centred culture, which supported people to express their views. The staff team were fully committed to this approach. The staff supported people who had limited ability to verbally communicate, giving time to express themselves, reading gestures, sounds and body language. One person was unable to communicate verbally and when asked if they felt safe the person smiled and nodded. The staff were respectful in speaking with and on behalf of the person. They sat with the person telling us the things they liked to do. The person listened, smiled and nodded their head in agreement with what the staff told us.

The care and support was provided for individuals by a core staff team and this fostered trusting relationships between people using the service, their relatives and staff. One person said, "They look after me, they listen to me and help me." A relative said, "The whole of the staff team are absolutely brilliant. The support they give is absolutely marvellous; you couldn't wish for more, they are like extended family to us."

The staff were highly motivated and inspired to offer care that was kind and compassionate. One member of staff said, "Working so closely with individuals and their families is extremely rewarding." Another member of staff said, "This is the best company I have worked for, they genuinely care about the people and the staff." They spoke of situations when they had voluntarily offered assistance on their days off to help out with activities such as parties or other events taking place. They valued their relationships with people using the service and were prepared to go 'the extra mile'. The provider promoted the vision that everyone should be treated with dignity and respect.

People using the service and their representatives told us the staff were courteous, caring and patient and the staff respected their wishes. A relative said, "The staff are extremely aware of treating people with respect at all times." This was also reflected in the discussions we had with staff and the observations we made. They demonstrated they understood the importance of treating people with dignity and respect, valuing and promoting people's diversity. Records showed that all staff received core training on equality and diversity, dignity and respect.

Independent advocacy services were used to speak up on people's behalf and people were fully supported to access their services. We saw an independent advocate had written to the service thanking the staff team for the 'fantastic support' they had offered a person during and after their move into the service, saying how the person felt she had now 'finally come home'. They went on to say in the letter that it was the person's wish to have a home of their own where they could feel safe and secure, and thanks to the team they had now achieved this. They said with such terrific support the person would thrive and finally get the life they previously could have only dreamed of.

People and their representatives were provided with information about the service. One relative said, "Before [name of person] moved in we were provided with lots of information about the service, the staff spent time with us, all my questions were answered, they were very informative." We saw that staff kept in regular contact with friends and family members to keep them informed on their loved ones health and

well-being. In addition a quarterly newsletter was sent out to friends and family to inform them of up and coming events and news in relation to Choice Support nationally.

Staff enabled people to remain independent and they had an in-depth appreciation of people's individual needs around privacy and dignity. We saw the results of the most recent satisfaction surveys revealed that privacy and respect came up high in the staffs attributes. One staff member said, "My role is to support people to be as independent as possible, this means treating people as adults and respecting their wishes." The records within people's support plans consistently reflected that staff respected people's wishes.

Is the service responsive?

Our findings

The service promoted people's social and cultural diversity, values and beliefs. They supported people to exercise their rights and make decisions on how they want to receive care and support. One person said, "I do the things I like, I go to discos', shopping, out to lunch with my friends, I love it." A member of staff said, "We work in partnership with people and their families, it's great being able to help people to become more independent, lead normal lives and do the things we all like to do." A relative said, "I can't praise the staff highly enough, [name of person] is now doing things she has never had done before, her quality of life is great."

People's care and support was planned in partnership with them so they received personalised care that was specific to meet their needs. Some people had Individual Service Funds (ISF) in place. This enabled them to achieve greater independence because their care and support needs were driven by them. They had full autonomy on how they wanted their support to be provided.

A member of staff had taken on a 'champion' role in promoting the ISF and had successfully supported an individual to obtain a volunteer role in the community and another person was in the process of being supported to move out of the service to another service of their choice. They had received support in choosing their new home and had visited on a number of occasions to meet the other people living there. Through the ISF the person had full control over their finances and had bought items of furniture for their new home.

We saw that thorough assessments were carried out to identify the level of support people needed before a care package was offered. A relative said, "We were fully involved in the admission process, the staff were very understanding and took their time, there is lots of information to pass on, but we didn't feel rushed or anything like that. We couldn't have chosen a better place for [name of person] they absolutely love living there."

The support plans were very detailed and written in a person centred way, they had been completed with the individuals and had involved family, health and social care professionals and independent advocates. Regular reviews of the support plans took place to ensure they were current "live" as changes occurred. We saw that reviews of the support plans took place as scheduled or sooner as and when there were any changes. All people had the opportunity to attend monthly meetings where they discussed various things like their environment, social and individual activities, any concerns or other matters. We saw that actions from these meetings were addressed by staff and reported back to the support manager and the registered manager to be addressed for actions to be taken.

The service was flexible and responsive to meeting people's individual needs and preferences, The staff received training that was specific to the needs of the people they supported. They demonstrated in the way they spoke about people that they had an in-depth understanding of people's characters, strengths and abilities. A member of staff said, "Wherever possible, we always work in partnership with families, this is particularly important when people have limited communication. Families can provide lots of information,

so we really get to know the person." Another member of staff said, "We give people and their families' time to get to know and trust us." A relative said, "The staff are really good at keep in regular contact with us through telephone calls and emails."

Where the service was responsible, arrangements were in place for people to engage in individual and social activities, and where appropriate education and paid work. One person said, "I love going shopping for clothes, I like getting my nails done at a local salon, going to church, I went to Brighton on the train." A member of staff said, "[name of person] absolutely loves looking around the shops and finding bargains." Another person said they liked meeting up with their best friend and going out for lunch. Another person told us they liked making cards for different occasions, and another said they liked to watch DVD's of their favourite programmes.

Some people independently used public transport and some used their own car. People were supported to go on holidays and day trips; we saw that a relative had sent the registered manager a letter expressing their gratitude at the staff for supporting their loved one to spend time on holiday with their family living in Wales. They wrote, 'Thank you so much for bringing [name of person] to see us, we so enjoyed being with you all, the whole family said it was great.'

People's feedback was valued and matters raised were dealt with in an open and transparent way. . People and their relatives told us that their views about the service were regularly sought and acted upon. One person said, they ask me if everything is alright, I am always happy." A relative said, "We are involved in reviews and have completed the surveys, we are very keen to let the staff know just how pleased we are with the care they provide for [name of person]." We looked at the most recent results from this survey and saw that all the comments received from people and their families were positive about the quality of care and support provided.

The service worked with people following the principles of the 'Reach' standards that people with learning disabilities expect from supported living services. They promoted people to have the same rights and responsibilities as other citizens, such as, the right to choose where to live and who to live with, who to provide your support, to choose friends and relationships, to be part of the community and to lead a healthy and safe lifestyle.

People knew about best practice and were able to share their views and experiences to improve services. Two people using the service sat on the board of trustees and others had taken on roles of 'quality checkers' and 'experts by experience'. This involved them in carrying out home visits to speak with people to seek their views of using services, to see how good their support was, and how it could be further improved.

The service actively sought and acted upon the views of others there was a positive culture where staff and people were empowered to raise any issues of concern, which were always acted upon. One person said, "I am happy with everything, the staff listen to me." A relative said, "I have never had to raise a complaint, there has never been the need, we work so closely with the staff and problems are addressed very quickly." The provider told us that the use of keyworkers gave people and their families a point of contact for any issues that may emerge. An independent advocate was also available to act on behalf of people that required additional support and provide an objective approach.

The complaints procedure was available in an easy read format. Complaints were used to reflect on, learn and improve the service. The provider told us they aimed to respond to any complaints within 48 hours and to complete any investigations within 28 days. We saw that over the past twelve months the service had received one complaint that had been responded to and resolved in line with the complaints procedure.

Is the service well-led?

Our findings

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.

The vision and values of the service were person centred and made sure people were at the heart of the service. People knew what to expect from the service they were given information about the standards they had a right to expect and the service's aims and objectives. People using the service, relatives and staff were enthusiastic about sharing their positive experiences with us. One person said, "I love my home, the staff are great." Another person said, "The staff help me to be as independence as I possibly can." A relative said, "The staff and the manager are exceptional they are fantastic, a weight has been lifted off my mind. I and my [family member] are not getting any younger and it is a huge comfort to know that [name of person] looks upon the staff as her friends. She comes to stay with us for holidays with a member of staff. Last time she came she said she wanted to go home, this gave us the reassurance she is settled and very happy where she lives."

A relative said, "I would definitely recommend the service, the staff are amazing, they are like friends, I can't speak highly enough of them. A heavy weight has been lifted off our shoulders, knowing that [name of person] is so well cared for, the staff go beyond the call of duty. It's wonderful seeing [name of person] having her own space and independence, she is so happy and it all comes down to the dedicated support she has received from the staff."

The registered manager had regular contact with people using the service, the support managers and staff teams. The support managers and care staff all confirmed they felt very well supported by the registered manager. One manager said, "The support from [name of registered manager] is fantastic, she is always there to provide support and guidance, no matter what time of the day or night, she is extremely dedicated to providing high quality care and support for the staff." Another manager said, [name of registered manager] makes it their business to get to know each and every person that receives support from the service and the staff, they are in touch with everything."

Staff told us the provider always made a point of highlighting good practice and praised staff that had influenced positive changes in the service. They told us they had nominated the registered manager for the best manager award, through the 'Staff Thanks and Recognition Scheme' (STAR) awards. This was a company scheme that acknowledged outstanding service to supporting people using the service and staff.

The registered manager regularly visited the services to meet with people and staff, comments from people, relatives and staff indicated they were very pleased with the support from the registered manager and their respective support managers. One member of staff said, "I can honestly say, I have never worked for such a caring organisation it really does practice what it preaches." Another member of staff said, "The staff feel valued, when you feel valued you want to do your best, I feel extremely proud and lucky to work for Choice

Support."

Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. The positive feedback, we received indicated that the staff team went above and beyond expectations to ensure people were able to lead enriched and fulfilled lives.

The service strived for excellence through consultation, research and reflective practice and worked in partnership with other organisations in order to do this. They were signed up to the Driving Up Quality Alliance 'driving up quality code'. The code followed five key areas that indicated the practices of a good organisation: 1) support is focused on the person, 2) people are supported to have an ordinary and meaningful life, 3) care and support focuses on people being happy and having a good quality of life, 4) a good culture is important to the organisation, 5) Managers and board members lead and run the organisation well. They worked in line with the 'Reach' standards for supporting people with learning disabilities, fully embracing people's rights to lead a normal life.

The service benefited from a management team that had a positive sense of direction, strong leadership and a commitment to delivering high quality care. The staff survey reflected that staff felt valued and the registered manager had a positive influence both for support managers and their staff teams. Good practice was celebrated and throughout the organisation highlighting positive outcomes.

A support manager told us the staff and people using the service worked as a team to ensure that consistent care was provided for people in keeping with their individual needs and wishes. They spoke of situations where they had worked with some people whose behaviour presented challenges and how they had taken pride in seeing people grow and develop in confidence and self-esteem to achieve a high level of independence and lead fulfilling lives.

Staff told us they felt proud to work for the service and that they felt valued and supported. They were motivated to work to high standards and build upon their skills and knowledge through on-going training. They were clear about their roles in supporting people to be independent with access to the local community and were always looking at how they could improve peoples' lives.

The quality assurance systems were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved in people's care. The registered manager told us that a consumer experience survey was used annually to gather feedback from people and their representative about the quality of the service they received. We looked at the results for the latest survey and found that people had experienced good quality care and support and they had been complimentary about the service.

People were empowered to develop their skills, they knew about best practice and were able to share their views and experiences to improve practice. Two people using the service sat on the board of trustees and others had taken on roles of 'quality checkers', 'co –trainers' and 'experts by experience' We saw that a quality checker had recently visited the service and the comments within the easy read report produced by the quality checker were very complimentary on how people were supported to be independent and live a normal life.

We found the oversight and governance of the service to a very high standard. Monthly audits of the service were carried out by the registered manager, their support managers and the corporate quality team. In addition members from the board of trustees regularly visited the service to seek feedback from people using the service and staff. We also saw the most recent compliance visit by the local authority had rated the

service as excellent, achieving a score of 100%.