

Hand In Hands Ltd

# Hand in Hands

## 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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 11 September 2015 and was unannounced. Hand in Hands is a supported living service for up to eight younger adults who live with learning disabilities. At the time of our inspection seven people were using the service.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

# Summary of findings

to protect themselves or others. At the time of the inspection we found that no DoLS authorities had been required or obtained because it had not been necessary to restrict anybody's liberty in accordance with the MCA 2005.

People told us they felt safe and secure. Staff had received training in how to safeguard people against the risks of abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed. Flexible arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been put in place to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. People were supported to take their medicines by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People were positive about the skills, experience and abilities of the staff who supported them. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People told us they were supported to maintain good health and they had access to health and social care professionals when necessary. They were provided with appropriate levels of support to help them plan a healthy balanced diet that met their individual needs.

Staff obtained people's consent and permission before providing support which they did in a kind and compassionate way. Information about local advocacy services had been made available for people who wished to obtain independent advice or guidance.

Staff developed positive and caring relationships with the people they supported. People and their relatives were fully involved in the planning, delivery and reviews of the support provided. The confidentiality of information held about people's medical and personal histories had been securely maintained.

Support was provided in a way that promoted people's dignity and respected their privacy. People told us they received personalised support that met their needs and took account of their preferences. Staff had taken time to get to know the people they supported and were knowledgeable about their background histories, preferences, routines, goals and personal circumstances.

Opportunities were available for people to pursue social interests and take part in meaningful activities relevant to their needs, both at the service and in the wider community. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded properly and investigated promptly.

People, their relatives, staff and professional stakeholders very were complimentary about the managers and how the service operated. Measures were in place to monitor the quality of services provided, reduce potential risks and drive improvement.

# Summary of findings

## 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.

People felt safe and were supported by staff trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that staff were fit, able and qualified to do their jobs.

Sufficient numbers of suitable staff were available to meet people's complex needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Good



### Is the service effective?

The service was effective.

People's consent and permission was always obtained before care and support was provided.

Staff were well trained and supported to help them meet people's needs safely and effectively.

People were supported to plan, prepare and eat a healthy balanced diet.

People were supported to meet their day to day health needs and to access health and social care professionals as appropriate.

Good



### Is the service caring?

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were fully involved in the planning, delivery and reviews of their care and support.

Support was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services.

The confidentiality of personal information had been maintained.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support that met their needs and took account of their individual choices and preferences.

The detailed guidance provided to staff enabled them to provide person centred care and support.

Outstanding



# Summary of findings

People had the opportunity to pursue their social interests and activities of their choice.

People and their relatives were confident to raise concerns and have them dealt with to their satisfaction.

## Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive continuous improvement.

People, their relatives and staff were very positive about the manager and how the home operated.

Staff understood their roles and responsibilities and were supported by senior colleagues and the manager.

**Good**



# Hand in Hands

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 11 September 2015 by one Inspector and was unannounced. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that requires them

to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who used the service, two relatives, four staff members and the manager. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to two people who used the service and two staff files.

# Is the service safe?

## Our findings

People who were able to communicate with us said they felt secure and that staff helped them to stay safe, both when at home and out and about in the local community. One person told us, “Staff are very good and I yes am safe.” A relative of a person who used the service commented, “I am very confident that [family member] is safe here. They get amazing levels of support to make sure of that. I don’t have any concerns.”

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed and made available to staff and people who used the service. One staff member told us, “The safety and well-being of the residents is a top priority for us. They can be very vulnerable so we take safeguarding very seriously indeed.” Safeguarding procedures were discussed and reviewed with staff during regular supervision meetings and as part of ongoing refresher training.

We saw that where potential safeguarding issues had arisen, for example as a result of the aggressive or challenging behaviour of one person that had impacted on others, they were properly documented, de-briefed and, where appropriate, brought to the attention of the local authority. This meant that that learning outcomes were identified and shared with staff who helped develop plans to reduce the risks and minimise the likelihood of reoccurrence. They were encouraged to reflect on what had taken place and contribute to the development of up to date and practical guidance for colleagues on how to recognise the signs and triggers of disruptive or difficult behaviour. This meant that staff had access to detailed and person centred information about which distraction techniques could be used to good effect across a range of different situations.

Accidents and incidents that gave rise to risks or resulted in injury were also reported by staff, documented and investigated thoroughly to identify potential causes, develop plans to prevent reoccurrence and keep people safe from harm. For example, it was noted that one person, who was visually impaired, had sustained a bruise in unknown circumstances. This was investigated and, following a period of observation, staff discovered that the

person concerned bumped into items of furniture when in their bedroom which resulted in similar bruising. Staff helped them rearrange their bedroom furniture in a way that significantly reduced the likelihood of them bumping into it and sustaining further injuries.

Where potential risks to people’s health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people’s changing needs and circumstances. This included in areas such as mobility, physical and mental health, nutrition, behaviour and activities, both at home and in the community, for example road safety, involvement with household jobs such as cooking and preparing hot drinks, and social activities. One person told us, “They [staff] help us do things that we want, like fun and do stuff.”

The manager encouraged staff to adopt a positive approach to risk management so that care and support was not only provided safely but also, wherever possible, in a way that has promoted people’s independence, lifestyle choices and aspirations. For example, one person at risk of seizures as a result of a complex health condition was supported to pursue activities of their choice, such as swimming, using swings at a local park and visiting theme parks. This was made possible by staff specifically trained to deal with medical emergencies and with immediate access to the medicines and equipment necessary to keep the person safe. A staff member said, “Risks should never be used as an excuse or barrier not to do things. When properly thought through and managed, we can help them [residents] do most things they want safely.”

Another person, who became anxious and often displayed challenging behaviour in unfamiliar and crowded environments, wanted to go ‘snowboarding’ having watched a programme about it on television. Staff worked with a local activity centre to enable them to do this safely at a time, and in circumstances, that took full account of and met their physical and mental health needs. Somebody else who also experienced difficulty in pursuing social interests in public places, as a result of a complex mental health condition, was helped and supported to realise a long held ambition and desire to enjoy a visit to a seaside resort where they ate chips followed by an ice-cream. A relative commented, “They [staff] do everything they can to help [family member] live as full a life as possible in the circumstances.”

## Is the service safe?

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. A relative told us, “There are no problems with [family member’s] medicines. The staff are in my view very well trained, have a good understanding medicines and how to make sure they are given correctly and on time.” Staff demonstrated an in-depth knowledge of how to support people with their medicines both safely and as prescribed.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service. A relative told us, “All of the staff are brilliant at what they do, absolutely brilliant.”

There were sufficient numbers of suitable staff available to meet people’s individual support and care needs at all times, including during the night and at weekends, in a calm, patient and unhurried way. One person said, “They

[staff] are always around to help you.” A relative told us, “There are always lots of staff about, most [people] get almost ‘one to one’ care here when they need it. I have never had any concerns about staffing levels.” A staff member commented, “There is enough staff here to cover what is needed, we are a great team who help and support each other.”

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Guidance about people’s most important care and support needs, including information about their medicines, had been produced in a concise format for use in emergency situations, for example if an urgent visit to hospital was required. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms.

# Is the service effective?

## Our findings

People and their relatives were positive about the skills, experience and abilities of the staff who provided care and support. One person told us, “I like all the staff, they are good.” A relative commented, “The staff are brilliant and know everyone [who uses the service] so well and how to look after them.”

New staff were required to complete a structured induction programme as part of a 26 week probationary period, during which they were provided with mandatory training relevant to the roles performed. They were observed in practice and had their competencies assessed in the work place before being allowed to work unsupervised. Training and regular refresher updates were provided in subject areas such as health and safety, infection control, food hygiene and nutrition. A staff member told us, “The induction and training we received were very good and we are frequently reassessed.”

All staff were given the opportunity to study for and obtain nationally recognised vocational and academic health and social care qualifications. They are also provided with training specifically tailored to the complex physical and mental health needs of the people they support, for example in areas such as epilepsy and autism. Each staff member had a personal development plan with clear links to the supervision and appraisal system. Some members of staff had been recognised as ‘ambassadors’ for care skills and had represented the service at both local and national events.

Staff told us they were well supported by senior colleagues and the management team. They had the opportunity to attend regular staff meetings and were encouraged to have their say about how the service operated. For example, ideas about new activities that people may enjoy had been developed and implemented as a direct result of suggestions made by staff during those meetings.

Staff were also able to discuss issues important to them at supervision meetings with senior colleagues during which their performance in the workplace and overall professional development was reviewed. A staff member commented, “It’s absolutely brilliant here. Training is brilliant and the manager is very supportive and approachable. We can talk with [them] about any concerns

or issues and they are dealt with straight away.” Another staff member told us, “I have never worked in such a supportive environment, not just the managers but the whole team; everyone looks out for each other.”

People told us, and observations carried out during our inspection confirmed, that staff always obtained their consent and permission before they provided any care or support. One person said, “They [staff] ask me what I want, they talk to me about stuff all the time.” A relative commented, “Staff know people really well and take time to find out what they want, they understand how to gauge that and respond accordingly.”

Staff received training about the Mental Capacity Act (MCA) 2005 and were knowledgeable about the Deprivation of Liberty Safeguards (DoLS), the relationship between people’s capacity and consent and how these principals should be applied in practice with the people they supported.

Guidance provided to staff emphasised the importance of obtaining consent in line with the MCA 2005 and included detailed information about how to achieve that in a person centred way, taking full account of people’s individual needs and personal circumstances. For example, an entry in guidance provided about one person stated, “[They] like clothes and to look nice, encourage them to [make a decision] and chose an outfit.” A staff member commented, “The key is to know people very very well, to support them make decisions about what they want to do, where and when.”

People told us they were involved in menu planning and enjoyed the meals that staff prepared for them. One person said, “I like the food, we can chose what we like and help them [staff] do it. I like takeaways.” A relative commented, “The food is very nice, [family member] likes the mash, baked beans and sausages. They often have a takeaway of their choice on a Friday night. I am happy they get a varied and healthy balanced diet.” During our inspection we saw that people were actively involved in deciding both what they wanted for breakfast and in the preparation. They met regularly with staff to plan menus and got involved in baking and cooking in a safe and enjoyable way.

Staff were knowledgeable about people’s dietary requirements which they factored into menu planning. They had access to detailed, up to date and accurate information about people’s individual food preferences



## Is the service effective?

and nutritional needs which helped them ensure they enjoyed a healthy balanced diet based on choice. For example, an entry in guidance for one person stated, “[Name] prefers to have breakfast before a shower. Offer choice. They like strawberry jam or marmite on toast or porridge with some syrup or Coco Pops.” People were encouraged to help draw up healthy lifestyle plans and staff helped them to achieve their goals by keeping their weight and eating habits under regular review.

People were cared for and supported by staff who were knowledgeable about, and understood how to meet, their individual physical and mental health needs in a safe and effective way. They were supported to maintain good health, access appropriate healthcare services in a timely way and to receive the on-going healthcare support they

required. Staff helped and supported people to make and attend appointments with their GP, dentist, opticians and other health and social care specialists relevant to their individual needs.

One person said, “They [staff] help me see doctors and dentists.” A relative commented, “They [staff] do thorough assessments of [family member’s] needs and make sure they are very well looked after. They manage all their appointments, for example with the GP. For example, one person had not visited a dentist for a long time because they were too nervous and worried about having treatment. Staff worked them and a local dentist to draw up a plan that helped overcome their anxiety and accompanied them to appointments so they could receive the treatment they needed.

# Is the service caring?

## Our findings

People told us, and their relatives and our inspection confirmed, that they were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person said, “I love living here, it’s fun and very good.” Another person told us, “It’s nice; [staff] are nice too.” A relative commented, “Staff know [people] really well. They are amazing and genuinely care, they are all very kind and considerate.”

Staff had clearly developed positive and caring relationships with the people they cared for and supported. They laughed, joked and interacted in a warm, friendly and playful way that created a vibrant and homely atmosphere. People took pleasure in telling us what they had been up to and had planned with staff and in one case a person joined in with singing and dancing around the kitchen to emphasise their enjoyment of music and concerts.

We saw one staff member comfort a person who had become anxious and worried about their complexion. They spoke with them in a kind and patient way and used effective communication and distraction techniques to calm and reassure them. The person attempted on occasion to encroach upon the staff member’s personal space in an inappropriate way, but again was distracted from doing so in a kind but firm and professional manner to good effect. A staff member commented, “The care and support is brilliant here. It’s just like a family home; everyone cares for everyone. It’s a great place to work.”

We saw that staff cared for and supported people with dignity and respected their privacy at all times. A relative told us, “They [staff] treat residents like adults, like grown-ups and respect their wishes.” People were supported to maintain positive relationships with friends

and family members who were welcome to visit them at any time. Some people kept keys to the house and their private room and also allowed relatives to have a set so they could gain access without the need to contact staff and pre-arrange a visit. One person’s relative commented, “It shows how open, transparent and supportive they [staff] are because we [have a key] and can and do visit at any time without prior arrangement.”

People and their relatives were fully involved in the planning, delivery and review of care and support provided. We saw that people were involved in meetings about their care needs and discussions about any changes to their personal circumstances. This involvement and information about people’s views was also reflected in the guidance provided to staff about how to care and support people in a person centred way.

For example, guidance about one person emphasised the importance of their maintaining daily contact with family members and how that was to be managed and achieved. Another entry stated, “[Name] should be given the opportunity to make as many lifestyle decisions as possible, including [for example] activities, clothing and food.” A relative commented, “They [staff] adopt a collaborative approach so we are all very much involved in what goes on and in deciding the way forward.” This meant that people were encouraged to express their views and become fully involved in the planning and delivery of the support they received.

We found that confidentiality was well maintained and that information held about people’s health, support needs and medical histories was kept secure. Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance.



# Is the service responsive?

## Our findings

People received personalised care and support tailored to their individual needs that also took full account of their background history, choices, individual circumstances and personal aspirations. They were fully involved, together with family members where appropriate, in developing all aspects of their support plans, including how they wanted to live their lives, goals they wished to achieve and end of life care. A relative commented, “The care here is very person centred and second to none, it really is brilliant. They try and look after [family member] as I would myself which is great.”

People told us that staff had helped them to decorate their bedrooms as they wanted, in styles that reflected their own personalities and characters. Three people showed us their rooms and were clearly very pleased with the result. One person for example, had been helped to put up posters of their favourite pop artists. Another, who was proud of an extensive collection of celebrity models displayed on their bedroom walls, said “Staff helped me do my room how I like.” A staff member commented, “They [residents] are so well supported here. It’s all about them and what they want to do, enabling them to live their lives how they want and in a way that suits them, not us.”

Staff had access to detailed information and guidance about how to support people in a person centred way, based on their individual health and social care needs, preferences, likes and dislikes. This included information about people’s preferred routines, medicines, dietary requirements, behaviours and important relationships. Guidance relating to one person included information about where they preferred to sit at mealtimes and considerable detail about their favoured daily and personal care routines. A staff member commented, “The guidance available is really very good and helps us deliver person centred care which is what we are all about.”

We also saw that staff received specific training about the complex conditions that people lived with to help them do their jobs more effectively. Staff had access to guidance about how to recognise and respond to the potential triggers, signs and behaviours associated with mental health conditions and learning disabilities relevant to the people they supported. This meant that staff were better equipped to provide care and support in a way that was responsive to and met people’s individual needs.

For example, before they used the service one person with complex needs was unable to pursue their interests, or socialise freely in public areas, as they tended to display aggressive behaviours that others had found difficult to deal with or manage effectively. This meant they had difficulty in pursuing certain goals and were therefore at risk of social isolation. However, staff had since worked with them over a long period of time to develop effective coping strategies and mechanisms, tailored to their specific needs, that had enabled them to overcome many of the previously identified difficulties with behaviour. This in turn meant that staff had been able to help and support them achieve personal goals and aspirations, such as trips to the seaside, walking activities and enjoying access to facilities in the local community.

People and their relatives were positive about the opportunities made available to pursue goals, social interests and activities that met their individual needs. They were also encouraged and supported to be involved in how both their home and the service operated on a daily basis. For example, they were helped to draw up rotas and schedules for various cleaning, household, laundry and cooking tasks they shared. People were also fully involved in drawing up plans for their weekly activities, appointments and other social commitments.

One person told us, “They [staff] help me do lots of stuff. I can watch TV, play snooker or pool, go out for lunch, go to [a local community centre]. I love music and they [staff] helped me go to concerts at the O2 [arena], like Lionel Ritchie, Leona Lewis my favourite, JLS, Alicia Keyes.”

A relative commented, “[Family member] leads a very busy, happy and full life and has really benefitted from the opportunities and support provided here.”

People were able to choose which staff member supported them with particular activities and social interests, for example one person preferred a certain male member of staff to go with them to watch wrestling, particularly as it was something they both enjoyed doing. We saw that staff had been creative and innovative in helping people to overcome potential risks and behavioural barriers in order to take part in activities and achieve personal goals.

This had included helping people access the theatre to see their favourite shows, for example the Michael Jackson story ‘Thriller’, helping someone rediscover their enjoyment of swimming as a form of relaxation and exercise and



## Is the service responsive?

working with family to help somebody overcome their fear of flying so they could, with the support of staff, enjoy their first holiday abroad for many years. Another person with lots of energy and a passion for sport was supported to join a local mixed ability rugby team where they regularly took part in and enjoyed vigorous training sessions.

Staff were flexible and tailored working hours to ensure that people could be supported to take part in activities of their choice, such as visits to local pubs and night clubs where they enjoyed dancing. A staff member told us, “The improvement and progress made with [people] since I have been here is just amazing, they have just got better and better in terms of their overall development.” We saw that one person had been supported to carry out voluntary work they enjoyed at a local farm while others regularly attended college and day centres that provided courses and activities appropriate to their needs.

People were also encouraged and supported to take part in group activities with the other residents they shared a house with, for example gardening, BBQ’s and organised trips out and events such as a ‘Motown music’ weekend. Those who wanted to were also helped to vote in the recent general election after being provided with information in an ‘easy read’ format that helped them understand the process and choices available. This approach enabled people to become involved in activities and interests important to them, both as individuals and as a group of friends and colleagues. It also helped them learn

and develop new life skills and engage with and take part in mainstream social activities, both at home and in the local community. A relative commented, “[Family member] has become far more sociable and confident as a result of the work done by staff and the activities provided.”

People and their relatives told us they had a say about the services provided and that staff encouraged them to speak out, voice any concerns they had and to put forward ideas. They felt that staff listened to them and took their views seriously. For example, a relative told us they raised concerns about their family member having dirty teeth because they were not being supported to clean them properly. Staff responded positively and took steps to ensure that the person concerned received additional support to resolve the problem in a timely way.

A neighbour complained that a person who used the service had uprooted and removed a plant that had been growing in their front garden. Staff spoke with the person concerned, encouraged them to reflect on their behaviour and supported them to apologise and buy a replacement plant. The neighbour was very grateful and wrote a letter of thanks in which they invited the person to visit their garden and; “meet the dogs and have some cake and biscuits.” This was not only a positive approach to resolving the complaint but also one that helped the person concerned to develop new skills and a better sense of understanding about their behaviour.

# Is the service well-led?

## Our findings

People, their relatives and staff were all very positive about how the home was run. They were complimentary about the manager in particular who they described as being approachable, supportive and a strong leader. One person said, “I like [the manager], they are fun and good.” A relative commented, “It’s very well run and managed. The manager is brilliant.”

The manager demonstrated an in-depth knowledge of the Regulations and how they applied in practice, the staff they employed and people who used the service. They were very familiar with people’s complex needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and highly professional manner.

The manager was very clear about their vision for the service and what they hoped to achieve for people who used it; “The vision of Hand in Hands is very simple, to ensure the individuals we support have the right to a place in society which is free from discrimination. [Our mission] is to offer individuals a high standard of support in their own homes and ensure those accessing our services will have the quality of life that we ourselves would wish for. [The service] also strives to support individuals to live fulfilled and meaningful lives regardless of their complex needs.”

Although the manager demonstrated a visible, ‘hands on’ approach to how the service operated, we saw that senior staff and support workers were given appropriate levels of freedom, trust and responsibility to get on with and do their jobs. A staff member commented, “The manager is a good organiser and very good leader. They are very helpful; any problems are dealt with there and then. “Staff were very clear about their roles, responsibilities and the manager’s vision about how the service should be run for the benefit of people who used it. A staff member told us, “[The manager] is very passionate about the service and that comes across. They are very hot on training and know the residents very well. They are very approachable and clear what the service is about; to encourage people to be as independent as possible with the support they need.”

Staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively and as part of their personal and professional

development. This included specific awareness about the complex needs of the people they supported. Good work was recognised as part of the supervision and appraisal process and with the award of bonuses where appropriate. All staff were also given an extra day off on their birthdays above and beyond their normal leave entitlement.

The manager had established strong links with a reputable professional care provider association which helped them share good practice and obtain additional training and support where necessary. The manager had been appointed as a skills for care ‘employer champion’ and has worked at a strategic level to further develop training and apprentice standards in adult social care. The service recently won a ‘national skills for care’ award in recognition of its work and achievements in adult social care. The award ceremony was attended by staff, a person who used the service and their family members.

Strong links and cooperative working relationships had also been forged in the local community and with a wide range of professional stakeholders and other interested parties. For example, the manager participated in an initiative whereby senior staff from the local authority spent time at the service to experience the work carried out first hand. Positive relationships had also been developed with local police which resulted in people being allowed to visit the station, talk with officers and help wash some of the emergency vehicles.

Information gathered in relation to accidents and incidents that had occurred at the service was reviewed on a regular basis, shared and discussed with staff and, where appropriate, health social care professionals. The information was used to update and further develop both risk assessments and people’s care and support plans. For example, we saw that concerns around a person’s medicine regime had been raised appropriately with the local authority, reviewed and discussed in consultation with the person concerned, their family and relevant healthcare professionals.

Views and experiences about how the service operated was obtained from people who used it, their relatives, staff and professional stakeholders on a regular basis and in a range of different ways. Surveys and questionnaires, some of which were produced in an ‘easy read’ format appropriate to people’s needs, were used to obtain feedback, comments and suggestions about what was done well and what could be done better.

## Is the service well-led?

Meetings were held with people, their relatives and staff to discuss any issues of concern and the services provided. A relative told us, "We are fully encouraged to have our say, there are very good lines of communication." The manager also circulated a regular newsletter to provide updates about developments, events and people's achievements. Photographs and DVD's that documented trips and activities were also circulated so that people and their relatives could share and talk about the experiences.

Measures were in place to review the quality of services provided and to identify, monitor and reduce risks. These included regular checks and audits carried out by the manager and senior staff in areas such as health and safety, the environment and medicines to make sure that people were cared for and supported in a safe and effective way.