

Royal Mencap Society

# Mencap Central Notts Services

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 and 12 May 2016 and was announced.

Mencap Central Nottinghamshire Services provide care and support for people with a learning disability who live in their own homes in the community. At the time of inspection 24 people were receiving care and support from the service

The service has 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. The registered manager was not present during our inspection, but the deputy manager was able to spend time with us to explain how they provided support to people and staff.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Any risks to the health and safety of people and staff had been identified and detailed plans were in place to reduce these risks. Accidents and incidents were investigated. There were enough staff to support people well and ensure that people's needs were met. People received their medicines as prescribed.

People were supported by staff who had received the appropriate training to support them effectively. Staff received supervision of their work. People received the support they required from their staff to ensure they had sufficient to eat and drink. People were provided with the support they needed to enable them to have access to their GP and other health care professionals when they needed them.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People were involved in the planning and reviewing of their care to ensure that they received the care they wanted.

Care plans were written in a way that focused on people's choices and preferences. A complaints procedure was in place and people felt comfortable to speak up if they were unhappy about any aspect of the service they received.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered

manager. People and staff were asked for their opinions about the quality of the service. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

## 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 supported by staff who could identify the different types of abuse and knew who to report concerns to both inside and outside of the organisation.

Risks to people's safety were assessed and staff followed the risk assessments that were in place.

There were enough staff to ensure people's needs were met.

People received the support they needed to ensure that they received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills and had received training related to their specific care needs.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

People received the support they needed to prepare their meals and follow a balanced diet.

People were supported to make and attend appointments with healthcare professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about their care and involved in reviewing the service they received.

People's dignity was maintained by staff who understood the importance of this.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care that was personalised to their preferences and was kept under constant review to take account of any changing need.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a positive, friendly atmosphere at the service.

People were supported by a registered manager and staff team who each had a clear understanding of their role.

There was an effective process in place to check on the quality of the service.

# Mencap Central Notts Services

## **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.

We inspected the service on 11 and 12 May 2016. This was an announced inspection. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of an 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 our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the 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 improvements they plan to make.

During our inspection we spoke with eight people who were using the service, four relatives, seven members of the staff team and the deputy manager.

We looked at the care records of four people who used the service, as well as a range of records relating to the running of the service including five staff files, medication records and quality audits carried out at the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. One person told us, "I am safe here, I feel safe because it is quiet." Another person agreed, telling us how much safer they felt their home was since being supported to move house and said, "I am very settled here now – it's my home." We also heard from people how staff provided them with support to stay safe in their home and out and about in their community. We spoke with relatives who were confident that their family members were safe and protected from harm, with one relative telling us, "[My family member] is very safe living there. They look after them well."

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had happened. They told us that they felt safe working for Mencap in Central Nottinghamshire. Staff also told us how they received the training they needed in safeguarding so that they knew how to respond to any concerns correctly. One staff member said, "I would have no concerns in reporting any concerns I might have about my colleagues." Another staff member said, "I would have no problem with whistleblowing if I thought it was necessary."

There were systems in place to protect people from harm. Staff were provided with the required skills and development to understand their role in protecting people from the risk of abuse. Staff understood the process for reporting concerns about people's safety to the provider and escalating them to the local authority or CQC if they felt that the person remained at risk. The deputy manager told us how they took action when they were made aware of any concerns and took steps to protect people. Accordingly, we saw that relevant information had been shared with the local safeguarding authority when any incidents had occurred.

The risks to people's health and safety were assessed and comprehensive plans were in place to ensure risks were managed without restricting people's freedom. One person told us, "The staff do what they can to keep me safe, and I do what I can too." Another person told us how Mencap had wanted to remove a fish pond in their garden, but as they enjoyed it had taken steps to minimise the risks so that they could continue to enjoy it. We also spoke with a relative who told us how they could be confident that their family member was supported to keep and handle their money safely.

Staff were able to explain to us how their action contributed to keeping people safe. One staff member told us, "We all play a part in keeping each other safe, the ladies and the staff." Another staff member concurred, saying, "We do risk assessments for everything – no trouble." We were also told by staff how getting to know those they were supporting well was crucial in being able to manage risks and keep people safe. Staff told us how they did this, and showed us how they used the risk assessments to guide how they provided support, for example how they could support someone to use their wheelchair safely in the community. We were also shown by staff how any accidents or incidents were recorded and reported so that the registered manager knew if anything untoward had occurred and could provide support to ensure that the risk of future occurrence was minimised.

The care records that we looked at showed that risks to people's safety had been appropriately assessed.

Plans had been put in place for staff to follow to assist them in maintaining people's safety, both in their home and while out and about in the community without staff support. We saw staff following these during our inspection. Regular audits of incidents and accidents were made by the registered manager to ensure that any improvements identified as needed were implemented to reduce the risks to those using the service.

People's care plans contained information about how staff should provide support to keep them safe. This information accorded with how staff described they acted to keep people safe. We saw how this worked in practice; for example staff told us how they had worked with someone so that they could be safe when alone in their home as this was something that they wanted to do. Risk assessments were in place and a mobile phone had been purchased so that the person could call for assistance if they needed.

People told us there were enough staff to support them well. One person we spoke with said, "I believe that we have enough staff." Another person joked that there were enough staff, "But if we had more staff I could get to watch [the football match] every week!" Relatives we spoke with affirmed this view with one relative reflecting, "Yes, I think they have plenty of staff." Another relative commented on the stability of the staff team saying, "It is the same staff caring for them all of the time."

Staff also felt there was enough staff available to keep people safe and support them well. One staff member we spoke with said, "We have enough staff, there are never any extra hours to pick up." Another staff member agreed, saying, "Yes, we have enough staff, and can always call on others if someone needs some extra help, like to go to the doctors." People's care plans detailed the number of hours support they required and the support staff were required to provide during these times.

Accordingly, the duty rota was set around people's needs and preferences so that there were always sufficient staff available and people received support from staff who had the skills to support them to undertake their planned activities.

The deputy manager told us they felt that there were sufficient staff to support those using the service. The terms of the contract with the local authority had recently required a reduction in hours. Considerable effort had been made to ensure that these necessary reductions could be made without compromising people's safety or lifestyle. Any change had been assessed for risk and had been reviewed after implementation to ensure that the change was working as planned.

The staff recruitment files we looked at had the appropriate records in place including references, details of previous employment and proof of identity documents which accorded with the information that the registered manager had supplied in the PIR. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were supported to take their medication as prescribed and medicines were administered safely. One person we spoke with said us, "Oh yes, I always get my tablets on time." Another person confirmed this and showed us how their medicines were stored for them safely. Relatives we spoke with were also confident that their family members received their medicines as prescribed.

Staff we spoke with felt competent in supporting people with their medicines. They described to us how training and support was given before they began to support people with their medicines to ensure that they were competent to do so. One staff member told us how important it was for people to be as

independent as possible with their medicines if they had the capacity to do so. They explained to us the different levels of support people using the service had with their medicines and told us that everything they needed to know about people's medicines was in their care plans.

We saw examples of medicine administration records (MAR) that had been completed by staff with details of medicines taken by people and creams they had applied. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. This showed that the arrangements for administering medicines were working reliably.

# Is the service effective?

## Our findings

People we spoke with were happy with the support that they received; they felt that staff were competent and provided effective care. One person told us, "They (the staff) know what they are doing, yes." Another person said, "They have their training so they should do." Relatives also told us they felt that staff had been given the training and skills they needed to be effective and support people well. They told us some of the specific support needs that their family members had and confirmed they felt that the staff always had the skills they needed to support them well.

Staff we spoke with felt they had good support and training, telling us they had 'team training' (for all staff) and then 'service specific' training to meet the support needs of specific people. Another staff member we spoke with said, "We have loads of training in things like health and safety, food hygiene, moving and handling, medicines and the Mental Capacity Act." Staff also described how new team members were supported when they first started with a range of training and support initiatives that formed their induction. This enabled them to get to know Mencap policy and procedure as well as those that they would be supporting and how they needed to be supported to live independent and fulfilling lives in their local community.

The registered manager told us about the arrangements for inducting new staff members on the PIR. The deputy manager showed us how they monitored staff training needs to ensure that staff received the training they needed. The records we looked at confirmed that staff had received their induction and attended the courses they required.

The staff we spoke with told us that there was always someone to talk to for advice and support if needed. One staff member told us, "We all have our regular one to one meetings." Another staff member added that, "There is always someone at the end of the phone if you need advice." They told us they received regular supervision and an annual appraisal of their work. In turn the deputy manager also told us that they felt well supported by their line manager. The registered manager ensured that an observation of each staff member's working practice was undertaken periodically to ensure that they were following safe practice.

People felt they were supported to make decisions and be in control of their care and support. One person said, "I can do what I want to do, I only have to say." One people showed us their bedroom and told us how they were involved in choosing the décor to reflect their interest. Another person told us how they were able to go out for a walk whenever they wanted. Relatives we spoke to confirmed that staff involved people in making decisions about their care and support as well as how they spent their time each day. One relative told us, "They always involve us in the reviews so we know everything is okay."

Staff members described to us how understanding a person's capacity to make a decision was important when supporting them and told us how important this was. One staff member said, "When we are asking someone to make a decision we have to think – how do we help them understand so that they can make the right choice for them?"

Just as had been described on the PIR, the records we looked at showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their 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. Staff we spoke to had a clear understanding of the MCA and the impact on their role. Staff had also received training which covered the MCA to ensure that they understood what this legislation means for the way that they supported people. For example, staff explained to us how important the MCA was in helping to consider whether someone was able to agree to undergoing surgery.

People were supported to eat and drink enough to keep them healthy, and follow a balanced diet. One person told us, "I wanted shepherd's pie for dinner, we went shopping and we've made it together, (with the staff). Another person told us that they liked the food and that they enjoyed helping with the cooking and shopping for food. Other people told us how much they enjoyed being able to go out to eat and knew which were the places locally where they liked to eat. Staff explained to us how they planned the menu for the week with people so that they could ensure the correct items were purchased when they went shopping.

Staff we spoke with told us how they maintained records to ensure that people maintained a healthy diet. We saw that the care planning records contained information on any specific dietary requirements that people had. The deputy manager told us how staff were liaising with healthcare professionals to ensure that someone about to undergo surgery could be supported to eat and drink safely while recovering. They told us how this advice would be written up in the person's people's care planning records for staff to be able to access.

People were supported with their healthcare and changing needs. People told us that staff knew about their health needs and supported them to ensure that they were met. One person told us how someone that also lives in their house had become unwell and described how the staff ensured that they received the support they needed from medical practitioners. Relatives we spoke to were confident that people had access to any support they needed to maintain their health. Relatives were also confident that people had access to the healthcare professionals they needed at the right time.

Staff described how they would respond if they felt someone needed to see their doctor or attend a hospital appointment. They told us how appointments were recorded in the diary so that support could be arranged to enable people to attend and said that someone would be supported by two staff if that was their preference. We heard from staff how they recorded of any changes which might be needed to a person's support plan as a result of an appointment with a medical practitioner. Staff also told us how they would have no hesitation in ringing a person's doctor for advice, or 999 for an ambulance, if they felt that this was required at any time

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and told us how important it was for them to also explain these to the person so that they understood any changes to their lifestyle choices or the support they received as a result of their consultation

# Is the service caring?

## Our findings

People told us that staff were caring and they had formed positive relationships with them. One person told us, "My staff are marvellous." Another person we spoke to said, "I like the staff, they are really friendly." Relatives agreed that the staff treated people kindly and knew people well. One relative commented, "They relate to people well, they are more than just staff to them they are more like their friends." Another relative recounted how the staff interact well with those they support saying, "The staff speak to [their family member] all of the time."

Staff explained to us how they had formed positive and caring relationships with people saying, "The best thing about working here are the people we work with." Another staff member explained to us that each person was supported by a dedicated team, so they got to know people really well and could build positive relationships with them to ensure that they were supported well.

We saw warm and friendly interaction between people and staff. One person enjoyed being able to make staff a hot drink on arrival to welcome them to their home. During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. The inspector was also told of anything that they might need to be aware of so that the person enjoyed receiving the inspector as a visitor to their home. When providing support to people, staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. It was evident that staff understood each person's personality and were aware of differences in people's preferences about their care. We saw that staff shared a joke with those they were supporting when this was appropriate.

The care planning records contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for. Each person was described in a caring and individualised manner and the care plan gave staff clear information about what was important to people. This accorded with the information that was given to us on the PIR.

We saw that people's bedrooms and the communal areas of their homes had been decorated to reflect their interests and tastes and staff told us how people had been involved in making these choices. Staff encouraged people to show the inspector the things that they were particularly proud of having achieved since moving into their own home.

People were empowered to choose what they did and how they lived their lives, as well as making day to day choices relating to how their care was provided. We saw how people were asked what they wanted to do and how they wanted to spend their time. Relatives we spoke with told us how they were confident that their family member's views were considered in everything to do with their care. One relative confirmed saying, "They are included in everything." We also heard from relatives how they and their family members contributed to regular review meetings.

Staff understood the importance of encouraging people to express their views and make decisions about their care and support. Staff explained to us how, by getting to know people, they could begin to understand

how information might need to be presented to a person to enable them to make an informed choice and give their consent. They told us how it was important to spend time with the person and get to know them as well as using the information that was recorded in the care planning records.

The deputy manager explained to us how they involved the person and their family in agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans we looked at stated how people were to be supported to have choice and maximise their independence. There were details about how people made decisions and how staff were to provide support and record the decisions people made. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up

People we spoke with told us that staff respected their privacy and dignity. Staff asked one person if they would like to show us their support planning file, which they did eagerly, explaining what each section meant. Relatives told us that they were delighted with the way that staff treated their family members, with one relative saying, ""It has made [my family member] independent living here and they love it."

Staff explained to us how they promoted people's dignity and respect and we saw staff ask for people's permission to write up notes in their care plans, explaining what they were going to write.

Staff we spoke with demonstrated they knew the values of the service in relation to respecting people's privacy and dignity. The values were part of the induction given to staff when they first started working at the service to ensure they understood what was expected of them. Care plans detailed people's preferences for which gender of staff they preferred to support them with personal care and gave reminders for staff on how to respect privacy whilst supporting people with this. For example, by making sure people were safely in the bath and then leaving them alone, where it was safe to do so

Each person kept a copy of their care planning records in their own home. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details.

## Is the service responsive?

### Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person we spoke with told us how they were able to do the things they wanted to do, saying, "I go to the day centre, watch TV and go home to see dad." A number of people showed us a collage that they had individually created during a 'team reflection day.' Each collage depicted the things that people had really enjoyed doing over the last year and achievements that they were particularly proud of.

People were supported to maintain and develop their hobbies and interests. One person was an ardent supporter of a particular football team. They told us how they were able to go to watch the match with staff support occasionally. Another person enjoyed cycling and told us about their bicycles. A third person was keen on gardening and had a small greenhouse for them to use to tend plants which they were keen to show us. On the day of our inspection everyone had a busy program of activities which they all appeared to enjoy.

Staff understood the importance of the service being personalised to each person. One staff member told us how they had supported the same group of people for some years and in that time Mencap had always strived to respond to their changing needs. They gave the example of the home that they people lived in. Rather than wait for it to be unsuitable for people, the registered manager had worked with local housing providers to source a building which better suited people's needs and would be able to continue to meet their changing needs in the foreseeable future. Staff also told us about some of the practical things they had done to help people get the most from services in their local community. For example, they told us how they had worked with local taxi companies to find one which suited people well and had drivers that people liked and understood their needs.

The provider had recorded on the PIR that they made an assessment of people's needs before they began using the service. We saw that this assessment was the basis from which the care plans had been developed. Information about people's care needs were provided to staff in care plans as well as being written in communication books. The care plans we viewed contained detailed and up to date information about people's needs. Staff told us how the care planning documents were really useful in helping them to understand what was important to each person, what the risks were and how they were to be supported. We heard from staff that, when they had first started, time was allocated so that they could become familiar with each person's care plans as they got to know them. It was evident that staff had an understanding of people's care needs and how they had changed over time. We saw how, when a person's needs changed, their care plans were updated and staff were kept informed where there had been changes.

People could be assured that complaints would be taken seriously and acted upon. People we spoke with told us they did not currently have any concerns but told us that they would feel comfortable telling the staff or registered manager if they did. We asked one person if they knew who to complain to if they were unhappy about something and they told us that they would, "Speak to the boss." Another person told us that they would speak to their care manager if they wanted more hours support from Mencap. None of the relatives we spoke to had had cause to complain, but told us that they would be happy to speak up if they felt the need to and knew who they would speak to.

Staff were confident that they could speak up if they needed to and that their concerns would be listened to. One staff member told us, "I would speak to [the registered manager or deputy] if I was concerned about anything." They went on to say that they believed that their concerns would be acted upon. Another member of staff told us that they would have no hesitation in, "Speaking to management" if they had a concern as they always found them to be, "Open and approachable." Staff were also able to tell us who they might speak to outside of Mencap if they felt that they needed to, for example to the local Community Learning disabilities team or CQC.

People had access to the complaints procedure which was displayed in a prominent place in the office and also given to people when they started using the service. The registered manager affirmed on the PIR that they treated all concerns and complaints seriously and investigated them fully. We reviewed the records of the complaints received since our last inspection. The complaints had been investigated as described in the complaints procedure and communication had been maintained with the complainant throughout the process. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice.

# Is the service well-led?

## Our findings

People benefitted from the positive and open culture running through the services run by Mencap in Central Notts. We spoke with one person who told us, "I can think of nothing they could do to improve it." The staff and management at the service clearly knew people well and had longstanding relationships with them. Staff and managers spent time talking with people during the inspection, and had a good understanding of what was important to people and their individual routines.

Staff spoke highly of the registered manager and team at the office telling us, "We all work well together as a team." Another staff member explained, "The manager is very helpful and rings to see if we are okay." Relatives we spoke to also told us that they felt the service was well led and confirmed they had received a survey asking for their views of the service so that they could be considered, as well as being invited to the reflection day event to share their experiences and celebrate the successes of the previous year.

We heard from staff that they felt they felt well supported and there was an open and transparent culture. Staff said that they were confident saying if they had a concern or had made a mistake and knew they could call the office for advice saying, "We can always talk to our manager." We also heard how regular meetings were held to build the team and encourage staff to share their experiences with each other. We heard how the service had changed from Registered Care to Supported Living over the last few years. This meant that the registered manager was no longer on site. Staff told us this had felt strange at first but they had quickly got used to it, and clarified, "They are always on the end of the phone and visit often, but the most important thing is it is people's own home, and they have more money and more free time."

There was a strong emphasis on teamwork. Staff told us that they felt they worked well as a team. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities and how they needed to respond to ensure that the needs of those using the service were met. There was good delegation of tasks between staff at the office base with each person knowing what was required of them, and staff knowing who was responsible for what. The registered manager was well supported by their line manager. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. There was an effective quality assurance system in place to drive continuous improvement within the service. The provider used an online tool to audit and assess the quality of the service. This included checks on staff training, supervision and appraisals, accidents and incidents and all records associated with

people's care and support. The registered manager was able to use this system to quickly identify any outstanding actions or issues within the service and this system was also accessible to the provider.

People were supported by staff who had regular supervision and appraisal. The provider had recorded on the PIR that they had an ongoing review and development process for staff. This was referred to as 'shape your future'. We saw that this provided an on-going record of staff performance. The managers and support worker agreed ratings and these were then moderated by area and regional managers. Staff spoke positively about this and looked forward to their meetings. The deputy manager told us how feedback and compliments from people using the service were used to inform this process. Staff felt valued in their role and the deputy manager spoke about the importance of recognising and rewarding staff. The provider had recently made some changes which had enabled the manager to award additional duties to staff and recognise their contribution.

Clear communication structures were in place within the service. There were regular formal staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. Staff confirmed that these meetings were helpful and gave them an opportunity to share their thoughts and ideas. Staff told us that they felt listened to. We also heard that staff met up with colleagues from other Mencap services locally at a 'Friendship group' which prevented them from feeling isolated.