

## Lewisham Nexus Service

# Lewisham Nexus Service

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Lewisham Nexus Service provides personal care and support to people with a learning disability who live in supported living accommodation. People lived in shared houses and flats in different areas of Lewisham. At the time of the inspection the service was providing care and support to 27 people

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People and their relatives told us they were extremely happy with the quality of care they received. There was a stable staff team in place, so people received care and support from people who knew their needs and preferences well. People consistently praised the kind and caring approach of the staff and our observations confirmed this. People told us, "The care is excellent, the whole house is excellent" and "The staff are amazing, I can't thank them enough."

There were enough staff to meet people's health and social care needs safely and ensure they lead active and rewarding lives. Medicines were managed well by staff that received regular training. Risks to people's safety had been assessed and measures were in place to mitigate these whilst ensuring people were supported to live full and active lives.

People's needs were holistically assessed, and plans were in place to meet these. People were supported by a range of health and social care professionals and staff advocated on behalf of people to ensure they received the appropriate healthcare. We received positive comments from a range of health and social care professionals about how the service works in partnership to help people get the best care and support.

The service was exceptionally skilled in developing accessible communication and individual communication plans for people with communication difficulties. Care and support plans were written with a strong emphasis on people as individuals, with detailed information on their life story, likes and dislikes and things that people liked and admired about them. People were supported to have active lives and enjoy interests and activities of their choice. The service supported people to meet new people and maintain relationships.

The registered manager and nominated individual were keen to continue to build on previous achievements and improve the quality of care and support people received. The service had an established reputation for

facilitating service user engagement within the organisation and with the wider community and they continued to build and improve on this.

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

Rating at last inspection

The last rating for this service was outstanding (report published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Lewisham Nexus Service

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service Type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with 15 members of staff including eight support workers, three support managers, the social inclusion manager, the service manager, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from the multi-disciplinary team who worked with the service to help plan and deliver care and support.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems and processes were in place to ensure people receiving care were protected from harm or abuse. Staff received safeguarding training and demonstrated a good understanding of this when we spoke with them.
- The service recently adapted the safeguarding refresher training to focus on the issue of forced marriages for people with learning disabilities. They had also worked with the local advocacy service to deliver hate crime training for staff and people receiving care and support to ensure people recognised hate crime when it occurred and would know how to report any concerns.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC and they conducted prompt investigations when necessary.
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves. Senior managers conducted regular audits of people's finances to ensure they were being managed appropriately.

Assessing risk, safety monitoring and management

- People using the service and their families told us staff helped them to stay safe. We received comments such as, "I am confident they do everything to keep (my relative) safe" and "I am sure (my family member) feels safe. They would tell me if they were concerned."
- Care plans contained details of individual risks to people receiving care and guidelines for staff to follow to ensure the risk of harm was mitigated. For example, we saw detailed plans for someone who travelled independently in their local community. The person's plan had details of how to remind them of certain risks when they were out on their own, what to do if they were approached by strangers or intimidated in any way and what to do if they got lost or their travel was disrupted in any way.
- The service ensured each person had a personal emergency evacuation plan which detailed the support and guidance they needed to evacuate their home in the event of an emergency.

Staffing and recruitment

- The staffing levels were appropriate to ensure people's needs were safely met. Each person's needs were assessed to ensure they were receiving the correct amount of shared and one-to-one hours. The register manager told us that they alerted the local authority if people's changing needs affected how many staff they needed to keep them safe. One staff member told us, "We are lucky here that we always have enough staff on so people can have the support they need to do what they want to do."
- The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the

UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were managed safely. There were systems in place to ensure staff followed best practices guidelines. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area. Medication competency assessments were refreshed every year or sooner if the manager identified issues or a gap in someone's knowledge.
- People's ability to manage their own medicines was assessed and guidelines were in place to support people to be as independent as possible whilst ensuring they took their medicines as prescribed. These are mood altering medicines that are prescribed for mental health conditions and for people with behaviours that challenge, and they can have a significant effect on people's behaviour, well-being and state of mind.

#### Preventing and controlling infection

- Systems were in place to reduce the risk of infection. Staff received infection control training and showed a good understanding of how these principles were put into practice. Staff had access to personal protective equipment to prevent the spread of infection, such as gloves and aprons.
- There were cleaning rotas in place and regular checks of people's homes to ensure they were always kept clean and hygienic. The supported living service we visited was clean and homely and staff told us, "We have to keep the place clean as our own homes as most people cannot do very much for themselves."

#### Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents and the registered manager or nominated individual ensured all necessary steps were taken to maintain safety after incidents occurred.
- The registered manager collated and analysed all accidents and incidents on a quarterly basis to identify trends or patterns. The accident and incident analysis was routinely shared with local commissioners.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments of people's needs were completed by the local authority and the service, and care and support plans were put in place to meet these. There was information in place about people's background histories and physical and mental health conditions.
- People and their relatives were actively involved in their assessment and the reviewing of their support plan and they told us they were happy it met their needs.
- There were guidelines in place for staff for all aspects of people's care and support including how much support people needed to ensure their personal care and oral health needs were met in line with recent guidance from CQC.
- The service worked with other professionals to assess the risks of behaviours that challenged and self-injurious behaviours and put in place positive behaviour support plans which focused on achieving good outcomes for people. This approach helped reduce behaviours that might challenge the service and adversely impact people's lives.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support.
- The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge and meet the needs of people using the service.
- Staff told us they felt supported by their manager and had suitable training, regular supervision and an annual appraisal and records we saw confirmed this. We received comments from staff such as, "The training is excellent here" and "We get regular training on all sorts of things and you can always ask for additional if you need it."

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained information regarding specific dietary needs such as allergies or health conditions so staff would be aware of what foods were safe for people to eat. People's plans included specific recommendations from speech and language therapists when people had problems with eating and drinking.
- People were supported to choose and prepare healthy options wherever possible and maintain a balanced diet. People's ability to prepare their own food was assessed and support guidelines were put in place to ensure people were able to be as independent as they wanted in choosing and preparing their food.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked with a range of health and social care professionals to ensure people's needs were being met. This included GPs, speech and language therapists, psychologists, district nurses, occupational therapists, and physiotherapists.
- People and their relatives told us the service helped them stay healthy and ensured they got medical attention when they needed it. One relative told us, "This has been the best care for (my family member). I know their health needs are well looked after even down to making sure their skin is moisturised daily."
- Hospital passports had been developed for everyone using the service. These contained detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital. There were also detailed guidelines in place to show how people with no verbal communication expressed pain or discomfort, so all staff would be able to know when people needed medical attention or pain relief.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their 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 had the appropriate legal authority and were being met.

- The service had made all the necessary referrals to the local authority to make the applications to the Court of Protection when people lacked capacity to consent to their care and treatment. At the time of our inspection there were no restrictions on people's liberty.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff demonstrated an understanding of the principles of the MCA and told us how they supported people to make day to day decisions. We saw examples of best interests' meetings that had been convened for people who were unable to make important decisions around healthcare treatment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said they experienced a kind and caring service. Family members spoke highly of the caring approach the staff took with their loved one. We received comments such as "They are angels. I really can't fault them" and "They honestly make me humble. They are fantastic how they care for people."
- People's care records contained information about their life story, so staff would have a good understanding of who they were and what was important to them. We saw good examples of positive interactions between people and staff. Staff showed a deep understanding of people's likes, dislikes, preferences and challenges and there was a genuine rapport between people and their staff.
- There was a stable staff team so people received support from familiar people. One relative told us, "They are darlings. All of them have been with (family member) for ten plus years which is really important to maintain familiarity and regular routines."
- Staff received training in equality and diversity and understood how people's protected characteristics should be considered when delivering care and support. One member of staff told us, "Everyone is different. We support people with their disabilities whether that's their physical or their learning disability. We also make sure we are sensitive to religious or cultural needs."
- The service employed people from a wide range of ethnic and cultural backgrounds. This enabled people whose first language was not English to have care and support from staff who could communicate with them in their native language such as Turkish, Jamaican Patois and Yoruba.

Supporting people to express their views and be involved in making decisions about their care

- There were wide range of documents which focused on people as individuals with detailed information about their personal attributes and aspirations. People were actively involved in making decisions about their day-to-day care and staff routinely asked for their consent. Staff told us, "We offer people choices in all different ways, it depends on the individual. Some people can only cope with two choices but it's still important we offer this."
- People's care plans were developed in conjunction with their family members and/or friends when people had difficulty expressing their views themselves. The service also informed people of local advocacy services that were available if they needed additional support to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and this was confirmed by health and social care professional who worked with the service. They told us, "Recent observations were that staff maintained the client's dignity and privacy when supporting with personal care tasks."

- People were supported to maintain their independence and learn new skills where possible. One member of staff told us, "We help people learn all sorts of skills. One person we support is practicing writing their initials. It might not sound like much but to them it's a real achievement." We also saw examples of people learning to travel independently, cook on their own or do their own ironing.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service consistently provided support for people that met their individual needs and improved the quality of their life. Relatives we spoke with were universally positive about how well the service responded to their relative's individual needs. One relative told us, "The manager is wonderful and really understands my family member's autism very well. That has made so much difference to the team's understanding of their needs. He is really happy now, which hasn't always been the case."
- The service ensured people with very little communication or who had behaviours that challenged continued to get regular support from a familiar staff when they went into hospital. A relative told us, "The manager straight away arranged for regular staff to be there so they always had someone they knew with them. I know the hospital staff would not be able to understand (my family member) without this support, so we are very grateful."
- The service was responsive when people's needs changed and ensured they adapted people's care to meet their needs. One person's care needs had recently changed so they needed much more intensive support from staff. The service ensured the person had the correct equipment such as hospital bed, pressure mattress, hoist and shower chair and the use of an armchair with wheels so they could continue to move around and interact with their housemates. A relative said, "My family member needs have really changed. They are nearly blind and rely on staff to do everything for them. We thought they would need to go to a nursing home, but the service has made sure they are able to stay in the environment they are familiar with, supported by the people they know and trust."
- The service identified assistive technology solutions such as talking watches and microwaves to enable people to have more control in their daily lives. One person was using a digital voice assistant device to play music, find out about the weather so they can choose suitable clothes, get directions and other general information. A member of staff told us, "They can now do these things independently with their device without the need to rely on support from staff all the time which means so much to them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service continued to use innovative methods to support people with sensory impairment. People had extremely detailed communication plans in place, so staff would understand what support people needed to communicate. One person's communication plan detailed how they used smell and touch to

communicate as they were not able to communicate verbally and had sight and hearing loss. Guidelines included the use of scented oil diffusers to indicate the time of day and staff to wear individual bracelets, so the person could identify the different staff members by the bracelet they wore.

- The service produced a wide range of documents in easy read formats to ensure information was as accessible as possible for people with learning disabilities. Easy read documents included information on people's legal rights, how the service uses people's personal information, job application forms and general information about the support services on offer.
- Staff used a variety of methods to support effective communication including sign language, visual cues and objects of reference. One relative told us, "They know (my family member) so well. They communicate using Makaton which is so important." Makaton is a sign language that used by people with learning disabilities and autism to support communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were planned to meet the individual needs and preferences of the people receiving care. We saw a wide range of activities and social groups being attended by people including black and minority ethnic social groups, the Lewisham Irish centre. People were also supported to attend the Albany arts centre which hosted regular events which were run by and for people with learning disabilities.
- The service had developed one-page profiles for people receiving care and support and staff which enabled the service to match people with staff of similar interests. Recently the service matched staff and people who enjoyed attending music festivals, so they could make a group to attend a festival together.
- The service continued to support people to attend the local self-advocacy group, Lewisham People's Parliament. They told us, Nexus are very supportive of our activities, such as People's Parliament and monthly big speaking up groups." One person who supported to attend this group told us, "Going to people's parliament is important as we get to talk about what's affecting us like cuts to services and keeping healthy. We also get to talk to the Mayor and the local MP to tell them what it's like for us."
- People were supported to engage in volunteer activities. For example, people were supported to engage in the local time bank scheme. This gave people the opportunity to try different volunteer roles in the local area and receive credits for the time they gave. Volunteer roles included, local conservation work and helping local homeless charities.
- The service had joined the Supported Loving Network which was set up to improve the support people received to find and pursue relationships. The staff leading on the supported loving initiative have supported people with a range of personal and relationship issues. One person who wanted to find a partner was supported to attend a workshop in Manchester to discuss their relationship aspirations and make plans towards achieving these. They told us, "I went to supported loving conference. It was amazing, I learned so much about relationships. I now have the confidence to find someone to share my life." The member of staff leading on the supported loving told us, "We are trying to support people as everyone has the right to enjoy all aspects of their sexuality."
- Staff discussed personal issues of a sexual nature with another person following a GP consultation. They gave them information in a way they could understand so they would have a better understanding of their issues and try different things without the need for medical interventions.

Improving care quality in response to complaints or concerns

- There was an easy read complaints policy in place to ensure people understood how to make a complaint. People were aware of what they needed to do if they were unhappy about any part of their care and support and they felt confident that their concerns would be addressed.
- The service responded to complaints and acted to address issues when they arose, and records we saw confirmed this.

## End of life care and support

- The service had an end of life policy and staff had training in attending to end of life care needs.
- The service supported people to devise end of life plans which contained information about their funeral wishes including religious and cultural needs they wanted to be addressed. Not all people had chosen to make plans but there was evidence that they had been given the opportunity and had declined. The service also worked with St Christopher's Hospice to devise an end of life plan for someone with a terminal illness.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service continued to provide a positive culture which empowered people to achieve good outcomes. Staff were extremely positive about the culture of the team. They told us, "There is a really good working atmosphere, everyone is trying to provide the best support possible. I have recommended a few friends to come here." and, "I've been here a long time, so I've learnt so much but I'm still learning new things" and "I love my job. I have a great manager who has so much knowledge and insight."
- The nominated individual had set up 'chat sessions' at a local café, so any member of staff could come and speak to them informally. They told us, "Every time I have done the sessions I have had staff come to discuss their issues. I've actually been quite humbled at some of the things people have come to share with me."
- People told us they felt able to approach any member of the senior management team if they had a concern or needed any help or assistance. Staff told us, "It's only a small team of managers. They are very open and approachable. Their doors are always open" and "The (nominated individual) is new and making lots of positive changes. It makes a real difference to know you can talk to someone senior if you have any concerns about anything which is brilliant."
- People's relatives were exceptionally positive about the service, "The care they receive is amazing. (Family member) wouldn't be here if it wasn't for the staff. They really go over and above" and "This has been the best care (family member) has ever had. The manager and the team have helped them overcome so, many challenges and behaviours and they now have an active and fulfilling life that was just not possible before."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest and give people all the relevant information they required when things go wrong. They ensured they sent the appropriate notifications to CQC and the local authority after significant events occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Monitoring and quality assurance audits were in place to identify shortfalls and ensure action was taken to resolve these. These included spot checks conducted by senior managers with action plans put in place to address any issues found.
- The service employed people with learning disabilities in a range of roles within the organisation. One



person who was employed to conduct quality audits told us, "As a quality checker I visit different homes where people are being supported and make sure they are happy and getting the right support. I am good at this because I know what it's like to receive support and I can be a voice for people and report when things are not so good. Some people can't speak up for themselves, so I can do that for them if I see something is wrong. If I see something or someone tells me something is wrong, we make sure it gets sorted straight away."

- Managers were positive role models for staff. We received comments such as "I wouldn't ask anyone to do anything I couldn't do" and "I have had to show staff how we support people to understand appropriate behaviours. You have to lead by example sometimes especially when dealing with personal behaviours that we all can find challenging."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service produced an easy read newsletter for the local community. One person who participated in this project told us, "My Lewisham newsletter is written by people with learning disabilities and we help people understand things that are going on the local area and might be affecting them. We have done stories on how to stay safe and keep well and about travel training people can get from the council."

- People routinely took part in the recruitment process and helped interview prospective new staff. One person employed to recruit staff told us, "I love doing the interviews. I know what good support should be, so I can ask the right questions, so we get the best staff. Doing the interviews as also given me so much confidence with talking to people."

- The service has set up an 'advisory board' made up of people receiving care and support to consult and advise the board of trustees. The advisory board are currently training for this role but have already raised issues on behalf of people less able to speak up for themselves. These issues were communicated directly to the nominated individual to address and take action.

- The actively engaged with and sought feedback from people receiving care and their relatives. One family member told us, "They are brilliant at communicating with me and my family. The manager is always asking questions, so they can get things right. This is really important as (my family member) doesn't speak at all."

- We received consistently positive feedback from health and social care professionals. They told us, "I would say that Nexus are a great example of a forward-thinking learning disability organisation who are really on top of their game. They do so many positive things especially around service user engagement. They really empower people to achieve things" and "I think one of their strengths is that they are a very community focussed organisation who have been very successful in linking with local community-based services to create opportunities for the people they support."

- The service was an active voice in the local community, raising awareness of the challenges people with learning disabilities face in their day-to-day lives. The registered manager led a team of learning disability awareness trainers who delivered training to healthcare professionals in local hospitals. One person with a learning disability who was employed to deliver this training told us, "I know It can be very scary for someone with a learning disability to go into hospital. They don't explain things properly and you don't know what's going on. On the training we explained these issues to the nurses, so they can understand what it's like for us and explain things better, so it won't be so scary for people with a learning disability"

- The service also devised an easy read discharge form to be used by the NHS trust to get feedback from people with learning disabilities about their experience of being in hospital.

- The service had also recently received an award from the local advocacy group to recognise the strong commitment to Mate Crime training which they delivered to staff and people receiving care and support.

Continuous learning and improving care

- The service continually looked outside of the organisation to keep up to date with knowledge and

improve quality of care. The provider had also sign up to the Gr8 support movement. This is network for staff who support people with a learning disability to discuss new ideas and help overcome challenges and obstacles in their role. Engagement in this had led to improvements in the way staff communicated ideas across the service. Participation in the STOMP campaign had also led to reduction in the use of psychotropic medicines for some people.

- Staff were positive about how recent changes enabled them to carry-out their role more effectively. "The organisation is always looking ahead. We have recently had new laptops and we can now work from home sometimes. The flexibility brings out the best in people, so we can achieve more for the people we support."
- The service has been shortlisted for the Skills for Care Accolade in 'Best Retention and Recruitment approaches' award for their "expertise in recruiting people with strong caring values, developing staff to meet people's needs and having strong leaders and managers." Skills for care are a nationally recognised charity that provides advice and guidance to social care employers.