

Care Forum (MK) Limited

Care Forum (MK)

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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 20 and 22 September 2016 and was announced.

Care Forum (MK) provides care for children and young adults with physical and learning disabilities, who may also exhibit behaviour which challenges. Care is provided in both the community and in people's own homes across Bedfordshire, Milton Keynes, Northamptonshire and Buckinghamshire. On the day of our inspection approximately 80 people were receiving a service which involved a regulated activity.

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.

People's experiences of care were overwhelmingly positive. They told us that they were consistently looked after by staff that were exceptionally caring, understanding and compassionate. People felt like they mattered, they told us that staff were patient, and demonstrated empathy in how they spoke with people. The service had received numerous compliments for their caring ethos, which meant that people felt part of an extended caring family. Staff supported people and their relatives to fully engage in discussions about their care and support. They worked proactively to help people to make choices and decisions about their care and lifestyle, to be as independent as possible, find work and learn new skills. Staff knew each person as an individual and what mattered to them.

Privacy and dignity was respected by staff with whom positive relationships had been formed and who promoted individuality. Staff were committed to taking action, to uphold the ten good practice steps of dignity in care to demonstrate compassion and respect for people. Information was produced in easy read format to enable people to participate fully in their care. Staff intuitively explored alternative communication methods for those people who were non-verbal to enable them to be involved in their own care planning.

People's needs were comprehensively assessed and intervention and treatment plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them. People were supported to attend a range of educational, occupational and leisure activities as well as being able to develop their own independent living skills. The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

People, relatives and staff were very positive about the leadership of the service and about the support they were able to provide for people with complex healthcare needs. Staff demonstrated a passion and

commitment to providing excellent care that supported people to be independent. People told us the service engaged consistently and meaningfully with families. Relatives reported feeling involved and being part of an extended family. They told us that the service was responsive, open and transparent and they felt actively involved in all aspects of their family members care. We found the service had a positive culture that was person centred, inclusive and empowering.

The service was exceptionally well led by a dedicated registered manager, who was very well supported by a forward thinking and self-motivated management team. The culture and ethos within the service was transparent and empowering; staff told us that they were hugely proud to work for the service and wanted it to be the very best it could be.

Best practice guidelines were followed and the service used innovative approaches in its efforts to support people. The whole staff team was inspired to do their best and were very committed to their work, facing up to any form of challenge and finding ways to combat these. They advocated on behalf of the people they supported and obtained excellent results on their behalf. Staff used these qualities to deliver holistic and personalised care to each person they supported. Each member of the provider team had exceptionally strong values, with a shared vision to ensure people had the best possible quality of care.

The registered manager had a clear vision for the service and the direction of its future development. They wanted the service to be influenced by the needs of the people it supported, not financially driven and were committed to providing high quality care that was personalised to people's needs. Visions and values were cascaded to staff who attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were always welcomed, and used to drive improvements and make positive changes for people.

The service had a strong focus on protecting people from possible harm or neglect. Staff knew how to report any concerns about people's welfare to the appropriate authorities and worked in conjunction with a variety of agencies to ensure that people were safeguarded. Staff followed local authority policies and procedures in respect of both children and adults. Safeguarding concerns were taken seriously. People were empowered to take positive risks, to ensure they had greater choice and control within their lives. The positive risk taking approach demonstrated by the service showed that staff respected people's right for independence in conjunction with their entitlement to balance risks with their wishes and desired outcomes.

Staffing levels were sufficient to provide the level of care that people required. Arrangements were in place to cover staff sickness or absence and flexible working was encouraged to ensure that staff had a good work life balance and that the needs of people were met. Robust recruitment processes were in place to help ensure that staff were suitable to work with children and young adults. People were given the chance to be matched with carers who shared similar likes which demonstrated the provider's commitment to people's inclusion within their care planning.

There were suitable arrangements in place for the safe management of medicines. Staff were trained to administer medication and received regular checks on their competency to administer medication.

Staff received a good and robust induction programme with regular support. This included core training and shadowing which enabled them to be knowledgeable about their roles and responsibilities. They were also provided with on-going training to update their skills and knowledge to support people with their care and support needs. Further encouragement was given to enable staff to undertake additional qualifications, including Qualification and Credit Framework (QCF.)

People's consent to care and treatment was sought in line with current legislation. People were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments when required and liaised with their GP and other healthcare professionals as needed.

The service responded to complaints within the agreed timescale and the service encouraged formal feedback, using this to drive future improvement and make positive changes.

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 ●

This service was safe.

People were protected from harm. They had confidence in the service and told us they felt safe with the staff that supported them. Staff were knowledgeable about the principles and reporting requirements of safeguarding people from abuse.

The provider worked together with people who used the service and their relatives to ensure that people were able to take positive risks. The service was focused on balancing risk and people's rights to ensure that each individual received a positive outcome.

There was enough staff to ensure people received a reliable and consistent service. The provider used a robust recruitment process which further ensured that staff were suitable to work with children and young people.

People's medicines were managed safely by staff who had received appropriate training.

Is the service effective?

Good ●

This service was effective

We found that the provider had a robust induction programme which enabled new staff to learn, shadow and work with more experienced staff to gain confidence and understand their new role.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing. Staff were also encouraged to undertake additional qualifications appropriate to their work.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs, preferences, likes and dislikes.

Staff liaised and worked in partnership with other health care

professionals to ensure people could access services quickly.

Is the service caring?

The service was extremely caring.

People's care was provided with warmth and compassion, in a way which respected their independence and empowered them to retain make independent decisions. Without exception, people and relatives praised the staff for their consistently dedicated, passionate, caring and professional approach towards them.

Staff supported people in a collaborative manner and people were at the heart of the service delivery with staff going above and beyond to ensure that they received the right care. The service has a strong and visible person centred culture which enabled both people and staff to maintain high expectations of what could be achieved.

Staff were exceptionally skilled at helping people to express their views and communicated with them in ways they could understand. Creative and individual methods of communication enabled people, to be involved in their care and support.

Staff understood how to respect people's privacy, dignity and human rights. They knew the people they were caring for and supporting, including their preferences and personal likes and dislikes.

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Is the service responsive?

This service was very responsive.

People were empowered to have meaningful and fulfilled lives and become integrated within the local community. Opportunities were provided by staff who worked hard to give people every chance, to undertake the things that they wanted to, to be adventurous and achieve maximum independence.

People's care was based around their individual goals and their specific personal needs and aspirations. Staff made sure that people were supported to make choices and have control of their lives.

Staff worked hard and were devoted to ensuring that people's needs were met in a person centred way, which benefitted them not only in terms of their health and well-being but in terms of their social engagement. There was a clear focus on the

Outstanding 

importance of knowing people's histories and involving significant people at every step of a person's care.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a visible complaints system in place which ensured that any concerns were dealt with in a timely manner. People were consulted and involved in the running of the service and their views were sought and acted on.

Is the service well-led?

This service was very well-led.

The culture of the service was positive, person centred, forward thinking and inclusive. Everybody that we spoke with echoed this and said that the service delivery was excellent, inspiring and enabling. The service had strong leadership and promoted clear values and an open culture.

The management team had very robust and effective systems in place to assess and monitor the quality of the service to drive continual improvement which benefited people, their relatives and staff. Results of audits and questionnaires were analysed and lessons learned to drive improvement.

The vision and values of the service were imaginative and person-centred and made sure people were at the heart 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. They strived for excellence through consultation and reflective practice.

Outstanding 

Care Forum (MK)

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 20 September 2016 and phone calls to people and their relatives were made on 22 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff and paperwork would be available when we visited.

The inspection was carried out by one inspector and the phone calls to people who used the service were made by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the initial comprehensive inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed all information that we held about the service, including statutory notifications which the provider had submitted regarding certain notifiable incidents, for example safeguarding concerns. In addition, we contacted the local authorities who commissioned the service, to seek their views about the care being provided.

During the inspection we spoke with eight relatives whose loved ones received care from the service, and also reviewed written feedback received from an additional four relatives as part of the inspection process. Due to the young age and complex needs of most of the people who received a service we were unable to talk to them directly. We also reviewed further written feedback from two healthcare professionals. To gain extra feedback on the provision of care, we spoke with the registered manager, two team leaders and four carers and we also received some written feedback from the deputy manager who was away on leave during the inspection.

We reviewed ten people's care records to see if they were accurate and reflected people's needs, along with medication administration records for three people. We also reviewed five staff recruitment files along with

staff training records and further records, such as staff rotas and quality assurance systems, relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care and support they received. One person said, "Safe, oh most definitely. I have no concerns." A relative told us, "I feel [Name of Person] is safe, the staff are not an intrusion within my home and they are very respectful." Another relative said, "Safe, oh very much so, I have no hesitation to say that [Name of Person] adores the care staff." We were also told, "[Name of Person] is safe with the carers and our home is respected." Everyone commented that staff supported them in a way which made them feel comfortable and secure. Recent written feedback from people and their relatives echoed this view. Comments included: "[Name of person] feels very confident and secure with [Staff Name] at all times." People received a service from staff which ensured their safety and kept them free from harm.

Staff were trained in recognising the signs of abuse and were aware of their responsibilities in protecting people against the risks of avoidable harm and abuse. All staff considered that safeguarding children and adults from any form of abuse was an important part of their role. They were able to explain what they would look for, for example, a change in behaviour, mood or any unexplained bruising. One staff member said, "I would always report anything I was concerned about, to the team leader first and if needed to the manager. If it was really urgent then I would report it to the police." Another staff member told us, "I would report to my team leader or the office who would then liaise with the local authority." Staff gave us examples of concerns that they had previously reported and were confident that the provider would follow any issues of concern through with the relevant local authorities.

Staff told us, and records confirmed that they had received regular safeguarding training in respect of children and adults. They also received 'Keeping Safe' training which enabled them to use positive handling strategies for children who exhibited behaviours which may challenge. Staff told us that this training as well as the safeguarding training and any associated updates helped them to remain competent and confident in their ability to keep people safe.

The registered manager understood their role in keeping people safe; they had a background as a trained social worker and kept themselves up to date in respect of current safeguarding procedures. Staff attended case conferences and strategy meetings where appropriate, contributing to complex safeguarding matters. They worked with other professionals to ensure that information and concerns were shared appropriately so as to achieve the best possible outcome for people. Robust systems in place ensured that the provider worked in conjunction with local authority safeguarding policies and procedures to ensure that adults and children were protected by staff who knew how to identify and report abuse and neglect. Records also confirmed that the registered manager had notified the Care Quality Commission (CQC) of all safeguarding concerns.

Risk assessments were completed with the person using the service and their relative's involvement where appropriate. Relatives told us that when people wanted to achieve new outcomes, robust risk assessments were completed, and contingency plans implemented to address those occasions when things might not be successful. Staff acknowledged that risks to people's health and wellbeing needed to be accepted and

taken, to promote positive and life changing experiences for people. We also discussed with the registered manager about how people were supported with positive risk taking. We were told that a detailed and comprehensive assessment about any risks that might occur was completed. Where a risk was identified an assessment was then completed. These had a rating scale for the probability, and the severity of the risk and recorded the control measures to be put in place to minimise the risk.

Staff were knowledgeable about the risks involved in supporting people in their home environment and told us that every aspect had been assessed and reviewed before care and support as given. One staff member told us, "People should be encouraged to take risks but it's not risk for risks sake. People can take risks if it's a good thing." Staff gave us numerous examples of positive risk taking by people using the service. One risk assessment had been compiled to help support staff with achieving one person's goal, to take a dog for a walk. The dog in question was a staff member's dog; therefore each aspect had been fully assessed and reviewed against relevant control measures to mitigate potential risks. The process enabled the person to be able to take the dog for a walk with support from a staff member and to enjoy engaging with an animal that they loved.

Another young person who suffered with severe epilepsy wanted to go swimming but their family had understandable concerns about their safety in such an environment. Staff worked hard with the family to ensure that robust and detailed risk assessments were completed and after months of trust building and liaising with swimming pool staff, the young person was supported to go swimming which then led to them being able to enjoy this activity on a more frequent basis. The service ensured that people understood the risks they were taking and provided additional support in relation to this. People were empowered to make their own decisions and take positive risks towards meeting their needs.

Risk assessments were proportionate and focused on the specific needs of the person and were helpful in supporting staff to promote people's safety. They were regularly reviewed in conjunction with other health care professionals and took in to account equality, diversity and human rights legislation. There were clear strategies to ensure that risks were acknowledged, predicted and managed. People and their relatives were as a result fully involved and able to understand the approach to managing the identified risks.

People and their relatives told us there was enough staff on duty to support them and to enable them to have a good quality of life. One relative told us, "The carer is never late and they do not leave early." Another relative said, "There has never been a missed call. The carer is late occasionally; I always get a call to explain. Living in a rural area if you get stuck behind a tractor then there is nothing you can do." We were also told, "There is consistency. [Name of Person] has the same team of five or six care staff over the week." When speaking with relatives it was clear, that the same staff member or team of staff was used to support people. People felt this was an advantage as it gave them consistency and enabled them to build up trust in the team.

Healthcare professionals were equally complimentary about the provision of consistent care staff to people. One said, "Care Forum has gone out of their way to provide regular, consistent carers who have built a rapport with [Name of Person.]" Another told us, "Timeliness and continuity is important to my client, and they have fulfilled this well, unlike other agencies I have had contact with."

Staff thought that the staffing ratio was sufficient to keep people safe and for them to provide the required care. One staff member told us, "There are enough of us; we have the time to spend quality time with people and their families." The number of staff on duty for each shift was detailed clearly on the rota which was sent out in advance so that any required changes could be dealt with so they did not impact upon people. We were advised that staff numbers were based upon the amount of people who used the service and their

levels of dependency. Where people's needs changed, records confirmed, that staffing levels would be adjusted to ensure a safe delivery of service for people. Additional staffing would also be provided where people had a specific identified need, for example, if they required two-to-one support.

The registered manager told us that they used core groups of staff to ensure consistency for people but that if shifts needed to be covered, staff would undertake additional shifts to ensure people remained safe. The registered manager and senior staff confirmed there was an out of hours on call system in operation, which ensured that support and advice was available for staff when needed. We found that there were sufficient numbers of staff available to keep the current group of people who used the service safe.

Safe recruitment practices had been followed. Staff members told us that they were unable to start working at the service until a background check had been completed to ensure they were of good character to be working with people who used the service. The registered manager discussed how they sent out a 'mini CV' of staff to people and their relatives prior to their first visit. These included a current photograph and details of staff background and qualifications, along with any relevant feedback on them, so they knew who to expect and could raise any questions before their support visit took place. We looked at staff recruitment files and found that people had been recruited safely. The provider had carried out background checks, including obtaining two employment references and criminal record checks before staff commenced their employment.

People were supported to take their medication safely. One relative told us, "The medication is given on time and never late. The medication given is always written up in the blue book, each session." Another relative said, "The night staff have to give medication, and first thing in the morning. All other medication is given by me or [Name of Person's] dad. The carer writes it all up what has been given. The medication has never been missed." Staff told us they could only administer medication following training to ensure they were equipped with all the required knowledge to keep people safe. We found that medication administration record (MAR) charts had been signed following medication administration and that there were no gaps in the records. The correct codes had been used and when medication had not been administered, the reasons were recorded. Regular audits were maintained to ensure there was oversight of the medication systems. People received their medicines appropriately and were kept protected through the safe administration of medication.

Is the service effective?

Our findings

People were very happy with the support they received from staff and told us that staff had the right skills and knowledge they needed to care for them properly. One relative said, "Yes, the staff are trained. I had some private in-house training and the staff attended too." Another relative told us, "The staff are trained; much of the training is hands on, learning on the job what is needed, and how to support [Name of Person]."

Staff received an induction and explained that this was beneficial in giving them experience of the work they had been employed to do. One staff member said, "This is a breath of fresh air working here. I had two weeks of induction; on my first day I had 'Team Teach' training which gives you the skills to help people manage their behaviours." Another staff member said, "I shadowed staff which gave me the confidence to do the job." We were told that there was no set period of time for the induction process, which meant it could be tailored to the individual needs of staff members. The initial shadowing visits with experienced members of staff helped them to understand people's needs and to get to know them before they began to work independently.

The registered manager said, and records confirmed, that new staff attended an induction training programme, which provided all the core training expected by the provider. Records confirmed that the provider induction programme accommodated the essential standards of care in respect of supporting children and young people. Competency was assessed through a series of observations, in areas such as administration of medication and moving and handling people, during spot checks in people's homes.

Staff told us they received regular training to maintain their skills and keep their knowledge current and up-to-date. They said that the training was very good and helped them to develop new skills and provide appropriate care for people. One staff member said, "We are kept up to date with training. I have had safeguarding training, infection control and Percutaneous Endoscopic Gastrostomy (PEG) training. All the training is on-going; we get regular refreshers and can ask for additional shadowing if we want to go back over something." Another staff member told us, "We get a good mix of training, on line and face to face." Records showed that staff had attended training appropriate for their roles, which included safeguarding, infection control and manual handling. This was monitored on a regular basis to ensure that staff skills and knowledge remained up to date.

The registered manager told us, and records confirmed that staff had been supported to undertake additional vocational training, for example, Level 3 and Level 5 Qualification Credit Frameworks (QCFs). Where staff saw training courses that they thought would benefit them and the care they provided, the registered manager was very supportive in enabling them to undertake such courses. One staff member told us, "[Name of Registered Manager] offers additional training, she is very encouraging. If she thinks it will enhance us she will offer it."

One staff member discussed how the registered manager had sponsored them to commence their Social Work Qualification. They shared with us a copy of a presentation they had undertaken and which they had

given to colleagues to enhance their working practice. They said that by progressing through the course, they could bring the aspects of practice they had learnt to benefit people and make things better for them and staff members. Other staff explained how the provider had enabled them to keep up to date with their professional nursing qualifications. The provider ethos towards training, on-going development and maintaining professional qualifications motivated staff to achieve the highest possible credentials they could, which in turn enabled them to better meet and understand people's complex needs.

Staff received supervision on a regular basis and told us that the support they received from the registered manager and other senior staff was 'second to none'. One staff member said, "Supervisions are really helpful and give us the chance to talk about training and development needs. We can ask for extra supervisions if we need them. They are really supportive." Another staff member told us, "Supervision is a great opportunity for me to talk things through with my supervisor. I also find it useful to know what I can work on and improve." Feedback was gathered from people and their relatives as part of each supervision session, so that staff could assess their working practice and understand the impact of their day to day work upon people.

Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager and other senior members of staff, who they said were very supportive and always accessible to them. Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings.

People's relatives acknowledged that staff asked for permission before they carried out a task or offered support. Staff told us that it was really important to seek people's consent, and to provide care and support in line with their wishes. One staff member said, "I treat people like I want to be treated myself." Records confirmed that people's consent had been sought and documented, for example, in respect of medication and provision of care.

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.

The registered manager and staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their finances.

People's relatives told us that the support they required with nutrition and meal preparation varied. It was however always assessed as a part of the care package. One relative told us, "If I go out, the carer will give some tea if necessary." Another said, "The carers will give food and drinks." Staff said that when required, information was incorporated into people's care plans so that the food they received was to their preference and in accordance with their dietary needs, for example, nutrition through PEG feeding. Details of people's dietary needs and eating and drinking needs assessments were recorded within care records and indicated people's food likes and dislikes and if they needed any support with eating and drinking. Much of the food preparation at mealtimes was completed by the person themselves or their family members and staff were required to support people by reheating meals and to ensure they were accessible for people.

People's health and wellbeing was monitored by staff although for many of them their relatives took responsibility to manage their health appointments. Staff told us if they had any concerns about people's health that would always assess the situation and either contact the GP or ambulance service, or contact the office for further advice. One health professional commented, "Your colleagues throughout the admission were incredibly supportive and infinitely patient with the difficult situation. I valued your additional attempts to liaise with social services and the hospital on my behalf." Records showed that staff had taken appropriate steps if they had any concerns and very effectively liaised with other health professionals.

Is the service caring?

Our findings

People and their relatives were very keen to tell us how truly happy they were with the care and support they received from the service and we received a significant amount of extremely positive comments from people as part of this inspection process. One relative said, "I love the carers, they are lovely and you can tell they want to be here supporting [Name of Person] it is not just a job. The carers love [Name of Person.]" Another relative told us, "They are good role models." Another relative said, "Staff are fantastic and very supportive." We were also told, "[Name of Staff Member] is all of those things and more. She is brill with [Name of Person] and he loves the times they have together. I can't fault any of them; they definitely all deserve gold stars! Thank you for all that they do." The overwhelming feedback we received was that staff were extremely flexible in their approach and put time and effort into ensuring support was provided at a time that suited people and achieved the best possible outcome for them.

People and their relatives told us that staff were extremely thoughtful and empathetic towards their needs, showing consistently high levels of compassion and empathy, going out of their way on a consistent basis to ensure that people's needs were more than met. One relative said, "[Name of Carer] is so much more to us than just a carer, we feel we are lucky to have her." Another said in respect of a staff member, "He is incredibly polite, always on time and you can see that [Name of Person] has enjoyed his company with how quickly he has taken to him." Relatives told us that staff worked hard to overcome obstacles in the delivery of care. They said that staff supported people in creative and innovative ways to maximise their independence, offer choice and allow them to express their views. For example, by using a variety of aids and assistive technology to enable further independence and changing environments to enable a particular activity to be undertaken. We were also told that staff often took time to contact people when they were unwell or changed their allotted time of support to make sure people had the opportunity to undertake a desired activity, for example, to watch the sunrise early one morning.

In some of the written feedback we reviewed during the inspection, we also saw significant amounts of positive praise from local authorities and relatives about the care people received at the service. One relative had commented, "In the short time that [Name of Staff] has been providing a service for my son, I feel she has changed his whole world. I've asked him what he thinks of [Name of Staff] and he has said she is awesome." We also read, "Thank you for all your help and support this year, we couldn't have made it throughout the year without you and your wonderful team." This view was echoed by another relative who stated, "We have been very impressed with Care Forum in the time we have been using the service because of precisely that 'can do' attitude which contrasts sharply with some other providers we have encountered in the last ten years." One of the most poignant comments we read simply stated, "I would like to thank you and your company for giving me the opportunity to be a parent again."

People told us that they had been matched with staff prior to their care being commenced, to make sure that people and staff were compatible. Along with staff member's skills, their life experience, likes and dislikes were considered to ensure that the best possible care could be provided to each person. For example, staff members with a passion for football were matched with people who shared this interest. If a staff member was not compatible, then an alternative staff member would be sought to ensure that

appropriate care could be given. For example, one relative did not like the colour of car that the staff member had because they considered the colour to be unlucky. Another staff member was identified who was equally well equipped to support the young person. One healthcare professional stated, "They take care to match client to worker. My client is at times very irritable in mood, but the workers manage this well, having developed a very good rapport with her. It is a reflection of the service that my client does not wish for any aspect of her support to change."

A social care professional discussed how one person had made improvements in their health and well-being since receiving care and support from the service, they felt that staff had worked hard to provide the person with high quality care and had quickly gained an understanding of the person's care needs and requirements. They commented, "Home family support is a difficult service to get right especially with such a sensitive case. Thank you to you and all your staff team for your continued management and attention to detail; it's absolutely brilliant." Health and social care professionals agreed that staff worked hard to ensure that person centred care was provided, right down to staff having an understanding of the person's favourite colour or favourite food. Everyone involved with the service commented on the exceptionally caring approach that staff delivered. It was evident that people, their relatives and professionals were hugely thankful for all the care and kindness shown.

For example, we heard about one care worker who in the words of relatives and healthcare professionals 'went beyond' their expected job role in an effort to help a young person who was experiencing a period of ill health. They stepped in at short notice to stay overnight with the young person who had exhibited increased levels of behaviour which challenged. The staff member's actions meant that the person was enabled to remain at home in a safe environment that they knew, rather than be disrupted and experience additional anxiety. Had they not been able to remain at home they would have had to go into alternative accommodation which would have increased their stress and anxiety levels even more. The impact of this for the person was that they were able to remain with people they trusted in a place that they knew well.

For another person who had been supported by the service until they became an adult and moved into residential care, they had found communication and relationships building difficult with their new support staff. The service became aware that this was impacting upon the person's health and arranged for his previous carer to meet them. The person was over the moon to see a familiar face again and the encounter had an instant impact upon the person's mood and ability to communicate with others more easily. Their relative described the experience as, "One of the best moments of my life." We found many other examples of care and support like this; it was evident that this passionate and excellent ethos was shared amongst all staff which meant that the culture of 'going the extra mile' was firmly embedded in staff practice.

Our conversations with people and their relatives highlighted that there was a relaxed atmosphere when care was delivered and identified that staff prompted and supported people instinctively, they knew them and their needs really well. People had forged close relationships with staff because of the empathetic and supportive attitude that existed between them. Staff told us they looked out for the people they supported and their families, which added to the nurturing atmosphere within the service. One relative, following weeks of work on trust building had felt confident enough to allow staff to take their loved one swimming. This was the first time in over a year and a half that they had been able to enjoy time on their own in their house and was the first step in the person being able to become more independent.

Staff told us they felt it was vitally important that people were happy and had an exceptional quality of life. One staff member told us, "It is a family run agency with family type values and clients and families are the most important thing to everyone." Another staff member said, "I like seeing the smiles on the family's faces. That's when I know I'm doing a good job." Staff told us they were extremely happy in their roles and worked

hard to ensure that people received the very best of care and support they needed. This forward thinking and highly motivated ethos enabled people to flourish. It was based upon a team approach which placed people at the very heart of everything. One staff member told us, "We are here for them, that's it really." Another staff member said, "We get a sense of fulfilment, achievement each day. It's great."

The registered manager said in the PIR, "We select carers who demonstrate a real passion and commitment for working with children with disabilities. We have children who have been supported by the same carers for many years and they have built up very positive relationships. We insist professional boundaries are maintained, but within the remit of the role, the worker is encouraged to get to know the child well, especially with regards to understanding how they communicate, thus enabling the child to express preferences, learn new skills and have fun." This culture was evident in how staff spoke about the people and families they supported. Staff were highly motivated and committed to people who used the service.

Another relative expressed great gratitude at the present given to them at Christmas. A staff member had given them a framed photograph with pictures that she had taken of their loved one (with consent) when out with him. The relative commented that this was their best present ever to see the person enjoying time out without them. They said, "Her Christmas gift to us of a framed photo of him enjoying himself is the best present we have ever had." We found that through the creative idea of the staff member, the person had been supported to share their achievements with their family through the use of these photographs.

People were fervent in their desire to tell us how staff supported them to remain as independent as they could. We heard how one person had been supported by staff and a local agency to compile their curriculum vitae (CV). This has led to them taking their CV in to a variety of shops and cafes in an attempt to find employment. Another person, with support and encouragement has begun to walk to the local bus stop; the first step in them accessing the bus to attend college. For a third person we heard how the service had worked with them and their family for the past few years and had progressed and developed new life enhancing skills. The change to their life was dramatic to the extent that they were able to cook themselves and their family healthy meals and enjoy long bike rides and walks to help maintain a healthy weight. People's individuality and diversity was respected and recognised by staff who made every effort to provide people with everything possible opportunity as part of their care and support.

We heard from people and their relatives how staff communicated with them in a meaningful way. They always sought to ensure people were comfortable and had everything that they needed and wanted. Staff did not consider that they were doing anything out of the ordinary in how they communicated with people, but we were told that they always made an effort and ensured they spoke in a gentle tone of voice. They often used humour as a means to support people when this was appropriate and ensured that they approached people in a way that they knew they would get the best from them. Additional efforts were made to communicate with people who were not able to express themselves verbally, with staff using signing, objects of reference, pictorial images and photographs to enhance their understanding. Our inspection feedback confirmed that staff interacted very positively with the people they supported.

It was evident from our conversations with staff that they knew people's likes and dislikes and ensured their preferences for support were respected. Staff were able to tell us of people's personal histories and things that were important to each person they supported. People's records included information for staff about any personal preferences, life histories and things that were important to them. We found this detailed how people would like to be supported with a variety of aspects of care and support. This information enabled staff to identify how to support people in ways that they wished.

People and their relatives had been fully involved in the planning of care, being asked a host of questions

before any care or support was provided. The registered manager explained that people and their families were involved in their care planning as much as possible. Records confirmed that care planning had involved family members and people who knew each person well, such as their social workers. Records were kept of any discussions or meetings and from this, any changes were incorporated into support plans to ensure that they remained reflective of current needs.

People and their relatives told us they were always supported to maintain their privacy and have their confidentiality respected. One relative told us, "I am well aware about confidentiality and safeguarding, due to one of my volunteer roles, and I feel the care staff act accordingly." Another relative said, "The carers are respectful of all things. The carers listen to me and I feel they understand confidentiality." People confirmed that staff treated them with dignity and respect and were discreet in relation to their personal care needs. When people could not verbally express their needs, staff understood what people's non-verbal cues meant and addressed their requirements for personal care in a timely manner.

Staff had an understanding of the role they played to make sure dignity and privacy was respected. They told us they always made sure that doors and curtains were shut during delivery of personal care. One staff member told us, "Dignity for people is really important and we do all that we can to promote this and respect their individuality." Another staff member said, "I would want to be treated with dignity and respect, it's a human right, so no matter what someone's age, we should always listen to what they want and respect their decisions." We found that staff worked hard to ensure that people were treated in a dignified manner, not only during personal care but also during activities and outings, where explanations were given to people in a way that they could respond to. The service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

The registered manager told us that there was access to an advocacy service for people and their relatives if required. Most people had the support of relatives but systems were in place to access formal support, should this be required. Information was provided to people and their relatives in a variety of formats in accordance with their needs.

Is the service responsive?

Our findings

People and staff were really keen to tell us about the exceptional work that had been undertaken by the service. When recalling examples of excellent, person centred care, it was apparent how much people and their relatives had relished being able to work towards self-directed goals with consistent support from staff. The outcomes and goals that had been reached and the experiences that people had received, had touched everybody involved in the process.

During our inspection we heard many accounts from people and their relatives, about the excellent understanding staff had about their specific care needs. They told us that their care was provided in partnership and collaboration with them. It was adaptable, which meant that people received their care when and where they needed it. Everybody we spoke with felt that the service was flexible to their needs, and allowed them to direct the care in the way that they wanted. People told us that whenever the service needed to make any changes due to staff shortages or sickness, they were notified in a timely manner. Management overview of staff rotas clearly displayed any additional cover required so that gaps could be acted upon before care was required.

The service was reactive to people's changing needs, which meant that goals could be adjusted to ensure they remained in reach. Staff did not consider they were doing anything out of the ordinary within the care they provided. People told us that staff acted intuitively, communicating on a regular basis, making sure that they had achieved what they wanted to and had undertaken the activities they wanted to.

People were supported by the service to maintain an excellent quality of life and achieve life goals, follow their interests, and make strong links within the community. This was facilitated by staff who knew how to work closely with people and their relatives, develop a caring and supportive relationship, and understand people's preferences, likes and dislikes. One person with complex health and support needs refused at the last minute to board the plane for his family holiday due to a fear of the look of the plane and the associated noise. This meant that one family member had to remain behind, so the family could not enjoy the holiday together. Staff helped the family by planning how to help the person overcome their phobia. Over the next few months they were introduced to noisy fans, firstly a gentle blower in the car and then a noisy hand dryer. Through links at a local airport they supported the person onto the static plane they use to train aircraft staff so as to familiarise the person to that environment. This gradual process enabled the person to enjoy holidays abroad with their family.

Another young person with complex needs was supported to attend university. With the help of a consistent group of staff the person was supported through a Degree and a Masters. He and his family said that without the support of the provider he wouldn't have been able to achieve this. The staff member even went on a nine month placement with him to America as part of his university course. The service now continues to be involved with the person's internship and employment at a local university. Relatives said, "We feel we can trust you to provide a carer who is similar in age and attitude to [Name of Person] and this really helps with inclusion. We are lucky to have long-term carers and know this is due to the good conditions of employment for them at Care Forum."

Another person had been supported to learn how to drive a car by staff members. This was seen as a massive achievement for the person because it opened up a world of opportunity for them, particularly in terms of their ability to be more independent. Staff had recently supported the person to undertake a long car journey, which they had managed to drive all the way themselves. The person's relative expressed their great thanks to the registered manager and staff about how well they had supported the person. They said, "I am enjoying a lovely peaceful, stress free time at the moment with [Name of Person] away. He actually drove all the way there with a few stops on the way. Who would have thought that in February this year, he would not even sit in the driving seat! All down to [Name of Staff's] encouragement as well." These things had a huge boost on their confidence and enabled them to gain further independence and to be able to make stronger links within their local community.

The registered manager told us that the service documented these examples of good work and used them to promote caring relationships with the wider staff team. All the staff we spoke with told us how important it was to get to know their clients and support them to improve their quality of life wherever possible, to make important links within local communities to further enhance people's lives. The proactive nature of the care and support had not only enhanced people's health and well-being but dramatically improved their quality of life. These people would not have been able to achieve these outcomes without the caring relationship that was evident between the staff and themselves. The outcome for these people was that they were able to achieve their goal, be with their family and increase their confidence. We saw that staff were able to support people to feel empowered within their lives and make decisions that were important to them.

Routines were designed to fit round people, not people around the routines, which gave them a significant degree of flexibility to do what they needed and wanted to do. One relative said, "The area supervisor would bend over backwards and pull out all the stops when needed. If they couldn't do something you ask for it would not because they hadn't tried to support you." This approach from staff members meant that positive outcomes for people were achieved such as feeling empowered, being able to contribute and be part of a wider community and make a difference. All the staff we spoke with, including the registered manager were extremely positive, with an 'anything is possible' mentality. Specific focus was given to getting to know each person as an individual. There was an emphasis on each person's identity and what was important to them.

Staff were thrilled with people's progress, no matter how small, and felt that it was very satisfying to see them become more independent. When staff spoke about people's achievements, they did so with huge pride about what people had done. Relatives had commented that the care and support given by staff had made huge changes to their loved ones lives. The registered manager discussed how they wanted the service to be the best it could be and spoke with us about the things they considered that people had done well. It was clear that people's achievements meant a lot to all the staff. They worked hard to ensure people were empowered and had a good quality of life and promoted a strong and visible person centred culture. This emphasised the proactive nature of staff and showed the real impact that the care and support had for people, changing their life for the better.

People received care that was personalised and flexible to their needs. One relative commented, "I would say that all the staff know [Name of Person] really well and always listen to what I have to say. We work together." Care plans reflected their likes, dislikes and preferences, and they told us they were involved in care planning. Another relative told us, "I think the care plans are very good. They say what they need to and tell you all about [Name of Person]. I am involved at every step of the way." We saw that people's personal history was documented, as well as a specific breakdown of their preferred routines, very specific details about favourite food items and how they liked their breakfast cereals served. Care plans encouraged staff members to promote choice wherever possible, as well as supporting people to be as independent as

possible. For example, where someone required support with personal care, the information stated that wherever possible, staff should encourage people to wash themselves in order to promote maximum independence.

Care plans were regularly updated and reviewed and people and their relatives felt that they were relevant to them and reflected their needs accurately. They told us they were fully involved and could request or make changes when required.

People were assessed prior to receiving a service to determine if their needs could be met. Assessments included gathering details of their past medical history and information on what they liked and disliked, their preferences for care and any goals they wanted to achieve. The registered manager and team leader told us that pre-admission assessments of people's needs were carried out prior to any new people commencing care. They considered that it was important to ensure that any new admissions were right for the service, that their needs could be met appropriately.

Staff acknowledged that care plans contained sufficient information which enabled them to understand people's care needs and to develop care in a personalised way. One staff member told us, "I think the care plans are really good, they have an awful lot of information in them and really help us to know what to do." Care plans contained detailed information about people's health and social care needs and were individualised and relevant to each person. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs; with detailed guidance for staff on how people liked their care to be given.

Staff told us that people's needs were reviewed and changes reflected in their care records. The registered manager confirmed that communication with people and their relatives was important, as were their views about people's needs or any changes that needed to be made. People were enabled to express their views about how they wanted their care to be provided. All the staff worked hard to ensure that records were reflective of specific needs.

Arrangements were in place to gather the views of people through regular satisfaction questionnaires. This process further enabled them to participate in the development of the service. We reviewed a multitude of extremely positive comments from people. The registered manager told us they took action to address any issues raised within the questionnaires and to make improvements. We saw that previous results had been analysed and actions taken.

People had no complaints about the service. One relative said "If I had any complaints I would take them up with the carer, or speak with the management. If [Name of Person] raised concerns we would action this, [Name of Person] certainly could let us know if something was wrong." Another relative told us, "I have no complaints and I wouldn't change a thing, brilliant company." We were also told, "I would tell [Name of Staff] who is one of the carers and also a supervisor. If it was about them I would contact the office."

The registered manager said, and records confirmed, that they had not received any recent complaints about the service. When people or staff raised any concerns, these were dealt with immediately with the full involvement of external health and social care professionals if required so as to give an objective perspective. By working closely with people and their relatives, minor issues and concerns could be addressed before they increased. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

There was a registered manager in post who had responsibility for the day to day running of the service. In addition to the registered manager, the service benefitted from having a deputy manager, four team leaders and a large number of care staff. Many staff also had professional qualifications, including nursing and social work accreditations which enhanced the quality of care they were able to provide.

People using the service, relatives and staff all spoke highly of the management and the staff team. Relatives we spoke with told us about the positive impact the service had on their welfare. They said, "We are very lucky to have the company. I hear some terrible stories about the care of some people. I am so grateful for the care that is given to [Name of Person]; I couldn't run my family or health without it." A second relative told us, "Brilliant company. The care works really well for us and I wouldn't be without them." Written feedback from relatives echoed these positive comments. One relative said, "I think your carers are truly great and have made a very big difference to our lives. So thank you." Another relative said, "We just wanted to let you know how much we have valued [Name of Staff member] support for [Name of Person] over these last difficult months. He has shown incredible sensitivity and understanding and has really been there for [Name of Person]." Relatives considered that the way in which the service was managed had made a significant difference to their loved ones delivery of care and had enabled them to become more independent, empowering them to be the best they could.

Healthcare professionals commented in a similar manner, giving significant praise to the service and the way it was managed. They felt that the management structure enhanced the delivery of care to people and enabled it to be given in a really person centred manner. One professional said, "Thank you for your concerted and often valiant effort in managing difficult support packages." Another gave feedback which said, "You have made a difference to his re-engagement with education." The general consensus was that people and their relatives benefitted from the robust management structure and quality provision of staff.

Staff said that the registered manager and other senior staff were excellent role models who always worked hard to actively source and act on the views of people. One staff member commented, "The hard work and graft put in by all involved in the office and management; they're clearly very passionate about what they do, not just to see the company profit, but to see the company genuinely have a positive impact on the lives of those it cares for." Another staff member said, "They do something that really makes a difference to young people with special education needs and their families' lives, giving the young person new/ different activities which otherwise they couldn't access or just give them a chance to spend time with someone new." The registered manager told us, "We all go to sleep at night with the satisfaction of a job well done and the knowledge that tomorrow will bring fresh and exciting challenges that will enable us to prove ourselves as worthwhile, caring individuals who are a real asset to our communities."

Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. In the PIR the registered manager has stated, "We are a family run business with extremely high standards of honesty, integrity and commitment. I have utilised all my learning and experience to build Care Forum for the past 11 years and ensure it runs to the highest possible standards of

quality and safety. I nurture an open and honest culture and value our team through positive reinforcement of good practice, welcoming innovation and attracting a group of people who have a real passion." People were supported to become involved in the local community. The service had links with resource centres and local leisure facilities. The aim of this was to provide people with a solid foundation for gaining new life skills and to encourage their on-going learning and development. It was hoped this would enable people to become more independent in the future.

The provider was committed to promoting a person centred ethos for the people it supported. They wanted to ensure that people could develop social, communication and life skills and to make their own life choices. They were supportive of other services and involved in networking to promote best practice and share initiatives.

The feedback we received from staff and the open, positive culture and motivated attitude of all the staff we spoke with was that nothing was too much trouble for them. One staff member said, "I have never had support from senior members of staff like the support I get now. My boss is a huge inspiration for all and I feel like she values all of her staff and respects us all for the work we do." Everyone involved in the service was willing to go above and beyond expectations to ensure people were able to have enriched and fulfilled lives. Staff had regular staff meetings and attended regular training sessions, case conferences and seminars to ensure they kept up to date in relation to changes in best practice and health and social care legislation. The registered manager explained how they worked hard to keep up to date with best practice so that the highest standards of care could be delivered to people.

We were told how the service received regular updates from the United Kingdom Home Care Association (UKHCA,) the Federation of Small Businesses, Buckinghamshire Business First and also regular Skills for Care and CQC newsletters. This information enabled staff to ensure they adhered to Government legislation and policies and to see what issues might affect or impact upon their daily business and to make contingency plans for this. In conjunction with this, staff attended multi-agency conferences and external training courses as well as buying in trainers for the day so that staff could benefit from having robust, in house training. Subjects including Female Genital Mutilation, effective recruitment in care, Fabricated Illness, using horses to aid communication and unique approaches with autism were attended. Staff had also recently visited special needs schools to look at different communication systems and how they write person-centred care plans to learn from their good practice. All this was undertaken with the aim of driving self-improvement and providing the best possible quality of care to enhance people's lives.

Learning was shared with families by scanning leaflets and e-mailing them to staff and relatives or sending links to information. This enabled people to feel a level of reassurance and the ability to refer back to guidance should they need to. The provider was in the process of launching a new website which would have a section of useful guidance for people and relatives, such as 'helping your child establish a sleep routine', 'Managing challenging behaviour' and 'maintaining good oral hygiene'. Staff would also be able to access this as a useful source of information which could then be used to support relatives with their loved ones. This was an example of innovative communication with staff which ensured they were informed of best practice and could promote it as well.

Staff we spoke with also said they were encouraged to use each other as a source of support. The variety of backgrounds that staff came from meant there was a vast array of knowledge and expertise within the service.

The registered manager and senior staff had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities of person centred care. They told us they worked

to continuously improve services by providing an increased quality of life for people, with a strong focus on inclusion, positive risk taking and being mindful of equality and diversity issues. People who received care and support benefited from a dedicated management team that had a positive sense of direction, strong leadership and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerged, the service recognised and managed them well.

To ensure 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. All the people using the service, relatives and staff we spoke with were open, honest and were enthusiastic about sharing their experiences with us. Without exception people told us they would recommend the provider to anyone who wanted care and support in their own home.

The management team promoted an open culture, which was person centred, inclusive, open and transparent. Staff demonstrated that they understood the principles of individualised, person centred care by giving us numerous examples of how they met people's care and support needs. They spoke about their commitment to providing the best quality care they could. The provider's web site stated that the providers aim was to, "Provide high quality support services to families with disabilities. We will provide this with warmth, humour and affection. Our aim is to bring happiness into children's lives and help our families enjoy their children." Staff agreed wholeheartedly with this statement, commenting that the delivery of care was focused on supporting people in the best way possible, even if this might present a challenge. The ethos was very much that they would do whatever it took to ensure a person got what they wanted. One staff member said, "I think we can overcome most things to make sure someone gets exactly what they want."

Staff training and development was considered a high priority for the provider. Staff told us they were proud to be part of the organisation, they said they were extremely well supported and really felt valued. All the staff said that if they felt they needed specific training or specialist training in an identified area they could find an appropriate training course and they would be supported to attend. One member of staff told us, "The organization of the company is outstanding." Staff were clear about their roles in supporting people to be independent and constantly striving to see how they could improve peoples' lives. Other comments from staff included, "I feel like I am part of a team and I am proud to say I work for [Name of Provider]. I am listened to and all of my opinions are respected. During times when I have needed further support from management I am always supported above and beyond. If I have any concerns I am listened to and supported."

The service was forward thinking and responded well to any anticipated future needs for people. There was an ethos of continual development and staff were open to suggestions from people, relatives, staff and health professionals who were involved in the service. We were told, "We strive all the time to be the best that we can be, to make sure people have the care that they really deserve." All resources were used effectively to ensure care could be delivered in a high quality manner. Staff focus remained on how they could continue to improve, so they could be the best they could and to enable people to have the best quality of life possible.

We found there was a strong emphasis to continually strive to improve and implement innovative systems in order to provide a high quality service. Staff spoke with us about ideas they had to utilise a variety of communication methods to aid communication for people. The provider was committed to monitoring, reviewing and using quality assurance systems reflecting aims and outcomes for people that they supported in their own homes. The service had robust quality assurance and quality monitoring systems in place, using outcome based audits and welcoming feedback from everybody involved with the service. Self-audits were in place to measure the success in meeting the aims and objectives of the organisation.

The registered manager told us that there was a system for self-monitoring the delivery of care which included regular internal audits such as care plans, risk management plans, staff training, staff supervision, and staff recruitment records. An annual staff survey was sent to all staff and had received very favourable feedback, '99% of staff were aware of the overall goals and '99% of staff stated that the registered manager lived by the provider's organisational values.' Comments from the staff survey also included, "You get a real sense of working as part of a team who really care about the service users/ clients," and "They say thank you and well done. The bonus friendly management team." The provider had successfully embedded a robust quality assurance and auditing system, whilst maintaining a strong and dedicated passionate staff team who were resolute in their desire to provide high standards of care.

We saw that a satisfaction survey was used annually to gather feedback from people about the quality of the service they received. This had been changed to fall in line with CQC methodology and was based around the five domains within our inspection process, Safe, Effective, Caring, Responsive and Well- Led. We looked at the results for the latest survey and found that people had experienced good quality care and support, expressed satisfaction and had been complimentary about the service. People's views were valued and any concerns responded to without delay. 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.

Policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service also worked in partnership with key organisations and agencies to support people's care provision and service development. The registered manager told us how the service was keen to become involved in all the local communities it served. We found that they had forged links with an organisation that arranged speakers to talk about their careers in schools to help students make positive choices for their future. Staff had been to several of these events in the last two years and had signed up for more in October 2016. The registered manager showed us how they had also visited a youth group in Aylesbury to give them tips and advice on applying for jobs and attending interviews. As well as this they had also attended local schools and universities on careers days to discuss the services they offered and possible employment opportunities. This enabled the service to forge stronger community links and break down possible barriers with younger people about working in the care sector.

Staff worked hard to raise funds for local charities and organisations, which ultimately would benefit the people who used the service. For example, they arranged an evening event to raise funds for a local service that some of the people attended. They also donated funds to a local hospice and charities abroad. This was with the intention of improving the lives of younger people in all areas, not just the regions served by the provider.

The registered manager explained how accidents and incidents were monitored and analysed and learning from these was used to improve the service. We saw records to confirm this. Legal obligations, including conditions of registration from the Care Quality Commission (CQC) and those placed on them by other external organisations were understood and met such as social and health care professionals. This demonstrated that the service worked proactively with other key organisations to support care provision and service development. They strived for excellence through consultation and reflective practice.