

Symbol Family Support Services Limited

Dickley Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We inspected this service on 29 and 30 November 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Dickley Court is registered as both an accommodation based care home and a community based domiciliary care agency (DCA) which delivers personal care to people living in their own homes. At the time of our inspection the provider was supporting approximately 35 people living in supported living services. The domiciliary care agency is run from an office which is attached to the main building of the care home. The provider Symbol Family Support Services Limited provides support primarily for people who have a learning disability living within a supported living service. At the time of our inspection Dickley Court was being used as a short breaks respite service, offering themed weekend breaks for people who have a learning disability.

We have reported on the services provided by the short breaks respite service and the DCA separately under the evidence sections of the report, unless the evidence related to both services when we combined the reporting.

The registered manager was also the managing director of the organisation Symbol UK Ltd. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people and their relative's was excellent. Those people that used the service and their relative's expressed great satisfaction of the service being provided and spoke very highly of the registered manager, senior management team and the staff. Everyone within the organisation was highly motivated and committed to ensuring people that used the service were treated as individuals and had as much choice and control over their lives. Staff were supported to develop and progress within their role by the registered manager and the senior management team.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. However, gaps in potential staffs employment had not always been explored. We have made a recommendation about this.

The safety of people using the service was taken seriously by the registered manager, management team and staff who understood their responsibility to protect people's health and well-being. Staff, the management team and the registered manager had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. The short breaks respite premises were maintained

and checked to help ensure the safety of people, staff and visitors. A fire risk assessment was in place and an evacuation plan to be used in the event of an emergency.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. People received consistent support from the same staff who knew them well. People were supported to be fully involved in the recruitment of their own staff team. Job advertisements were personalised and people were supported to be involved in the interview and selection process. The provider used innovative ways to enable people to gain work within the local community and fulfil their hopes and dreams. A shop was opened within the local community which enabled people to gain work experience and a qualification.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. Incidents and accidents involving people were recorded, monitored and investigated to prevent a reoccurrence.

There were enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by the management team who they saw on a regular basis. Staff worked well as a team within the supported living services and felt supported by one another. The registered manager encouraged staff to undertake additional qualifications to develop their skills.

People had positive relationships with their staff with many have worked together for a number of years. People were treated with kindness and respect. People's needs had been assessed to identify the care they required. People's individual care and support plans were person centred and gave staff the information and guidance they required to give people the right support. Detailed guidance was available for staff to follow to support people who displayed any behaviour which caused a risk to themselves or others.

People had clear communication plans and guidance in place to ensure staff were able to communicate effectively with them. Detailed guidance was provided to staff within people's homes about how to provide all areas of the care and support people needed. People's nutrition and hydration had been carefully considered and recorded for staff to follow. Staff ensured people and their loved ones remained as healthy as possible.

The registered manager, management team and staff were committed to providing a high quality service to people and its continuous development. Feedback from people, their representatives and others were continually sought and used as an opportunity for improve the service people received. The registered manager also demonstrated strong values and a commitment to ensure people had as much control as possible over their lives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the potential risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

There were enough trained staff to meet people's assessed needs and recruitment practices were safe.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were provided with the necessary skills, knowledge and guidance to meet people's assessed needs. Staff received the support and guidance they required to fulfil their role.

People were supported to remain as healthy as possible.

Detailed guidance was available to support staff to meet people's communication needs.

Staff understood the importance of gaining consent from people before they delivered any care.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People received consistent care and support from staff they knew very well. Staff were aware of people's personal

preferences and life histories.

People and their representatives were involved in the development of their care plans.

Is the service responsive?

Good ●

The service was responsive.

People were actively encouraged to give their views on the service they received. The complaints procedure was available and in an accessible format to people using the service.

People's needs were assessed, recorded and reviewed on a regular basis.

People were fully included in decisions about their care. Support plans were person centred and gave staff the information they needed.

People were supported to maintain and develop their social activities. People were supported to gain employment and fulfil their hopes and dreams.

Is the service well-led?

Outstanding ☆

The management and leadership was outstanding.

There was a positive, open and inclusive culture within the organisation.

Systems were in place to monitor the quality of the service. Feedback from people and others was used to develop and improve the service that was provided to people.

The registered manager understood their role and responsibility to provide quality care and support to people.

Dickley Court

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 29 and 30 November 2016 and was announced. The inspection team consisted of one inspector and an expert by experience that made phone calls to the relatives of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service they provide, what they do well and improvements they plan to make. We also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with four people who were using both services and visited another person who was living in a supported living environment about their experience of the service. We spoke with 13 relatives of people who have used either or both of the services.

We spoke with two care staff, a team leader, an area manager and the registered manager to gain their views. We asked ten healthcare professionals for their views and experience of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at five people's care files, four staff record files, the staff training programme, the support and supervision of staff and newsletters.

Is the service safe?

Our findings

People we spoke with who were living in supported living services and others who had used the respite service all said how much they enjoyed it. One person who uses the respite service said, "I get excited about coming." Relatives told us they felt their loved one was safe whilst being supported by the staff and they felt that the provider offered balance between freedom of expression and protection relating to the service environment. One relative said, "There is clear information about health and safety and I know I can trust the care that is provided." Another said, "I feel we work together, the staff provide an environment which I can see which has been consistent and supports behaviour. Staff are knowledgeable and can anticipate needs, especially in terms of being observed and kept safe." A third said, "The service feels safe and it is easy to communicate with the service."

Recruitment files kept at the registered office did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two of the four files we checked did not contain the full employment history of the applicant with any gaps in employment explored. Initial checks were carried out to make sure staff were suitable to work with people who needed care and support. These included obtaining suitable references, at least one reference was confirmed over the telephone and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Each file contained a personnel checklist which had been used as a reference guide for the management team.

We recommend that the provider explores and records staff's gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was enough staff on duty to meet people's assessed needs. Each person living in the supported living settings had individually assessed care and support hours which were managed by a member of the management team. One relative said, "There is always adequate staffing and, the staffing is consistent." Another relative said, "The staff have helped manage anxiety, by providing consistency and by having regular staff who understand people's needs sensitively." People who were using the short breaks respite weekends were assessed on an individual basis and staffing was then used to meet their needs.

People's medicines were managed safely and people received their medicines as prescribed by their GP. Staff followed an up to date policy and procedure and received annual training in the safe administration of medicines. Staff completed an annual medication competency check with a member of the management team. The check involved observing the member of staff administering medicines and asking specific questions about people's medicines. Medicines were stored individually within people's bedrooms within a locked cabinet. Information was available to staff describing the individual medicines, the purpose and potential side effects. These were stored within people's individual medicine files. Some people were supported to manage their own medicines; systems were in place to ensure any potential risks to the individual had been reduced. One relative said, "The environment is secure people know who is coming in and out and manage medication at times which are respectful."

People were protected from the potential risk of abuse. The provider employed a safeguarding advisor who offered support and guidance to the staff team and liaising with the local authority. There was a safeguarding policy in place, staff were aware of how to protect people and the action to take if they suspected abuse. Staff received annual training in safeguard adults and children. Staff described the potential signs of abuse and what action they would take if they had any concerns including reporting it to the registered manager, their line manager, the police and social services. Staff said they were confident that any concerns they raised would be taken seriously by the registered manager and any member of the management team. One member of staff said, "I definitely feel I would be listened to and it would be acted upon." The registered manager and staff knew their responsibilities protecting vulnerable people.

People receiving support were protected from the risk of financial abuse. People's money was kept within locked tins with every purchase made checked and receipted. Regular checks took place by a member of the management team checking the recorded entries against the receipts. Systems were in place to ensure that people were protected from financial abuse.

Respite/Short break services

A fire risk assessment was in place and an evacuation plan which was to be followed in the event of an emergency. The risk assessment included an assessment of each room within the main house. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Environmental risks had been assessed and recorded such as infection control. A kitchen inspection checklist was used on a daily basis when the main house was being used by people. The premises and equipment were maintained and checked to help ensure the safety of people, staff and visitors.

DCA/Supported Living Services

Potential risks to people in their everyday lives had been assessed and recorded. For example support with personal care tasks, monitoring people's health, mobility, medicines and accessing the community. Each risk had been assessed on an individual basis, recording the risk level and the action staff should take to minimise the risk occurring. The risk had then been reviewed following the implementation of the safety measures. A record was kept of any further action that was required such as more frequent review or additional training for staff.

Incidents and accidents were monitored and recorded. Any accident/incident which had occurred was kept within people's individual care files within their home. If people using the respite service had been involved in an incident or accident this was recorded and the information was reported to the relevant people. All incidents or accidents involving people were recorded onto an electronic database held within the registered office. The database was able to detect any patterns or trends that had occurred. Records showed that an analysis of a person's incidents over a period of three months had been analysed. The information had then been used by a health care professional to develop specific guidelines to support staff to meet the person's specific needs. People could be assured that the necessary action would be taken to minimise the risk of accidents/incidents reoccurring.

Is the service effective?

Our findings

People told us they liked living in the supported living services and others told us they enjoyed using the short breaks. A relative told us that their loved one only wanted to stay with them at home until they tried a short breaks weekend. They said, "Now that he has tried the service he talks about doing other things, making other choices and doing more things. That is positive and shows what the service does."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff spoke highly of the training they had received. One member of staff said, "The training has been awesome. We have the training we need to meet people's needs; it is very informative and has given me the confidence to be able to deal with any situations." Another member of staff said, "We complete specific training to meet the needs of people including specific support conditions." All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff told us they had completed an induction which had involved a variety of training courses, the expectations of the organisation, policies and procedures and spent time reading people's care and support plans.

The registered manager had introduced a development programme for junior managers. This involved spending two days a month away from the work place developing managerial skills and confidence. A senior manager said, "There are opportunities to progress and develop, with the use of mentors. People are given the opportunity to learn about other areas within the organisation such as HR or finance."

Staff said they felt valued and supported in their role by their line manager and the registered manager. One member of staff said, "I feel as though I am valued in my role and supported." Another said when talking about their job, "I absolutely love it the company is so supportive." A third said, "They (the management team) have supported me to develop and progress within my career. They support me when I need it in my role. I know that I can call at any time and someone will be there to support me." Staff spoke passionately about their role in supporting people to develop and live their lives to the fullest. One member of staff said, "Everything is person centred and people are treated as an individual." This thought was echoed by relatives and some commissioners we spoke with.

People had clear communication plans which detailed the individual support people required from staff. The plans included for example, 'How I communicate', 'Things I like to talk about' and 'How to help me communicate'. One person had been supported to develop their own individualised 'communication passport' which they used to make choices and inform staff how they were feeling. One member of staff told us they had attended an 'advanced Makaton course' to enable effective communication with a person they were supporting. Makaton is a language programme using signs and symbols to help people to communicate. A relative had sent in a compliment card which thanked the staff for enabling their loved one to communicate and commented, 'You communicate with him amazingly.'

People that had behaviour which could challenge themselves or others had detailed plans for staff to follow. These behavioural support plans included, triggers and both proactive and reactive strategies for staff to

follow. Some of the plans had been developed by health care professionals such as, clinical psychologists alongside the staff team. Records showed that an analysis of a person's incidents had taken place and the information had been used to develop behavioural management strategies.

The management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. People were supported to make decisions about their lives such as how they wanted to spend their time, what they wanted to eat or drink and what they wanted to wear. Some people had individual aids to support them to make everyday decisions such as, picture boards and communication books. Staff spoke about supporting people to make choices about their lives and, people having the right to make unwise decisions.

Supported living services

Staff received training relating to ensuring people's nutrition and hydration was maintained. People chose what they wanted for their meals and they were supported by staff to prepare and cook meals if it was required. People had individual menu plans within their own homes and were encouraged to make and eat a variety of healthy nutritious meals. Some people had received support from health care professionals such as the community nurse to understand what healthy eating involves and portion size of any meals. One person told us they enjoyed cooking with the staff and had recently cooked a pasta bake and a curry.

Respite/Short break services

People who attended the weekend short breaks respite service were supported to maintain their nutrition and hydration. People were offered a number of food choices and were supported to prepare their meals. One person said, "I like short breaks it's fun. I help cook my breakfast." A relative said, "The staff understand what people like to eat and have fixed behaviours but they also create a collective place where new things are tried. This space helps to widen behaviours especially regarding meals and I think this is good."

Supported living services/Respite/Short break services

People were supported to remain as healthy as possible, and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Each person had an individual support plan or 'medical passport' which detailed the specific support they required from staff to maintain their health. A record of annual health and review appointments was kept within their support plan. This enabled staff to see which reviews were coming up and appointments that required booking. One relative said, "The staff have supported the management of my son`s epilepsy. I know by working together and medication being offered promptly, in a caring environment, that this has made a big difference to how this is managed and its stability at present." People using the short breaks respite service had any health condition support they required within their care plan such as medical information. The provider had access to a range of health care professionals such as speech and language therapy, occupational therapy and clinical psychologist. These people were used to offer people immediate support without delay if this was required.

Is the service caring?

Our findings

People told us the staff were kind and caring. Relatives we spoke with told us the staff were kind and compassionate and understood the preferences and choices of their loved one. One relative said, "The staff are caring there is no shortcut and they really take the time to find out who the person is and what makes them happy." Another said, "The staff are very professional." A third said, "The staff show they are caring. They talk about things as groups and they support what we do at home. Like discuss body hygiene, washing, appropriate behaviour. They don't tell people, they involve people and share from experience. They make people learn together and make learning real."

People's support plans were individualised and contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. One relative said, "The staff always go more than the extra mile they are very approachable. They know how to deal when people feel stressed and what to do. That confidence makes a difference."

Staff received training in person centred support which included how to maintain people's dignity and respect. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity such as covering people up, asking people where they wanted the staff to wait and maintaining confidentiality. Information about people was stored securely within the registered office and remained confidential.

People were supported and encouraged to be as independent as they wanted to be. Staff spoke about a team ethos of doing things with people rather than doing things for people. One member of staff said, "We encourage rather than do it for people and offer specific guidance such as physically raising your own arm to show someone to wash underneath theirs." Another said, "It gives us a sense of pride and it is so rewarding to see people gain independence and skills." A third member of staff told us they offered people encouragement and praise, giving people positive feedback. Information and guidance was available to staff within people's support plans of what people were able to do for themselves and the specific support they required from staff. People were supported to build and maintain skills to aid independence such as travel training. One person told us how the staff had been supporting them to use the washing machine independently. A relative said, "My son takes independent actions and he is encouraged here to do things." A member of staff said, "We offer encouragement, praise and positive feedback to increase people's independence."

People were supported to have as much contact with their friends and family as they wanted to. One person showed us that on their weekly planner, they had a lunch date with their friend booked for the following week. People who attended the short breaks respite service were supported at the end of the weekend to produce photographs and notes of how they had been spending their time. People who had used the short breaks/respite service told us that they enjoyed meeting up with their friends.

Is the service responsive?

Our findings

Relative's spoke about how the service was responsive to the needs of their loved one and made a large contribution to people's wellbeing. One relative said when their loved one started to use the service, "It was like someone switching a light on. They are valued for who they are individually. They are cared for at a deep level it is wonderful. I am totally happy with the service." Another said, "The staff always go more than the extra mile, they are very approachable. They know how to deal with when people feel stressed and what to do. That confidence makes a difference." Staff spoke about how each person was treated as an individual and staff responded to people's needs on an individual basis. One member of staff said, "People are treated as a complete individual and their specific needs are met by the company even if this means setting up a whole new service. People go the extra mile to get things right for people." Another said, "We make sure that people live their lives to the fullest potential and, the company are positive and supportive to achieve this."

People were supported to take part in further education courses such as a 'preparation for work' course. These courses gave people the opportunity to develop skills including social skills as well as building their confidence. People's feedback to the registered manager following the preparation for work course was that they were not able to find jobs. People had to start the same course again in the hope they would be able to find employment eventually. The registered manager fed this information back to the management board who then made the decision to invest in opening a haberdashery shop in the local town centre. This gave people the opportunity to gain practical work experience, education and training within the local community. Once people had completed the training programme the provider told us they planned to employ 25% of people per year. People told us they really enjoyed working in the shop and had learnt a number of skills such as using the till and how to display items for sale. The shop also held classes for members of the public which were organised by people using the service. These included how to use your sewing machine, felting for beginners and a 'knit and natter' class. This opportunity had made a real difference to people, they were making new friends and growing in confidence.

Each person was supported to take part in a wide range of activities they were interested in such as darts, exercise classes and flower arranging. People living within the supported living services had individual weekly planners which included pictures of activities to make them more meaningful. People who used the short breaks respite service had been involved in the planning of activities they attended. These included trips to London and the theatre to watch a pantomime. Relatives told us that the provider offered a wide range of activities which their loved ones enjoyed. One relative said when talking about the service, "They offer a huge range of things to do. We have found a place that has given us peace of mind and hope." A health care professional told us the provider had offered a range of opportunities and activities to their client which had helped them to feel valued and involved.

The provider had supported people who were moving between services. This included ensuring people's needs would be met by staff that had the appropriate skills. Health care professionals told us the provider had worked closely with them, the person and their relatives to ensure a smooth transition between services. One health care professional commented that the provider offered a flexible and creative service which was person centred. People were involved in the recruitment of their staff team. Job advertisements

were personalised and included specific criteria that the person was looking for such as an interest in sports. People and their relatives were involved in writing the interview questions for potential new staff. Some people were involved in interviewing potential new staff and others were supported at a meet and greet session. This was an opportunity for people to meet and give their feedback about potential staff prior to a formal interview so they could have a say about who might support them.

People and their relatives were actively encouraged to give their views and raise any concerns or complaints. A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. Information regarding how to make a complaint or compliment about the service people received was recorded within people's files. An accessible complaints policy, which included words and pictures, had been produced to meet people's needs. The registered manager told us that the complaints procedure had also been transferred into braille and a large font on a specific coloured paper to meet specific needs. People told us that if they were unhappy they would speak to a member of staff or the manager. They said that staff would do something about what they were not happy with. There had not been any formal complaints raised about the service in the past 12 months prior to our inspection.

The registered manager kept a record of compliments that they had received about the service they provided to people. These were in the form of cards and letters from relatives of people who had and were using both the short breaks and supported living services. One read, 'Thanks to you and your amazing team for making (name) short break stay at Dickley such a fun and enjoyable time.' Another read, 'I cannot thank you enough for the support you have provided for my sister' A third read, 'I am delighted as to how well (name) is doing but it really is down to you and your staff working so hard with him.'

Initial assessments were completed by a member of the management team and used as a way to start a relationship with the person and their relatives. Referrals were made directly from the local authority but people could also make direct contact with the agency themselves for the short breaks respite service. A member of the management team told us they felt it was crucial that as the provider they received as much information about the person from themselves and their relatives as possible. The assessment process supported staff to find out people's expectations of the service and to provide what had been requested.

The information that was gathered at the initial assessment was then transferred into a support plan and risk assessments, which staff followed to ensure the person's needs were met. They included guidance about people's specific daily living routines, health and medical information, communication, life histories, the person's expectations from the service and interests. Staff took direction from people to ensure they were receiving the care and support they required. People living in the supported living services kept their personal files within their bedrooms. The information staff needed to know was also stored via an electronic system which was held at the registered office. People who used the short breaks respite service had an assessment from the local authority and an assessment from the provider which had been converted into support plans and risk assessments. These were stored securely within the main house which was used for the respite service. People were involved in the development of their care plan by advising staff how and when they would like the service provided. Records showed and people confirmed that they had been involved in the development of their care plan.

People's support plans were reviewed with them on a regular basis. The local managers within the supported living services used a number of ways such as a database to alert the team when a review was due. People were supported to take the lead and have control over their reviews. People invited who they wanted to attend and we saw one person chose to manage their own review with their care manager. Records showed that people had been supported to write their own reviews and take control over their review process. These included a range of photographs which enabled the person to talk through their

review. Another person had been supported to develop their review within a power point presentation, this person was able to present their review as they wanted. People had been supported to record their hopes, dreams and fears for the future which included a plan to enable people to achieve their aspirations. A group of people had requested to go on a camping trip with their friends, they had been supported to achieve this.

Is the service well-led?

Our findings

People and their relatives, staff and health and social care professionals all spoke very highly of the registered manager. A relative said, "(Registered manager) is exceptional and she has set up something that is amazing." A commissioner said, 'The service echoes the strong core values and ethos from the CEO, down through the levels on line management through to the front line care and support workers.' A member of staff said, "(Registered manager) is really approachable. (Registered manager) has an open door policy, if I need support it is there." Another said, "(Registered manager) is really involved and takes a personal interest in what is going on." A third described the organisation as having a flat hierarchy where everyone helped out and felt valued as part of the team.

The registered manager spoke passionately about the service they provided to people and giving people as much control over their life as possible. The service had clear vision and values which were person-centred and ensured people were at the heart of the service. The mission statement for the organisation said, 'Symbol exists to create choices for individuals and innovative and effective solutions for organisations. We strive to work in partnerships with others to improve the quality of knowledge and opportunity for those we support.' Health care professionals told us that the organisation worked closely with them and people to ensure they offered a truly person centred service. The registered manager told us that they started the 'themed weekend respite breaks' for people to access a fun, educational and functional facility. People were able to make choices and be fully involved about the weekends which had previously included, a horse riding weekend and a work assessment weekend.

There was a positive, open and inclusive culture within the organisation that had the people using the services at the heart of everything they did. Staff at all levels were motivated and shared the same passion to provide a quality service to people. Staff told us they were asked for their ideas and suggestions about ways in which the service could be improved. The management team met on a weekly basis as a way to ensure managers were fully involved and informed with what was going on within the service and wider organisation. Staff felt supported in their role by the registered manager and their line manager who were visible and available. The registered manager visited each service on a monthly basis as a way to keep in touch with people. Staff told us they felt that everyone in the organisation worked well as a team.

People, their relatives and staff were involved in the development of the both the supported living and the short breaks respite service. People and their relative's views about the service were sought through annual survey questionnaires. These were written in a way people could understand and be supported to voice their views. The results were collated and fed back to the local managers and staff teams. Any concerns that were raised were dealt with immediately by the registered manager. People living in the supported living services had regular tenant meetings where they were able to discuss any ideas or suggestions they had for their service. People using the short breaks respite service had a meeting at the end of their session to feedback how they felt their weekend had gone and if any improvements could have been made.

People were supported to be actively involved in the development of the organisation. The registered manager had set up a service user forum who met on a regular basis to discuss issues within their services

and, the wider organisation. Topics which had been discussed included, how to involve all people within the recruitment process and, how people's gardens were being managed in the supported living services. Parents and carers of people using the service had set up their own group which met on a monthly basis, to feedback any ideas or concerns that they had to the registered manager. People who accessed the day service had set up a monthly newsletter called 'Hop Yard Voice'. This included an interview with a member of the management or staff team, what was happening in other parts of the organisation, film and music reviews and a what's going on TV page.

The registered manager actively built links with the local community to encourage people to be fully involved and be part of their local community, if they wanted to be. People were supported to be active members of the Kent Learning Disability Partnership Board. The Kent Learning Disability Partnership Board agrees and checks that the changes and improvements in the Government White Paper Valuing People (March 2001) and Valuing People Now (January 2009) are happening in Kent. The registered manager was nominated by parents of people using the service and, won the supported housing award for the 2016 Kent Learning Disability Partnership Awards. The judges said, 'The wealth of activities and support given by (Registered Manager) to her clients gives them a real sense of value and inclusion.'

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager or a member of the senior management team on a bi-monthly basis, including health and safety, finances and an audit of people's files. Each service is visited on a weekly basis by a locality manager who spends time talking to people who use the service, staff and the team manager. These audits generated action plans which were monitored and completed by the management team. A locality manager said, "Having a presence within your services and knowing the people you are supporting. Being involved and part of the care team gives me the biggest indicator of the quality of the service we are providing."

The registered manager and the senior management team had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. The service had not had any incidents which were notifiable.