

Aspire Community Benefit Society Limited Leeds Learning Disability Community Support Service - South and South East Leeds

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

Leeds Learning Disability Community Support Service - South and South East Leeds provides care and support to people living in four main 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. As well as supported living, the service also provides outreach support to people living in their own homes. This includes assistance with accessing the community as well as support at home. The service currently supports approximately 100 people overall.

This was the first inspection of the service since Aspire Community Benefit Society Limited became the registered provider in August 2016. The inspection was to check the provider was meeting the requirements in the Health and Social Care Act 2008, and to provide a rating for the service. This comprehensive inspection took place on 5, 10 and 19 October 2017 and was announced.

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

People received good care and support and they were encouraged to lead lives in line with their own preferences and choices. The emphasis was on supporting people to be as independent as possible. People were involved in making decisions about their care and how the service was run.

People were supported to follow activities and interests of their choosing. There was a strong community presence and people were encouraged to participate in local events.

Care and support plans contained clear and up to date information about how people wanted their needs met. People were involved in developing their support plans and there were good opportunities for people to discuss any concerns or ideas that they had.

The service sometimes supported people at the end of their lives. This was managed sensitively and with care.

People were supported with their day to day health needs. Health services such as dentists, doctors and opticians were used as required and there were close links with other services such as the Leeds Community Learning Disability Team. Most people cooked their meals with the support of staff. For those people that had particular nutritional requirements there was clear guidance in place, which was followed by care staff.

Staff were knowledgeable about the needs of each person and how they preferred to live their lives. Staff received the training they needed and were supported through regular supervision meetings with the

registered manager. There were safe recruitment practices in place for new staff and there were a sufficient number of staff on duty to meet people's needs.

There were good systems in place to keep people safe. Staff were confident about their responsibilities in relation to safeguarding and also knew who they could contact regarding any concerns they had about the service. There was a positive approach to risk taking so that people could be as independent as possible. Risks in people's day to day lives had been identified and measures put in place to keep people safe. The focus was on how each person benefited from the activity undertaken.

The supported living accommodation was suitable for the people who used the service. Checks and tests were carried out regularly to make sure the environment was safe.

The legislative requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff told us that the service was well managed and there was good support. The registered manager promoted a culture of respect, involvement and independence. There were good systems in place to make sure that the quality of care was maintained. Areas that required improvement were identified and necessary action taken.

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 told us they felt safe with the support they received from the service. Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with care and support, day to day activities and the environment.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person at the service.

People were supported to consent to decisions about their care, in line with legislation and guidance.

People received the support they needed to stay healthy. People with particular nutritional requirements had their needs met.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make their own decisions about care and support. People were encouraged to be independent and were supported to spend time in the way they wanted.

There was good support for people who were approaching the end of their lives.

Is the service responsive?

Good ●

The service was responsive.

People were involved in contributing to how their care and support was provided.

Individual preferences were taken into account and people were supported to take part in activities and pastimes of their own choosing.

The staff team knew people well and could identify if someone was unhappy. Appropriate action was taken if a concern or complaint was raised.

Is the service well-led?

Good ●

The service was well-led.

There was effective management of the service and a clear culture which promoted involvement and community participation.

The registered manager had good oversight of the service. Staff told us that they felt supported by management.

There were effective systems in place to make sure that the service delivered good quality care.

Leeds Learning Disability Community Support Service - South and South East Leeds

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 was the first inspection of the service since Aspire Community Benefit Society Limited became the registered provider in August 2016.

This inspection took place on 5, 10 and 19 October 2017 and was announced. This was because we wanted to check people were happy for us to come into their homes and so we could meet with a range of staff and people from different parts of the service. We visited the main office on the first day and a supported living service, containing twenty two flats, on the second and third days. The inspection team was made up of one adult social care inspector and an expert by experience. The expert by experience had experience of people with a learning disability, and they made phone calls to people who used the outreach service.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR 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 this inspection we visited the office to discuss governance and meet with the registered manager and senior area manager. We visited a supported living service, looked around the premises and spent time with people in their flats. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running the service. This included, training records, the staff rota, audits, medicine records and records of meetings.

We met with a group of six people who used the outreach and supported living parts of the service. We also spoke with three people individually at a supported living service. We spoke with nine people who used the outreach service, over the phone. We spent time observing how people led their lives during the day and the support that they were given by staff. During the course of the inspection we spoke with four support workers, a customer involvement coordinator and a service manager. We also received written feedback from one support worker.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and gave us some examples to demonstrate this. Feedback included, "Staff talk about being safe", "I can lock my door", "Staff ask us to make sure the chain is on the door and locked when they go" and "I have a mobile phone and have the house number if I am out".

People were protected from harm or abuse. There was a safeguarding policy in place which was kept up to date. Staff confirmed they had received training in safeguarding and knew what action to take if they had any concerns. Staff had been issued with a card, which they could carry with them, which gave details of Leeds City Council safeguarding contacts. Safeguarding was a regular topic at team meetings and also discussed in keyworker meetings at supported living services. There was a section in people's support plans called 'How to keep me safe' which provided information to staff about safe practice, for example, when out in the community or when hoisting people.

Any recorded accidents or incidents were reviewed by the service manager and put onto an online 'tracker' form which was seen by the registered manager. Incidents were well recorded and included a clear log of the actions taken in response. The registered manager explained that if any issues required exploring further they would investigate and look at what could have been done differently. They showed us how the form could be used to identify trends and triggers over the longer term. Safeguarding alerts and serious accidents and incidents had been notified to the correct authorities, including the CQC as necessary.

Risks associated with people's day to day lives had been identified and there were clear, up to date risk assessments in place. These included risks associated with eating and drinking, skin condition and moving and handling. Risk assessments included information about how to minimise each risk and this was cross referenced with the relevant part of the support plan. There was a positive approach to risk taking, with the emphasis being on encouraging people to be independent, while staying safe. For example, one person had been supported to use public transport independently. Consideration had been given to their personal safety by making sure they had a mobile phone and contact numbers.

The registered manager told us that monthly, quarterly and yearly health and safety inspections were carried out at all the supported living sites, to make sure the environment was safe. The registered manager added that they worked closely with the landlord who, they said, was very responsive in carrying out repairs or adaptations.

At the site we visited, records showed that robust checks took place on the safety of the environment. Staff confirmed that repairs were carried out promptly. There were up to date risk assessments in place for environmental hazards and fire safety. Each person had a personal emergency evacuation plan (PEEP) which detailed clearly how they should be supported in an emergency. We saw there was a notice on the information board in easy read which asked people to inform staff if they spotted a hazard in the building. This encouraged people to think about their own safety.

There was a fire risk assessment in place and there were regular checks on the fire system to make sure it

operated effectively. The site we visited held records of up to date test certificates for gas safety and electrical wiring. The manager assured us that each site held copies of their own test certificates. Some people were supported with the use of hoist and sling equipment. Records showed these were regularly checked to make sure they were safe to use. Staff were trained in the use of equipment and there was information in care plans about how to use equipment safely.

We identified no issues with regard to infection control. The site we visited was visibly clean, free from clutter, and well maintained.

There was robust system in place to make sure new staff had the right qualities to care for people with a learning disability. We reviewed staff recruitment files and saw that applicants had completed an application form which was discussed at interview. References were sought prior to employment and checks were carried out on each applicant's suitability for the position. A criminal background check was provided by the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. The check was renewed every two or three years to make sure it stayed up to date. The registered manager told us that if there were any issues from the DBS check they would discuss with the applicant and complete a risk assessment if they were found to be suitable.

People were involved in the recruitment of new staff. Applicants attended a 'Getting to know you' meeting and were encouraged to meet people who used the service. One person told us how they attended an interview and we saw records which showed people had their own questions to ask. The person confirmed they were asked what they thought of the applicant after the interview.

There were sufficient numbers of staff to meet people's needs and keep them safe. Each supported living site had a dedicated staff team which meant people had consistent support from familiar staff. People who used the outreach service were supported by regular care staff. One person described how they are given a 'picture rota', with photos of the staff who would be supporting them. We observed supported living staff had time to support people with social engagement as well as practical care tasks. People who received an outreach service said that there were no missed calls and staff turned up on time except in exceptional circumstances.

There were safe systems for the storage and administration of people's medicines. The registered manager told us they were part of the 'Making time' pharmacy project. This meant the service was registered with a local pharmacy and could access advice and meet with the pharmacist when required. The same medicines management system was used for the supported living and outreach parts of the service.

In the supported living service we visited, medicines were stored in locked cabinets in people's rooms. There was a medicines information folder kept in each person's flat where support was required with administration. This gave details of the medicines required, reason for use, dosage instructions and any side effects. A Medicine Administration Record (MAR) was used to record when medicines had been given. We looked at a sample of these which had been completed correctly with no unexplained gaps. Some MAR had been amended by hand and looked unclear. However, the registered manager explained that this happened where there had been changes of medicines outside of the delivery cycle, such as short course antibiotics. They were liaising with the local pharmacist to explore if this could be improved.

Some people required medicines to be given in a variable dose. For example, one person needed insulin to help manage diabetes. The dose was dependant on their blood sugar levels. There was clear, detailed guidance for staff about checking blood sugar levels to make sure the correct amount of insulin was administered and this had been recorded accurately on the MAR.

We noted that one person had their tablets crushed in order to make them easier to swallow. This had been discussed with the doctor who had approved the use of this method. This was important because crushing can change the effectiveness of medicines. There was information for staff on the use of topical creams, including body maps which showed where on the body cream was to be applied.

There were protocols in place for the use of 'as required' medicines, such as pain killers. However, it was not always recorded why 'as required' medicine had been administered. One person had been given an 'as required' pain killer four times a day for one week and it was unclear of the reason for administration. This made it difficult to assess if there was a longer term issue. The registered manager agreed that it could be clearer and we were shown an improved 'as required' MAR before the end of the inspection.

Is the service effective?

Our findings

Staff told us they enjoyed working at the service and felt supported. Comments included, "I love it. The way we work with people. The team recently won 'Team of the Year'", "I think it is really good" and "Staff are supportive. There is enough time to do everything".

People provided positive feedback about the staff who supported them. Comments included, "I get on with them all. Staff are very good to us. I get on with everyone" and "I like the staff. It's the same staff who help me".

We observed that staff were confident and relaxed with people who used the service. The staff we spoke with were well informed about the people they supported and had a clear understanding of each person's needs.

Staff received four supervisions a year with a senior member of staff. This was an opportunity to have a discussion about work issues and support. One of the supervisions consisted of an observation of the member of staff with a feedback discussion afterwards. Staff also received a yearly appraisal and appraisal review. Appraisals included a review of progress and goal setting for the year ahead. Appraisals used the CQC domains of Safe, Effective, Caring, Responsive and Well-Led to focus on different aspects of work. The staff we spoke with confirmed they received supervision and appraisal as described above.

Training records showed that staff were trained in key areas of practice such as manual handling, safeguarding and medicines. Training was kept up to date and monitored by service leaders. Training was provided from a range of sources, both internal and external and staff were able to access some training through Leeds City Council.

Specialist training was provided to support staff in working with people with particular health and medical conditions. This was confirmed by one member of staff who told us, "I had training in supporting one person specifically with moving and handling, physiotherapy and use of equipment". We were told the person had a serious accident earlier in the year and as a result had high support needs, which included assistance with eating and reduced mobility. In order to make sure this person could continue to stay at the service, staff had received specific training to meet their needs.

New staff went through a probation period until they settled into their role. An induction was planned for the first few weeks which allowed new staff to familiarise themselves with the role, shadow experienced staff and receive training considered essential by the provider. We were unable to speak with a new member of staff, but records confirmed the induction process. The registered manager explained that they were currently reviewing the induction and probation process to make sure it provided new staff with the support they needed.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community settings applications to deprive someone of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff were trained in the MCA and had a good understanding of issues around capacity and consent. Where people had capacity there were signed agreements to the care provided by the service. For those people that lacked capacity to make decisions about their finances, there were capacity assessments and best interests decisions regarding their finances being managed by another party. A best interests meeting is attended by those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interests of the person.

The registered manager explained that they were currently making sure that there were best interests decisions regarding care and accommodation for each person that lacked capacity to consent. We saw these for two people. The mental capacity assessment was detailed and showed clear evidence why the person lacked the capacity to make the decision for themselves. Where there were any restrictions on movement, a DoLS application been made to the Court of Protection as required.

Support plans contained detailed information about how best to communicate with people so that they could understand decisions to be made. This included details of how individuals made decisions and how staff should present choices. We observed staff took time to make sure people consented before offering support.

The majority of people were supported by staff with making meals in their flats. People told us they chose what they wanted to eat and shopped for their own food. Comments included, "If we have trouble, they (staff) help us cook our meals", "Staff are very good. They make a good lasagne and chilli con carne", "The staff are good cooks and I am having healthy eating" and "Staff ask for my preferences. They make all sorts of dishes".

Some people required particular support with eating and drinking, such as thickened fluids or soft food. One person had very specific needs in relation to their diet. Their support plan contained very good information about eating and drinking. This included advice from the local Speech and Language Team (SALT) as well as clear information about how to provide a low calorie, moisture rich diet. There was a description of the person's needs in relation to fluid intake and how to avoid dehydration. We noted that this person had a plate mat which they used at mealtimes. This had been provided by the SALT and included an easy to understand guide about the support that staff needed to provide.

People were supported to maintain good health. Each person had a Health Action Plan which gave details about health needs and how these were to be met. The service had nominated 'Get me better' champions who made sure people had the correct paperwork for hospital admissions. This included a 'hospital passport' which gave an overview of individuals needs for hospital staff should an admission be needed. Records showed there were good links with health professionals to support people when needed. These included the community learning disability team, physiotherapist, dementia team and district nurse.

Where people had particular health needs there was clear guidance in place about how these should be met. For example, one support plan we viewed, contained details about the support the person needed to change a catheter when the district nurse visited. One person had a detailed diabetes management plan

which included the action for staff to take should there be any concerns. Where people's health was the result of a particular condition, for example Angelman Syndrome, there was information about this in their support plans.

Is the service caring?

Our findings

The people we spoke with, in the outreach and supported living parts of the service, said they were happy and staff were caring. Comments included, "Staff are pleasant and chat to me", "They (staff) are really nice" and "They put people's care needs where it matters the most and above their own time". When we asked a group of people what rating they would give the service they all said 'Good' or 'Outstanding'.

The staff we spoke with also described a caring service. Comments included, "I think it is really good. People's quality of life is amazing", "Staff genuinely care" and, "I think if you spoke to most customers and staff they would feel that the support given is caring, responsive and person centred".

Throughout this inspection we observed staff spoke with people in a friendly manner, listened to what was being said and responded in a way that was understood. The impression given was of a service that was centred on the people and what they wanted to do. In the supported living service we visited, the atmosphere was light hearted and relaxed. Most people went out or spent time in their flats. Some people liked to visit the office area and speak with staff. We observed they were made welcome and involved in conversation. When staff were on their own we heard discussions about people's welfare and how people were getting on. Staff clearly cared about the people they supported.

People told us they were treated with dignity and respect by the staff who supported them. One person said, "They are very good at that". Staff told us that respect and dignity were core values of the organisation. We observed that care staff respected people's right to privacy and everyone had a private space they could go to if they wanted. We noted that staff knocked on people's doors and waited to be invited in before entering.

People told us they were encouraged to make day to day decisions about what they wanted to do and how to spend their time. One person commented, "We can choose what we do in the day". Care staff told us that a focus of the service was to promote independence. This was confirmed by the people we spoke with. One person said, "We tell them what we want to do on our own and we do it, that's how independent we are" and another commented, "I like that my staff support me to be as independent as possible". We saw that support plans were written with a lot of detail and explained what people were able to do for themselves and how they were to be supported to develop confidence in making their own choices.

Some people had difficulty verbally communicating their choices and decisions. Support plans included detailed information about how best to communicate with people. This included the use of body language or particular phrases. There was detailed, step by step guidance on people's daily routines and how people liked to do things. This meant staff had the information they needed to involve people as much as possible.

There was a strong emphasis on equality and diversity within the organisation. A 'Diversity Matters' group met each month. This was a group of people who used the service, supported by staff, who discussed issues such as culture and religion and how to promote this within the service. The registered manager told us about a yearly cultural event which was organised by people and staff. They explained that last year people

made a film about culture which was shown at the event. There were also workshops and foods from around the world. The registered manager added that this year, because it was such a large event, they were looking at holding it at Leeds Arena. The people we spoke with were all excited about the event.

The registered manager talked about other ways in which they supported diversity. These included supporting one person to attend an Afro-Caribbean cultural event and taking people to church if they wanted. The senior area manager showed us an Equality and Diversity calendar they had created for the organisation. This highlighted all the different cultural and religious days, as well as other events such as World Smile Day. This had been given out to people who used the service.

The service occasionally supported people at the end of their lives. The registered manager explained that the service was supported by the local hospice with end of life care. They talked about one person who died recently who had wanted to spend their final days at the supported living service. The hospice had visited the service and talked to staff about palliative care. Staff were also offered counselling through their employee.

The registered manager said that when the person passed away, two of their close friends who lived at the site were asked if they wanted to see the body. They explained that staff had thought really hard about the situation and wanted to give people the opportunity to grieve. Both friends agreed to this and were supported by staff to say goodbye. The registered manager said that although it was difficult for the friends, it was their choice and helped them to come to terms with the loss. Both of them attended the funeral at a later stage.

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed, clearly written and focussed on individual needs and preferences. The same system of care planning was used for both supported living and outreach services. People told us they had been involved in developing their support plan. Comments included, "I helped to write my support plan" and "They (staff) ask, 'What do I like?' 'What do I want to do?'".

Support plans contained detailed information about people's preferences and the approach needed to meet their individual needs. Areas covered included, 'How to support me', 'What I am good at', 'Personal care' and 'Communication'. Information was very descriptive and provided staff with clear guidance about how each person wanted their needs to be met.

People told us that staff reviewed support plans with them every month, to make sure they reflected their current needs. A formal review also took place every year. People were actively involved in reviews and could invite the people they wanted to attend. Reviews were very detailed and included a discussion about achievements, what has worked and not worked, health and goals for the year ahead.

The service was responsive to any changes in needs. For example, one person in the supported living service had developed complex needs following a serious accident earlier in the year. Since the accident they required full support with moving and handling, which included hoisting. Staff told us they had worked hard as a team to make sure the service could continue to support this person. One staff member commented, "We have pulled out all the stops". In order to make sure the person could continue to live there, as they wanted, support plans had been rewritten and a number of other professionals had been involved. These included an occupational therapist and district nurse. Staff had been trained specifically to work with them. We met with this person and although they did not communicate with us verbally, they indicated that they were happy at the service. Staff talked proudly about the progress they had been able to make in supporting the person to regain some independence.

People were supported to participate in a range of activities and interests of their choosing. Feedback included, "I do paperwork as a job", "I've been on a cruise", "I like to go to the pub and football" and "I do knitting, swimming, art and dancing". The manager told us that people who used supported living were entitled to four days at a day centre if they wanted and some people confirmed they did this.

The organisation had helped people set up their own activity groups. There were two drama groups and a band, called Sky Fallers. Nearly everyone we spoke with knew about the band and mentioned them. The registered manager told us that Aspire was involved in promoting Leeds as the City of Culture and Sky Fallers would be on the main stage at an event.

The registered manager said they had developed a project to encourage people to share their experiences in the community, good or bad. They gave an example of one person who went to a café but was asked to sit outside because of the sounds they made. The registered manager aimed to produce a small booklet to

raise awareness and share information so people could make a more informed choice about where they wanted to go.

A record of complaints and compliments received was held on computer. This showed that there had been no formal complaints recorded over the last year. A complaints procedure was in place which gave information about how complaints should be managed and timescales for response and investigation. People were provided with an easy read guide to making complaints and keyworkers checked that the people they supported knew how to complain, if needed.

People told us that they knew what to do if they had any concerns or complaints. Comments included, "I'd ring the staff up and the managers. The managers are approachable. I have no complaints", "I would complain to my staff. I have never had to complain" and "I would complain to the manager, but I have never had to".

Is the service well-led?

Our findings

The manager had been registered with the CQC since July 2010. They were manager of the service before Aspire Community Benefit Society Limited became the new registered provider in August 2016. The people we spoke with gave positive feedback about the management of the service. Comments included, "Managers come and speak to customers", "They're polite. Very nice" and "So nice they are".

Staff were also happy with the management of the service. Feedback included, "The management team is excellent" and "Managers have been brilliant".

The registered manager had good oversight of the service and spoke passionately about the support they provided. They explained, "I have a background in working with people with a learning disability. I have worked my way up and seen it from all roles. I like to spend time with people. My passion is being able to make a difference. Knowing I have done everything I can to improve people's lives". They added, "I'm proud of the care our customers get".

The registered manager and staff gave positive feedback about the organisation and the values it promoted. The registered manager said, "The organisation is good. Very good decision making processes. I can speak with the provider any time. Comments from staff included, "Aspire on the whole is very good" and "The organisation seems to me to be well led".

We spoke with the senior area manager who talked about the support they provided to the service. They said, "I provide support for [Registered manager's name] and we have regular meetings. I also visit the houses. I do an annual inspection of each service and produce an action plan. I am available for staff and try to attend team meetings every two or three months". They added that there was an on call system so that staff had access to management support. The staff we spoke with confirmed the senior area manager was visible and known to them.

Staff confirmed there was a clear ethos of care which was promoted through training, supervision and meetings. We were told that the values were, "Respect and encouraging independence" and "Respect, privacy and dignity". All staff were provided with a handbook which made clear the purpose, aims and values of the organisation. One aim was to make sure people, 'Are treated as individuals, determining as far as possible for themselves what support they receive and how they spend their day'. Throughout the inspection we found evidence that these values and aims were followed.

This year the registered provider had introduced the 'Aspire Staff Achievement & Recognition (STAR) Awards'. This was to recognise and value staff achievements. The team of staff at the supported living service we visited had won the Team of the Year and were clearly delighted. The award recognised teams that had a shared vision for supporting people with a learning disability to have better lives. The awards had been successful and were to be run annually.

There were processes in place to make sure that the quality of the service was monitored and action taken

where improvements were required. The registered manager and senior staff carried out a range of checks and audits to make sure standards were maintained. These included weekly audits on records as well as regular visits to each supported living service by the manager. The registered manager told us they were, "Very involved with the houses" and that they met weekly with service managers and had a twice monthly supervision. This was confirmed by the records we looked at.

There were senior management meetings every week to review the service, from which an action plan was produced. Records showed that areas considered at these meetings included, audits and governance, training, complaints, inspection and feedback questionnaires. Any actions required to make improvements were recorded with a timescale for completion.

We were shown service review documents for the supported living service. These had been completed annually by the senior area manager. These were completed under Aspire's Quality Assurance Framework and were a comprehensive review of service performance. Areas considered included the five CQC key areas of Safe, Effective, Caring, Responsive and Well Led. An action plan was included with each review which included a target date and when completed. For example, an action to make sure review dates were added to support plans was shown as completed and records confirmed this.

There were good opportunities for people who used the service and care staff to contribute to organisational development. There were a number of 'Matters' groups which were attended by representatives of staff and people who used the service, every three months. These included 'Technology Matters' as well as groups for 'Diversity', 'Health and Safety', 'Green' and 'Future'.

The customer involvement coordinator told us about the Customer Council. This was a group of people, elected by peers, who met each month to talk about organisational issues and ideas. The coordinator explained, "There are elections every three years. We make it a proper election. Each area has a representative and deputy. We ask everyone at meetings if they have something to say". People we spoke with knew about the Council. One person commented, "The Council get to have a say and vote on things".

As well as meetings, the service sent out annual feedback questionnaires to people, staff and other stakeholders. These were collated at Head Office to gauge the level of satisfaction with the service and consider any improvements required. We looked at an overview of the most recent staff responses, which were generally positive. The registered manager explained, "I speak with responders individually if they have made a comment which needs follow up".

The customer involvement coordinator told us that part of their role was information sharing and working with other organisations. They supported people to take an active role in organisational development. They added that some of the other ways they shared information was through the bi-monthly newsletter and a Twitter account.