East View Housing Management Limited

East View Housing Management Limited - 27 Alexandra Road

Inspection report

27 Alexandra Road
St Leonards On Sea
East Sussex
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Date of inspection visit: 07 and 13 May 2015
Date of publication: 14/08/2015

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?	Requires improvement

Overall summary

This inspection took place on 7 and 13 May 2015. To ensure we met staff and the people that lived in the house, we gave short notice of our inspection to the service.

This location is registered to provide accommodation and personal care to a maximum of three people with learning disabilities. Two people lived at the service at the time of our inspection.

Summary of findings

People who lived in the house were younger adults below the age of sixty five. People had different communication needs. Some people were able to communicate verbally, and other people used gestures and body language. We talked directly with people and used observations to better understand people's needs.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Our inspection on 21 May 2014 found that the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (HSCA) which relates to records. This was because some records were not always well maintained. For example, weight checks had not been recorded in line with people's needs and monthly keyworker reviews had not been consistently completed. A keyworker is a member of care staff with key responsibility to support an individual, to meet their support and care needs.

The provider sent us an action plan to show how they intended to improve the records they kept by October 2014. During this inspection we found that improvements to record keeping had been made and fully embedded into common practice by the registered manager.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements. There were audit processes in place to monitor the quality of the service. Maintenance systems were not always sufficiently robust to ensure low priority repairs and maintenance tasks were completed in a timely manner.

We recommend that the service explores relevant guidance from reputable websites about quality monitoring and action planning to improve the maintenance audit system and ensures effective communication of this with staff.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person was subject to a DoLS, we found that the registered manager understood when an application should be made and how to assess whether a person needed a DoLS.

The service provided meals and supported people to make meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People were satisfied about how their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

Summary of findings

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that responded to their individual care and support needs. People felt confident they could make a complaint and that the registered manager would address concerns.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to work with people who lived in the service.

Good

Is the service effective?
The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The provider held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Good

Is the service caring?
The service was caring.

Care staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Good

Is the service responsive?
The service was responsive.

Staff consistently responded to people's individual needs.

People felt confident they could make a complaint and that the registered manager would address concerns.

Good

Is the service well-led?
The service was not consistently well-led.

There were quality assurance systems in place to drive improvements to the service. Maintenance systems were not consistently effective to ensure low priority repairs and maintenance tasks were completed in a timely manner.

Requires improvement

Summary of findings

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people remained as independent as possible.

The registered manager showed strong leadership. They were visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication. Staff were motivated and said they felt supported in their work.

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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 checked whether the provider was 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.

The inspection was undertaken by one inspector, due to the small size of the service and the need not to cause undue disruption to people who lived there.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we can ask 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, what the service does well and improvements they plan to make. We had not requested that the provider completed a PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager and one member of staff on duty. We spoke by telephone with a second member of staff on a different day when they were on duty. We spoke with people who lived at the service. One person was able to speak with us. They chose not to engage with the inspection process, however they did talk with us and answer some questions whilst they were preparing a meal in the kitchen. We used observations and talked with staff to better understand people's needs. We made informal observations of care when people returned home, to help us understand the experience of people who could not talk with us.

We looked at one care plan. One person said they did not want us to look at their care plans. The registered manager said the person took time to build up trust with different professionals who visited the service. We respected the person's right to privacy. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we spoke with a quality monitoring officer at the local authority to obtain their feedback about the service.

Good

Is the service safe?

Our findings

One person said they felt safe with the staff that supported them. They could speak with the registered manager or keyworker if they had any concerns. A keyworker is a member of care staff with key responsibility to support an individual, to meet their support and care needs. Safeguarding information was available to people in a service user guide. This was provided in a suitable format to inform them of the steps to take should they have any concerns. Staff said they looked out for signs of pain or distress from the person who had non-verbal communication needs. Staff had a good understanding about what the person was communicating by using different sounds and gestures and body language. Staff were vigilant to changes in people's behaviours and acted on concerns to ensure they were kept safe.

People were protected from discriminatory abuse. Records showed people had been involved in discussions where their human rights were explained to them. People received information on equality and diversity in accessible language which explained how they should expect to be treated and how they should respect other people's diversity. People were encouraged and supported to identify and protect themselves against possible discrimination and were given information on what to do if they had any concerns. One person had asked staff not to give them any information in pictorial format as this was not suitable for their needs. Staff gave the person all information in a standard written format in line with their wishes.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual levels of independence and provided staff with guidance about how to support people to safely evacuate the premises. Records showed that regular evacuation drills were completed to support people and staff to understand what to do in the event of a fire. All staff had attended fire safety training and refresher first aid training had been scheduled for July 2015. During our inspection the fire alarm went off as somebody was cooking food and set off the alarm. Everybody vacated the premises with minimal prompting from staff and made their way to the safe meeting point. People had completed regular fire drills and knew what to do in the event of a fire.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff acknowledged their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. Contact details for the local authority safeguarding were available to staff if they needed to report a concern.

Staff said they would report concerns about risks to people and poor practice. Staff were aware of the whistleblowing policy and would not hesitate to report any concerns they had about care practices. There was a whistleblowing policy in place which informed staff what to do in the event they needed to report concerns and what external agencies they could contact.

Records of accidents and incidents were kept at the service. Accidents and incidents were regularly monitored by the registered manager to ensure risks to people were identified and reduced.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately.

One person had a risk assessment in place to manage potential behaviours which may challenge. This assessment identified triggers to the person's behaviours and techniques staff should use to reassure the person and de-escalate their behaviours. Staff said the person responded well to encouragement and praise. We observed staff encouraging the person when they had cooked a meal. The person engaged positively with staff whilst carrying out this activity. The person's needs had been assessed by a community behavioural support team. Staff ensured that any behaviours and triggers to incidents were recorded on an incident sheet and demonstrated that necessary action had been taken. This was intended to reduce risk and ensure that staff maintained a consistent approach to support the person.

Good

Is the service safe?

There was an adequate number of staff deployed to meet people's needs. The registered manager completed staff rotas to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff retention was high. This promoted a positive environment and consistent support service for people. Staff were available when people needed to attend medical appointments, social activities or other events. For example, one person had needed an urgent admission to a hospital to have an operation. A temporary care plan was created to ensure the person had support from staff they were familiar with at the hospital and for their recovery time when they returned home.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service(DBS) checks to ensure staff were suitable. The registered manager followed a consistent and robust recruitment and selection process. This ensured as far as possible that staff were suitably recruited to deliver people's care and support needs safely.

People were supported to take their medicines by staff trained in medicine administration. Staff had their competency assessed by the registered manager. Records showed that staff had completed medicines management training. The registered manager had undertaken 'Train the trainer' training to enable them to provide staff with appropriate training. Staff had read policies about the management and review of medicines and signed records to confirm this. Records showed supervision had been given to staff where they required additional support to give out medicines.

All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines given to them in line with their prescriptions. The MAR included people's photograph for identification, allergy information and the person's individual administration requirements. People's allergies were clearly recorded. Individual methods to administer medicines were clearly indicated, such as when people had difficulties swallowing tablets. Body maps showed staff where to apply people's topical creams or gels when required. There was additional information recorded about any side effects to watch out for.

The registered manager carried out monthly audits to ensure people were provided with the correct medicines at all times. Any medicines incidents were recorded, for example when a member of staff had administered the wrong dosage. This was reported to and investigated by the registered manager to reduce the risk of reoccurrence. Records showed the person had been referred to the G.P. as a precautionary measure and the staff member had undertaken refresher medicines training. Staff competency in the administration of medicines had been further checked by the registered manager. This system ensured that people received their medicines safely.

Good

Is the service effective?

Our findings

People were satisfied with the way staff supported them. One person said they liked the staff, that they met their needs well and that they had no concerns to raise with us. Effective communication was promoted by staff. One person indicated that they liked the staff and were satisfied with the support they received by using positive body language in response to our enquiries. We observed people to have good banter and warm, friendly interactions with staff and the registered manager. People appeared happy, smiling and relaxed in their home environment. Staff explained how they communicated and responded to people with non-verbal communication needs. They said, "I look out for feedback from the person by whatever means they use to communicate. I listen carefully. I ensure I communicate with them at eye level and use signs, objects and pointing at items to help them understand what I mean."

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses.

Staff said medicines management training involved written tests and observations of their practice by the registered manager. They said the training helped them to understand possible side effects of medicines. Staff said they were vigilant for changes in people's health and would report any changes to the registered manager. People said they got the help and support they needed. Staff were satisfied with the training and professional development options available to them. The registered manager ensured that staff could access development programmes to attain a qualification in health and social care. Staff had not received formal annual appraisals of their performance and career development, these were scheduled to take place. This did not affect the standard of care the staff were providing for people because they had been well supported through regular supervision and staff meetings.

People gave their consent to their care and treatment. Care plans and consent forms were provided in an accessible format to help people understand their support needs. People had signed consent forms to show they consented to the care and support they received. Staff sought and obtained people's consent before they supported them. One staff member described how one person gave consent non verbally, "They will show me if they like something or don't want to do something." When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans and keyworker reports.

People were given care and support which reflected their communication needs and learning disabilities. One person had labels placed on furniture in their bedroom to remind them where things were kept. Menus and activity planners contained pictures so people understood what they had decided to eat and take part in. One person requested all information, such as care plans and questionnaires in a non pictorial format as they were able to understand information without the need for picture prompts. They explained in a questionnaire how they found information of importance to them, 'I get information from staff, the manager, posters, I look up stuff in newspapers and websites.'

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and the DoLS and showed a good understanding of the five key principles of the MCA. The registered manager completed a 'DoLS assessment and review checklist' for each person to determine whether an application to restrict someone's liberty needed to be made with the appropriate authority. One person was subject to a DoLS. The DoLS records showed the registered manager had taken appropriate action to apply for the DoLS and had ensured that least restrictive options were considered in the person's best interest.

One staff member said, "It is about making decisions in people's best interests. We involve people in decisions about their care and support. If I had concerns that

Good

Is the service effective?

someone lacked capacity to make a decision about something, I would discuss this with the manager. We might include other agencies depending on the type of decision to be made."

People liked the food and were able to make choices about what they wanted to eat. One person's goal was to develop their cooking skills. They had a keen interest in cooking and chose meals that they liked and shopped for groceries with staff. We observed them cooking a pasta meal independently in the kitchen. They spoke with a staff member about food they wanted to eat and they wrote food items on a shopping list when needed. They had a diary and keyworker reports which recorded their choices and support needed to achieve their goals.

Staff knew people's dietary preferences and were able to give us detailed information on people's assessed dietary needs. One person had a particular food allergy. Staff followed guidelines in the person's care plan to ensure they did not eat foods that affected their health. Staff said. "We always sit with the person to encourage them to eat well." Records showed what the person ate and drank to ensure they were getting sufficient food and drink. All weight monitoring records were accurately maintained and signed by staff. Where appropriate, bladder and bowel movement monitoring charts were consistently maintained providing a clear record in line with the person's health condition.

People had health care plans which detailed information about their general health. Some people who could not communicate with words had a 'Care passport' containing pictures and accessible language. They took this with them to health appointments to assist them to communicate their health needs to medical professionals. People had an emergency hospital support plan that enabled staff to support them in the event of a hospital admission. Records of visits to healthcare professionals such as G.Ps and dentists were recorded in each person's care plan. Staff reminded people of their appointments and accompanied them when needed. Health appointments were recorded in a professionals log in people's care plans. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. This meant that people's medical needs were effectively met.

Good

Is the service caring?

Our findings

People indicated they were happy with the care staff and staff talked about people in a caring and respectful way. We observed people had developed good relationships with staff. People presented as relaxed, happy and comfortable in their environment and interacted positively with staff.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and levels of independence. People chose what to wear, when to get up and go to bed, and what to do. Where people could complete activities of daily living independently this was clearly recorded in their support plans. People spent private time in their rooms when they chose to. Some people preferred to remain in the lounge, kitchen or their bedroom and staff respected people's space.

We observed one person cooking for themselves in the kitchen. They showed us what they making and we observed them cleaning the kitchen whilst preparing their own meal. One person returned from the day centre and they directed staff to follow them their bedroom to find items of interest to them. Staff told us that they liked to check the items were in their bedroom as this helped them to manage their anxiety.

Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. One person liked to help out in the kitchen, clean dishes and cook their dinner. They also liked to go out to town and go for walks which they were able to do independently. We observed them helping out in the kitchen and returning from a trip into town independently. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences.

People were involved in their day to day care. People attended weekly keyworker meetings to talk about their care and support needs. People's care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed monthly to ensure they remained appropriate to people's needs and requirements.

We observed staff treated people with respect and upheld their dignity. One person had written in a questionnaire, 'I talk to staff and the manager if I am angry or sad. If it is a personal issue I talk with male staff.' One person did not like staff to enter their room and needed time to develop relationships of trust with staff. Staff said, "We never enter their room without knocking and introducing ourselves. We have built up trust with the person and now they let us in to their room to support them". We observed this practice taking place whilst we were at the service. The staff member knocked on the person's door and introduced themselves and said why they were there. The person responded positively to them. Another staff member said, "I ensure the door is shut when people are using the bathroom." People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records.

The registered manager talked with people about making end of life care plans. People's wishes were documented in their care plan. One person had not wished to discuss their end of life care plans, and their wishes had been respected. The registered manager had researched best practice in end of life care planning for people with learning disabilities. Pictorial end of life care planning tools were available to support people to understand and get involved in making end of life care decisions, should they wish to do so.

Good

Is the service responsive?

Our findings

People were satisfied with the way staff responded to their needs. People attended regular one to one meetings with their keyworkers to talk about their support needs, what they would like to do and any issues of importance to them. One person who did not wish to speak with us had written in a questionnaire that staff, 'Helped me with loads of things and were generally helpful. I tell staff what I want.' One person indicated that they liked the house, their room and the staff by using positive gestures in response to our questions about the care they received. One relative had written in a questionnaire, 'Our relative is very happy and their needs are well catered for.'

Peoples' care plans included their personal history and described how the person wanted support to be provided. This information was recorded in documents called 'This is me' and 'This is important to me'. This ensured people were consulted and involved with the planning of their care and support. People were supported to pursue interests and maintain links with the community. One person liked to do DJ-ing and go to discos. They attended events in the community to showcase their DJ skills. Another person liked to attend a day centre and do various activities such as swimming, cooking and walks. They spoke to us when they returned home about their day. They indicated they were happy attending the day centre through positive body language. They had done various activities during the day including swimming. The quality monitoring officer we spoke with said, "The registered manager always promotes people's choices. She goes out of her way to support people to achieve their goals." People's preferences were clearly documented in their keyworker reports and support plans, and staff took account of these preferences. Staff reviewed people's care and support plans monthly or as soon as people's needs changed and these were updated to reflect the changes.

People attended activities of their choice. Staff had developed weekly activities planners with people. Some of these planners were in an accessible format to help people understand activities they had decided to do and when they were scheduled. People attended weekly keyworker sessions to talk about activities they did, discuss whether they liked them and what other activities they would like to do. One person had paid employment. Another person attended a day centre where they enjoyed taking part in different activities of their choice. They showed us their room which contained items of importance to them. Their interests and community involvement were clearly documented in their care and support plan. They had a diary which recorded the activities they took part in which reflected their individual preferences. People were supported by staff who responded to their needs for social activities.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person liked to spend occasional weekends at their parent's home. This was written into their care plan and staff supported them to do this. People met regularly with friends at various discos and social events. People could invite people of importance to them back to their home when they wanted to.

Questionnaires were sent to people, staff and relatives so they could give feedback and develop the service. One comment was made about the need for continuity of staff at the service due to the needs of people living there. This had been prompted by a member of staff leaving the service for positive reasons. Records showed the registered manager had responded in writing to the person within the time frame required by the service's complaint policy. Records showed the registered manager reassured the person of their commitment to retention of good staff and a new staff member was recruited to the service.

Information on how to make a complaint was available in the service user guide given to people and their relatives. The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. No complaints had been recorded since our last inspection.

Requires improvement

Is the service well-led?

Our findings

At the last inspection we found that some records were not always well maintained. For example, weight checks had not been recorded for people with specific health needs and monthly keyworker reviews had not been consistently completed. At this inspection we found that the registered manager had made the necessary improvements to record keeping. They had introduced a new quality monitoring process to ensure that care plans and keyworker review records were monitored and analysed effectively.

Daily records of the support people received were regularly completed and were up to date. Records reflected the support that people received, taking into account people's individual needs. Weight checks had been recorded monthly in care records we looked at. Care plan and keyworker reviews had taken place every month. Keyworker reports identified which care plans had been reviewed, along with changes that had been made and the reasons why. This meant that staff had the up to date information they required to meet people's individual care needs.

One person who did not wish to speak with us had written in a questionnaire, 'I think it is a good service. I would change nothing.' We observed people approaching the registered manager and staff regularly to request advice and for particular requests to be acted on. People were confident in discussing things with the registered manager to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising. One member of staff said, "The manager's door is always open. She is very good. The on-call team are always available to assist us out of hours."

There were audits in place intended to improve service quality. There were some gaps in the audit records which did not always indicate when outstanding maintenance work would be completed. The provider had a refurbishment plan in place which showed that the property was due to be refurbished on a rolling schedule until April 2016. The kitchen had recently been renovated. Communal areas, such as the hallway, stairs and landing were worn in parts and could benefit from a scheme of refurbishment. These communal areas were due to be refurbished by November 2015. There was a maintenance system in place. The registered manager prioritised repairs taking account of people's safety in their environment. Urgent maintenance requests were responded to quickly. However, the registered manager was not always clear when low priority repairs or maintenance would be carried out.

We recommend that the service explores relevant guidance from reputable websites about quality monitoring and action planning to improve the maintenance audit system and ensures effective communication of this with staff.

The registered manager completed monthly audits of keyworker reports and care plans to ensure that they were up-to-date and that actions had been addressed. Records and care plans were up-to-date and detailed people's current care and support needs.

The registered manager completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards. Each audit was then reviewed by a quality assurance manager to check whether shortfalls had been addressed. The quality manager completed a quality monitoring report every three months to analyse and address any shortfalls. The registered manager attended a senior management team meeting every month to discuss care quality and operational matters affecting the service.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues. This was confirmed in meeting minutes.

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication. She said, "People are involved in decisions about their support and we put people at the centre of everything." Staff understood the need to promote people's preferences and ensure people remained as independent as possible. Staff described their vision and values as, "To make sure people are happy and ensure we meet people's needs" and, "To include people and be there to support them and assist them with their everyday life."

We read the provider's statement of purpose which promoted peoples independence, autonomy, choice, safety, development of life skills, education and community inclusion. Staff were aware of the statement of purpose

Requires improvement

Is the service well-led?

and implemented this in practice. One person had a job and was able to go out and carry out daily tasks independently. One person was involved in many activities at the day centre that they had chosen to do.

The registered manager promoted continuous service improvements. For example, they had undertaken 'Train the trainer' training to enable them to provide medicines training. They had responsibility in this area as the provider's medicines overall lead. They showed a keen interest in continuously improving the medicines training programme. They used feedback from staff to tailor the training to staff needs. Staff told us that the training was very practical as it was based on 'real life' scenarios, where they had to complete exercises to demonstrate their competence in medicines administration.

The registered manager researched best practice for example in end of life care planning. They had researched the 'Macmillan' website and obtained care planning tools specific to the needs of people with learning disabilities. These tools were used to support people to be as involved as possible in their end of life care planning. The quality manager attended safeguarding forums at the Local Authority to ensure they had up-to-date information on how to safeguard people from abuse. A training session was taking place on the day of our inspection to update staff on recent changes in safeguarding best practice. Information relevant to changes in safeguarding practice were clearly displayed in the main office for staff to follow.