

Support for Living Limited

Support for Living Limited - 19 Haymill Close Shortbreak Service

Inspection report

19 Haymill Close
Greenford
Middlesex
UB6 8HL

Tel: 02089987220
Website: www.supportforliving.org.uk

Date of inspection visit:
23 February 2018
05 March 2018

Date of publication:
10 May 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 23 February and 5 March 2018.

Support for Living Limited - 19 Haymill Close Shortbreak Service is a 'care home' type of service. The service provides support to 22 people through periods of planned respite care throughout the year. At any one time the service can accommodate a maximum of 3 people staying overnight. The accommodation is provided in a bungalow where all people have their own rooms. The service also supports people who need respite on an emergency basis. All the people who use the service live in the London Borough of Ealing.

The provider for Support for Living Limited - 19 Haymill Close Shortbreak Service is Support for Living Limited under the brand name of Certitude. In this inspection report we will refer to the provider as Certitude.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good.

Relatives described staff as caring towards people. There had not been recent relatives meetings or events and some relatives had missed this support. However, the registered manager had identified this and had taken steps to address this by inviting relatives to see the new refurbishments when they were completed.

Staff knew how to recognise safeguarding adults concerns and the registered manager reported and where necessary investigated concerns appropriately.

The registered manager assessed people's individual staffing needs to ensure there were sufficient staff on duty. The provider had robust recruitment processes and the registered manager was in the process of recruiting more permanent staff.

People had risk assessments that identified the risks and the measures required to keep them safe from harm. People staying at the service had complex behavioural support needs and there was good guidance for staff to manage behaviour that might challenge the service. The staff worked closely with the provider Certitude's intensive support team and the local authority psychology team to work successfully with people.

People prior to placement were robustly assessed and they had detailed care plans that contained clear guidance for staff about meeting their needs.

Care plans informed staff how people communicated their wishes. Staff respected people and maintained their privacy and dignity.

Staff had received appropriate supervision and training to support them to undertake work with people who

had complex needs.

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

The registered manager undertook checks and audits and Certitude's quality assurance team analysed and monitored the data from the audits to maintain a high standard of service.

Certitude held events to celebrate staff achievements and to recognise their contribution to the success of the organisation.

The provider promoted the rights of people with learning disabilities and worked with a number of other agencies to address the issues facing people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Support for Living Limited - 19 Haymill Close Shortbreak Service

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 the 23 February and the 5 March 2018 and was announced. We gave the service 24 hours' notice of the inspection site visit on the 23 February because some of the people using the service have complex behavioural needs and might find it difficult to have unexpected visitors when they are staying at the service. We returned on the 5 March to look at staff recruitment records we had requested that were stored in Certitude's central office and were brought to the site for us to review.

The inspection team consisted of one inspector and 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 this inspection, the provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events that the provider is required to send us by law.

We reviewed three people's care records. This included associated documents such as risk assessments, recording charts and daily notes. We also reviewed five people's medicines records. We were introduced to three people who used the service and we spoke with one person's relative during our visit and five people's relatives following our visit.

During the inspection we reviewed three staff personnel records, including their recruitment and training documentation. We spoke with two care staff, the deputy manager, and the registered manager. Following our inspection we spoke with one social care professional.

Is the service safe?

Our findings

Care staff demonstrated how they would recognise and report safeguarding adult concerns. One care worker told us, "I would speak to [registered manager] and express my concerns immediately." They continued to tell us that if the matter was not dealt with they would then take further action, "I would take it higher, there is a Certitude whistleblowing policy and the CQC." The registered manager had reported safeguarding concerns appropriately to the local authority and had notified the CQC. We saw that one recent safeguarding concern had not been flagged to the CQC this was because it was not clear that the concern was with regard to the service. The registered manager addressed this by sending us the notification following our visit. The registered manager had a good oversight of incidents and accidents and read people's daily notes to ensure safeguarding concerns were identified and reported appropriately.

The registered manager showed us that they learnt from mistakes and had made improvement to systems when something went wrong. We saw for example that medicines administration procedures had been reviewed following concerns and changes were made to ensure the risk of further error was mitigated. A care worker told us, "[Registered manager] has helped make the medicines protocols explicit and clear, it is much better now."

People's care records identified the specific risks to them. Person centred risk management plans identified the level of risk and measures to mitigate the risk of harm by providing guidance to staff. Risk management plans included risks associated with going out into the local area, spending time in the service, using the kitchen and eating and drinking. Measures to mitigate risks stated the staffing numbers required and what actions to take to keep people safe from harm. For example, when someone was identified at risk when getting out of a car, the instructions were explicit about where staff should stand and what actions staff should take.

One relative told us, "It's a cosy environment, they [staff] seem safety conscious." When we visited, the service was in the progress of a major refurbishment to update the existing service and extend the capacity of the service by incorporating the adjoining house. Measures to support people to remain safe had been identified during the refurbishment and were being undertaken during our visit. These included new fire doors, new radiator covers, the removal of unused sink cabinets and a damaged shed from the garden.

We noted that whilst most windows of the single floor bungalow had restrictors, to prevent these from being fully opened to reduce a number of risks, including that of falling from height, a few windows on the ground floor did not. We brought this to the registered manager's attention. They explained there was no one currently receiving a service that was assessed as at risk of using the windows to exit the building. They confirmed restrictors had been fitted to all windows following our inspection. The service was security conscious and following a theft incident by the entrance of the home a CCTV camera had been installed as a crime deterrent.

The staff and registered manager undertook daily environment checks and we saw that identified repairs were reported to the property owner and followed up if the response was delayed. Staff tested the fire

alarms and fire doors on a weekly basis. People had personal emergency evacuation plans (PEEP). The PEEP informed staff what support each person would require in the event of a fire or other emergency when the building required evacuation. Notes were kept from fire drills that informed staff how people reacted when asked to leave the building and this informed the PEEP with any changes where necessary so people could evacuate in a safe manner. There were annual safety checks of the premises and equipment that included gas and electrical equipment.

The provider had a recruitment procedure in place for the safe recruitment of staff. Prospective staff submitted application forms, and then were invited to attend an interview to assess their experience and aptitude to work as care staff. The provider undertook a number of checks. These included proof of identity and address, Criminal record checks were renewed every three years to check staff had not committed any criminal offence whilst employed.

The service offered respite to people and the registered manager told us staffing was assessed and provided according to people's individual support needs. Relatives were mostly positive about staffing. Their comments included, "I did go in the beginning, they seem to be in control, they don't have a lot of customers at the same time" and "I'm happy with it once a fortnight, staff support one to one whilst they are there, always enough staff." One relative thought there could be more staff on occasions they said, "There could be more, there are three staff members when [named relative] is there, but with more [service users] there should be more. [Family relative] has one to one sometimes."

The registered manager demonstrated that staffing was assessed to provide adequate support for the person receiving respite care. They considered which staff were familiar with the person and would ensure that there was always at least one staff member present when the person was admitted, who knew the person well and were familiar to them. They described that once a new placement has been agreed they have a lengthy process of supporting people to become familiar with the staff team. They would, for example visit people at home or at the day centre and shadowed people's existing staff from another organisation to observe how they worked with people.

The staff team did contain some staff members who had worked with the service for a number of years and knew people well. However, some permanent staff had left. Staff told us whilst they thought there were enough staff currently on duty they were concerned that there was not enough permanent staff and with the planned expansion of the service that they would need even more permanent staff in the team.

The registered manager was addressing this concern and was actively recruiting for new care staff. They were advertising and interviewing prospective care workers and attending recruitment fairs. Following our inspection the registered manager told us a number of applicants were being processed through the recruitment process. The management team used Certitude's bank staff and some agency staff that were familiar with the specific person staying if there were not enough permanent staff available. We observed when there was an unexpected staff absence for the late / evening shift the registered manager and deputy phoned staff to cover. They checked to see which staff members were familiar with the person coming to stay. They rang only those staff and were successful finding a staff member to cover who knew the person well.

The registered manager had reviewed the medicines administration procedure to make it more robust and medicines administration had been audited by the Clinical Commissioning Group in January 2018. Staff confirmed they had received medicines administration training and medicine administration records we reviewed were completed without error or omission. People's medicines records contained guidance for staff as to each medicine prescribed and when they should be administered. Information was also available

as to how people took their medicines for instance with orange juice or with their food. Prescribed ointments and toothpastes were included in the medicine administration records.

PRN (as and when needed) medicines, were administered by staff and there were clear guidelines about their use agreed by health professionals. There was a clear protocol about accepting medicines when people came to stay and for returning them when they went home with both parties signing to confirm the records were accurate. In addition, when people stayed overnight and went onto a day centre there was also a protocol for handing over medicines in a safe manner and for both parties to inform the other if PRN medicines had been given.

The staff had received infection control training and used protective equipment such as gloves when supporting people with personal care. The service was clean and in the process of refurbishment to improve the quality of the environment. The local authority inspected the service communal kitchen in March 2018 and awarded it a 5 star hygiene rating. This denoted the highest rating level for food hygiene and cleanliness.

Is the service effective?

Our findings

Relatives confirmed that the management team had met with them prior to their family member commencing their placement at the service to assess their needs. Their comments included, "Yes they did" and "He did have an assessment" and "I have been asked a lot of questions about them, they have [family member] profile in a file." Staff completed thorough assessments of people's needs. This was undertaken by meeting with people and their relatives, and meeting with the day centre or school staff. In addition, they reviewed health and social care professional's assessments of the person.

Staff confirmed they received supervision and had an annual review of their performance. They said they felt well supported by the registered manager. Their comments included, "Definitely yes, regular supervision. I find it very important to catch up with things." Another care worker said, "Supervision generally every month, and [in the review] we're able to express our goals and progress and discuss what the manager expects."

Staff confirmed that there was a thorough induction. One care worker told us, "So far, so good in terms of management. I'm really happy learning from other staff, shadowing them with different service users." There was induction training for new staff that was comprehensive comprising of both e-learning and face to face workshops. Staff comments with regard to training were positive. Their comments included, "Learning and development has improved, there are resources on line and in the classroom" and "Yes definitely helpful, makes us confident in our work." Ongoing training included safeguarding adults, equality and diversity, report writing, infection control, fire awareness, first aid, medicines and moving and handling. There was also service specific training that included epilepsy training and managing behaviours that challenge the service.

The service offered respite to people with complex behaviour support needs. The registered manager told us that she was a non abusive psychological and physical intervention (NAPPI) trainer and was training Certitude staff using this approach. The registered manager worked with the provider's intensive support team that supported staff to work with people who had complex behavioural needs. In addition, the staff worked closely with the local learning disability psychology team to offer a tailored and appropriate service to people.

People had an assessment in their care plans that described the support they required to eat and drink. For instance, one person ate and drank independently but needed to be prompted, as they tended to become distracted when eating. Another person was assessed as requiring their food to be cut up into bite sized pieces so they could eat independently.

Care plans noted people's dietary requirements. One person's relative told us, "Yes they do, they ask if there is any specific thing they do not eat, they give them halal foods and not pork." Another person's care plan stated they required support to have only decaffeinated coffee as the person become very hyperactive if they were given caffeinated coffee. We observed that staff had taken appropriate action where a person was not tolerant of certain food items to avoid any complications for the person. Staff were able to tell us about

people's dietary needs and could give examples of what people liked to eat when they stayed at the service.

Relatives told us they thought people were well looked after and they would be informed if there was a health problem. Their comments included, "I would say so yes," and "If they are unwell they will ring me, like a cold or epilepsy fits, they always keep me well informed." People were encouraged to be healthy. Staff described taking people out for walks and told us how they increased one person's food choices by gradually introducing different foods because when they first came to the service their food choices were very limited. People had hospital passports that contained their health and support information to enable health care workers to understand what support people required should there be a medical emergency. When there was a concern about people's health there had been referrals made appropriately for example to the speech and language therapist.

The premises were in the process of being refurbished when we inspected. There was a large comfortable communal lounge area with access to a secured garden area for people who liked their own space outside. One person in particular liked to stay outside in the garden but did so if not supervised in all weathers. To encourage them to settle indoors when it rained or was very cold the staff had brought a garden chair the person liked to sit on indoors. This strategy had worked well in supporting them to remain inside.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Most people staying at the service were assessed as not having the mental capacity to consent to their care and treatment. The registered manager understood their responsibility under the MCA and had applied for DoLS from the statutory body appropriately for people. Some people had received DoLS authorisations and the registered manager requested authorisation reviews in a timely manner. Staff demonstrated they understood the principles of the MCA. One care worker told us, "You must assume everyone has capacity unless they are assessed as not having capacity." They demonstrated they gave people choice and said, "We must act in people's best interests if they do not have capacity." We observed staff giving people their choice of activities and meals.

Is the service caring?

Our findings

Relative's comments were favourable about staff. Their comments included, "My [family member] looks forward to seeing the staff here, they work very well. [Family member] is happy to come here...if there was room for me I would come as well!" and "There are people who look after [service user] who are amazing and there are people who are less amazing." Another relative said, "Yes they are [caring] there are some who seem to click that [service user] has favourite food and they are just like family." The registered manager and staff spoke enthusiastically about people in positive terms and showed a respect towards people in their care.

Relatives told us the staff communicated with their family members well. One relative told us, "They seem kind and talk to [service user] even though they don't talk back and try to get to know the customer's likes and dislikes." People's care plans stated how they understood what was being said to them and how they communicated their wishes. The registered manager and staff worked with people to understand what they were trying to communicate through their behaviour and to develop their communication skills. A care plan review documented that one person had increased their vocabulary during their stays at the service. One care worker told us that they had supported someone who had through staff encouragement, developed in their confidence to express their choices verbally. They were able now to say to staff, "I want that", or "I don't want that." The staff reported there had been a reduction in behaviour that was challenging to the service, as this person was now more able to make their wishes known.

Another person who used the service made their wishes and preferences known by writing down what they wanted to happen and giving the notes to staff. Staff read their notes and worked with the person to implement their choices.

Some people communicated verbally and others used Makaton. This is a way of communicating that uses signs and symbols. We noted that staff used Makaton signs and the registered manager had arranged for staff to have further support to become familiar with more Makaton signs so they could communicate better with people. People had a communication passport that told staff and professionals how they communicated. In addition, care plans detailed if people used gestures such as shaking hands or body language to show what they wanted.

The staff completed a daily record that informed relatives what their family member had been doing whilst they were staying at the service. Relatives told us, "Yes, usually at the end of the session they give me a paper telling me what [Service user] has done and I usually have a talk with staff when they bring them back" and "Yes, they normally record in their daily book." This facilitated good communication between relatives and the service and meant relatives could talk with their family member about what they had done during their stay.

In addition, the staff liaised closely with a day centre that some people attended and gave a handover to them of the person's activities and their mood. This was reciprocated by the day centre and ensured both services had a clear picture of the person's whole day when they were unable to communicate that clearly

for themselves.

The registered manager arranged reviews and invited people's relatives to ensure people's care was as they wished it to be. Most relatives confirmed they had been invited to a review and said for example, "We have a review tomorrow." The registered manager explained that they also attend the day centre reviews, as this was an opportunity to share information and discuss what approaches worked well with the person. The reviews contained symbols and pictures to support people to understand what area of their life was being reviewed. In addition, people's activity timetables contained symbols and pictures to support people to understand what would be taking place.

A care worker told us how they maintained people's dignity they said, "If I'm supporting with personal care I close the curtains and the door," and "I knock on their bedroom door before entering." People's care plans identified if their behaviour compromised their dignity. For example, if someone was at risk of compromising their privacy and dignity in public, this was assessed and measures were identified to mitigate the risk to the person.

Is the service responsive?

Our findings

People had person centred care plans. One care worker told us, "The care plans are very informative. When you read the care plan you would have a good idea of the person before you met them." Care plans told staff about the person's likes and dislikes and what was important to them.

Care plans were very clear and contained people's preferences about how they wished to be supported. For example, in their personal care support one person liked their hair styled in a specific way and the guidelines were clear for staff to follow. Care plans described what people could do for themselves and stressed that choice should be offered for example as to which clothes they would like to wear.

People undertook a range of activities that included trips to the airport, bus rides sightseeing, visits to the zoo, cooking, swimming and lunch out with staff as well as indoor activities such as doing puzzles. People had a timetable that stated what activities they would be doing when they stayed at the service. This was important to some people who needed to know in advance, what was going to happen to remain content. The registered manager told us that, "Each person's activity time table is tailored to their likes and wishes." Relatives spoke positively about the activities people undertook. Their comments included, "The only one in Ealing that treats each young person as an individual, do the things [service user] likes, [service user] won't go in cars or minibus so they take them to local takeaways, and took them swimming, they had a guy there who was a swimming instructor" and "Yes, the things that they have them to do is quite good."

The staff told us that they introduced people to new activities so that their experiences and opportunities were broadened. One care worker described that one person who previously had not liked noise had successfully been introduced to music and now enjoyed playing music loudly and danced. Another person had successfully been supported to travel on the underground and buses with staff support, their review stated that this would not have been possible several years ago. As such, they were now more able to visit places of interest using public transport.

People using the service were younger adults attending for respite care and currently had no identified end of life support needs. Therefore, there were no end of life plans in people's records. The registered manager told us they would prepare staff by liaising with the appropriate professionals if end of life support was required.

Relatives told us that they knew how to complain and would feel comfortable raising complaints. One relative told us, "I would speak to the manager." The service had the provider's complaints policy and procedure. The provider had sent a card to people and their relatives informing them how to complain and there were copies displayed in the office. A staged response differentiated between informal and formal complaints. Formal complaints were sent to the provider's senior management to acknowledge and investigate. There was a complaints log but there were no complaints recorded when we inspected. The registered manager demonstrated they knew the complaints process and described how they would log complaints and have an overview of complaints.

Is the service well-led?

Our findings

There was a new registered manager since our last inspection who had registered with the CQC in November 2017. 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. Staff felt well supported by them and the provider.

Relatives were satisfied with the service their comments included, "It's a pretty good service compared to the others" and "Very good, [service users name] is happy there, I'm happy they are there" and "Overall it's a good service I wouldn't say excellent." Relatives varied in their responses about whether their views were sought and if they felt they were engaged and involved in the service. Their comments included, "They have barbeques and parties in the summer, and "They do have meetings occasionally like coffee mornings." One relative told us that there had not been meetings or service events for relatives for some while and they had missed the Christmas party that usually occurred and did not take place last year. Another relative told us, "Another manager came they never saw us or wrote to us. This new one [registered manager] should hopefully start having parents meeting as it's so isolating."

The registered manager, who was relatively new to the service, had identified the lack of opportunities for relatives to meet in the service. They discussed with us during our inspection that there had not been relative's events at the service for some time and described that once the refurbishment had taken place they intended to restart coffee mornings and occasional events. Following our inspection, an invite was sent to relatives to invite them to a coffee morning.

The registered manager told us they kept people informed of important events at the service. For example, we saw that a letter had been sent to people and their relatives to tell them about the planned refurbishment and proposed increase in the capacity of the service. Relatives confirmed they were informed of changes and told us for instance, "Normally they write to us, and they always give a call if any issues" and "Received a letter this morning about the renovations."

Relatives who brought their family member to the service for respite said they were made welcome and could talk with staff and the registered manager. Relatives told us if they rang the service staff responded. Their comments included, "One particular lady who communicates very well who might be the manager, she will ring and let us know" and "Yes definitely."

There was a customer's satisfaction survey undertaken by Certitude between May and June 2017. The survey was comprehensive and published findings across all their services. However the relatives we spoke with who used Support for Living Limited - 19 Haymill Close Shortbreak Service either stated they had not received a survey or thought they had not, as such it was not clearly evident that they had had this opportunity to contribute their views.

However, the provider also held regular "Listening events" that were arranged as a lunch or an evening meal

for people and relatives who used Certitude's services to share their views on the service given. The events were to ensure relatives were able to meet and speak directly to senior management staff including the board and leadership team. In addition, the leadership team and board undertook a programme of visiting the individual services in 2017/18 to ensure they were familiar with the provisions, to assess the quality of care being provided at the schemes and to give people and relatives an opportunity to speak with them face to face and to share their views about the service. The registered manager told us that the last board member's visit to the service took place in November 2017.

Staff said they felt well supported by the registered manager and felt that they were approachable proactive and responsive to them. Care staff spoken with were mostly positive about Certitude. Their comments included, "On the whole Certitude is a good organisation" and "Yes definitely empowering, I could speak to the CEO [Chief Executive Officer] we catch up at head office."

The provider celebrated and recognised staff achievements through the "Excellence awards." Nominated staff attended a presentation ceremony evening with the people they supported. There were a number of categories, the best colleague award, the change maker award, the making a difference award and the best volunteer award. There was also an overall award called the Michael Rosen Award described in the award booklet "as the ultimate accolade" for an individual or team "who through their work have clearly demonstrated Certitude's vision and values." The service was successful in winning an award two years running in 2015 and 2016. Blogs and newsletters also celebrated the winning staff accomplishments.

The provider Certitude had a clear vision to improve the lives of people with learning disabilities and their vision statement for quality in their services was, "That everyone has the right to a good life." The provider had a designated quality assurance team that monitored all the Certitude services including Support for Living Limited - 19 Haymill Close Shortbreak Service. It was their role to ensure the service provided was of a high quality. They worked alongside health and safety consultants to ensure all risks to the service were identified and well managed. Staff and managers recorded all incidents and accidents on a central database that was monitored by the quality assurance team to provide oversight of risks within the service.

The registered manager completed comprehensive audits and checks each month. These were returned to the quality assurance team who analysed and checked the data. Actions from each audit were rated as green, amber, or red that denoted the matter was urgent. The audits were monitored to ensure they were completed and scored to denote standards in the service. We saw that there had been a substantial improvement in the audit scores from June 2017 to December 2017. The registered manager was actively addressing issues identified through audits and checks. For example, they had reviewed people's daily notes and had noted that on a few occasions some staff use of language was not appropriate and so had arranged for training during March 2018 to address this matter.

The provider arranged for "Quality Checkers" to visit their services. Quality Checkers are people who also use the Certitude services who take part in monitoring the quality of service provision. They completed training to support them to undertake their role and this initiative offered a level of scrutiny and observation that was valued by the organisation. They had visited Support for Living Limited - 19 Haymill Close Shortbreak Service in November 2017 and provided their feedback about the environment, staff practice and their observations. The registered manager demonstrated to us that they valued their input and had utilised the findings in the planned refurbishments.

The service worked closely with the local authority to develop the service to meet the changing needs and demand for respite places for young people with complex behavioural needs. They were in the process of refurbishing the adjoining house to increase the capacity of the service by three bedrooms. This close liaison

ensured a sustainable service to meet the demand for respite placements in the authority. The service took people in times of emergency at short notice. A social care professional told us, "I think highly of the service, we have a good working relationship." They described the service had responded readily to an emergency placement request for a person with complex behavioural support needs and had worked successfully with them. This demonstrated they were responsive and flexible to meet the needs of people with complex support needs.

The registered manager said they were well supported by the senior management team who they said listened to their requests for example to continue to recruit for new staff. The registered manager maintained their own knowledge and learning and attended the provider's Leadership Conferences in order to learn about changes to policies and new legislation. In addition, they had signed up with the local authority registered managers forum to ensure they networked with other registered managers in the local authority to share knowledge and keep updated.

The registered manager worked closely with other agencies including health and social care professionals, day centres, schools and other providers. In particular, the registered manager demonstrated they worked in partnership to develop a sensitive and responsive service for young people and their families who were 'in transition' from college and home to different services.

The provider Certitude worked with a number of learning disability groups to raise awareness of issues that affect people with learning disabilities. The provider had a "Treat Me Right Team!" The "Treat me Right!" project supports staff to work with people to support them with their health needs. They held "The big health check event" to look at improvement in the health services offered to people with learning disabilities December 2017. This event asked families what they thought about health services in the London Borough of Ealing.

Certitude had held a number of consultation meetings talking with people and their relatives who had been restrained in previous settings. The registered manager explained this was an on ongoing process and they were going to use the information from the consultations to develop a least restrictive practice strategy.

Certitude were working with other organisations to improve the standards for people with learning disabilities. For example they supported people with learning disabilities and their relatives to attend courses with "Partners in Policy Making - In Control" an organisation that promotes the rights of people with learning disabilities.