

Leonard Cheshire Disability

Bells Piece Supported Living Service

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 was announced and took place on 14 November 2016. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people in their own homes. The last inspection of the service was carried out in March 2014. No concerns were identified with the care being provided to people at that inspection.

Bells Piece Supported Living Service provides support to people living in their own homes. They provide care and support in the area of Farnham, Surrey. People who live in the supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to nine people. We based our inspection at the Bells Piece Care Home which is also the site of the supported living office. People visited the site regularly to take part in various activities associated with their support and interests.

There is a registered manager in post. 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 had a clear vision for the service. They explained they wanted to develop a service which had the possibility to empower people and the ability to manage what came with that. This meant listening to people, learning and reflecting on what they said.

People were placed at the centre of decisions made about the care and support they received. All care plans were person centred and written with the person's involvement. One person said, "They sit down with me and discuss it, it is all mine." Staff spoke passionately about the way they supported people to be independent and maintain control over their own lives. People worked towards achieving goals and planning for their future. For example people were supported to plan holidays and then to achieve the plan by budgeting and managing their finances effectively.

People's voices were heard throughout their support. They were supported to comment at regular reviews of their care plans. They also attended monthly tenants meetings when they could discuss issues openly without staff from Bells Piece Supported Living being present.

Staff supported people to maintain a place in the community, for example they had supported one person to move to a ground floor flat. This person said, "They have given me my life back." This meant they were able to continue to access the community safely and with minimal support.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs' characters and suitability to work with vulnerable adults were carried out. Staff had also received

training in protecting vulnerable people from abuse.

People and their relatives told us the management and staff were very accessible and approachable. They said they could raise issues or concerns informally with any member of staff or with the registered manager and they always received helpful responses. Staff said everyone in the organisation, from the top down, focused on the well-being of the people they supported.

The service had a complaints policy and procedure that was included in people's support plans. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately. One staff member explained they would always support the person in writing a complaint if they wanted them to.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. People were involved in staff recruitment. This meant the staff team could then be matched to the person on the basis of their personality and interests, as well as their knowledge and skills. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Is the service effective?

Good ●

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were encouraged to carry out day to day tasks with staff support to develop daily living skills and to maintain their independence.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and

the support they received.

Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in decisions about their support needs to the extent they were able to express their preferences.

People's individual needs and preferences were understood and acted on.

People's views and suggestions were taken into account to improve the service.

Is the service well-led?

Good ●

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

Bells Piece Supported Living Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 14 November 2016. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be available at the office.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. The last inspection of the service was carried out in March 2014. No concerns were identified with the care being provided to people at that inspection.

Bells Piece Supported Living Service provides support to people living in their own homes. They provide care and support in the area of Farnham, Surrey. People who live in the supported living properties have individual tenancy agreements. At the time of the inspection they were providing personal care and support to nine people. We based our inspection at the Bells Piece Care Home which is also the site of the supported living office. People visit the site regularly to take part in various activities associated with their support and interests.

We spoke with three people at the Bells Piece Supported Living office and we visited one person in their flat.

We spoke with six staff members as well as the registered manager; we also spoke with the relative of one person and a visiting social worker. We looked at records which related to people's individual care and the

running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them in the community. One person said, "Yes safe, very safe, they sit down and talk to me and I know what is going on." Another person laughed and said, "Of course I am safe, and happy." Everybody visiting the office during the inspection had a relaxed, cheerful and friendly relationship with the staff there. The relative we spoke with said, "I am more than happy I know [the person] is safe and the staff all support her to maintain her independence in a safe way."

People who used the service were potentially vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager would deal with any concerns to ensure people were protected.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the agency. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Bells Piece Supported Living until their DBS check had been received.

Care plans contained risk assessments with measures to ensure people received safe personal care and support. There were risk assessments and control measures for managing anxiety and aggression, people's finances, medicines management and mobility. For example one person had a care plan in place to increase their mobility through short walks. The care plan was very clear about the risk associated with their mobility, and how to support them to become more independently mobile. Staff received positive intervention training to de-escalate situations and keep people and themselves safe. One staff member explained how they had found MAPA training, helped them recognise situations and diffuse them. This is the "Management of Actual or Potential Aggression" training. This training enables staff to understand how to deescalate potential aggressive incidents.

When needs changed or concerns were identified that raised issues about increased risk, care plans were reviewed and measures put in place with the agreement of the person. For example, a member of the public had written to Bells Piece Supported Living expressing their concerns about the way one person crossed the road. Staff spent time with the person to discuss the safest way to cross the road in question. Their care plan clearly identified the new risk and measures in place to support the person without infringing on their freedom of choice. Staff explained how they supported people to take risks rather than preventing them by placing restrictions on their daily living. One staff member said, "To live a normal life you need to take risks. We all do, so as long as they understand the risk and ways to avoid harm or the consequences, we should just be there to help and advice if they need it."

Care plans included personal emergency evacuation plans in case of fire or other emergency situations. Although the service was not directly responsible for people's premises and equipment, the staff still carried out risk assessments and checks to ensure the physical environment was safe. If any concerns were identified, the service informed the relevant landlord or housing association for action. The provider had a range of health and safety policies and procedures to keep people and staff safe.

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. The staffing support required was agreed with the relevant funding authority to meet each person's individual needs. This ranged from 24 hour one to one staff support for people with complex needs to just a few hours support each day for people who were relatively independent. We were told about examples of staffing hours being increased where people's needs had increased and other examples where support had been reduced as people became more independent. Each person had a core team of support staff specifically assigned to them. This ensured people were familiar with the staff who supported them and the staff understood their needs and preferences. Wherever possible, staff absences were covered by other staff from the person's core team. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they supported.

Some people required assistance with their medication. Clear risk assessments and agreements were in place to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. Support staff explained how they had supported one person to become fully independent with their medicines whilst other people were being supported in line with their personal wishes.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "They are good they all know what they are doing." Another person said, "I think they are all very clever". A relative said, "The carers know [the person] very well they know exactly what they like and their preferences."

People were supported by staff who had undergone a thorough induction programme which gave them the necessary skills to care for people safely. All new staff attended an eight day induction which covered the organisations mandatory subjects. Staff also carried out training relevant to working with people in the community and the specific needs of people supported by Bells Piece Supported Living. The registered manager confirmed the induction was in line with the Care Certificate. This is a nationally recognised training programme for all staff new to providing care.

In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One staff member explained how they had also worked in the Bells Piece Care Home during induction shadowing to get to know people, staff and the organisation's procedures. They confirmed they had not worked alone until it was agreed and they felt comfortable. They said, "The induction was full on. I had not done care before and felt I really had the tools to do the job before I went alone."

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's mandatory subjects such as, manual handling, medication, safeguarding vulnerable adults, health and safety, food hygiene and first aid. Staff confirmed they could also attend further training related to specific needs. For example, staff had recently attended NHS training in assisting with Oral Care [teeth cleaning]. One staff member commented on the dementia awareness training they had attended. They said, "It was an eye opener for me, I really felt I could use the experience to improve the way I work." Other staff members confirmed they had attended training in areas such as epilepsy, learning disabilities awareness and autism awareness.

Staff said the training provided was very good and the provider also supported them with continuing development, such as vocational qualifications in health and social care. Training and development needs were discussed at their one to one meetings with the registered manager and at annual performance and development appraisals. One staff member told us they had been supported to start training in business management and was going to attend training for accredited risk assessors.

As well as providing training opportunities for staff the service also planned to provide training for people they supported. They had spoken with people about the courses they wanted and people had expressed an interest in fire training, first aid, healthy cooking, level one food hygiene and awareness of the Mental Capacity Act [MCA], (this act protects people who may not be able to make decisions for themselves).

People only received care with their consent. People were at the centre of developing their care plans and

consent was sought at all stages throughout the planning process. Staff also sought consent on a daily basis when care and support was being provided. One person said, "They always ask me if I am happy with what we are doing. If I don't want to do something it is not an issue we talk about what else we could do instead." Another person said, "They sit down and discuss things with me like my care plan so it is mine."

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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.

The registered manager explained how they also used the principles of the MCA to prove people did have capacity and they were able to do things other professionals or their families thought they couldn't. For example, one person had experienced financial problems and they were not managing their own finances. The service had used the MCA to show the person did have the capacity to understand the consequences of not managing their finances effectively. Through this process the service supported the person to take over the management of their own finances and solve their financial problems. They now had enough money in savings to plan for a holiday.

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 and Court of Protection to legally authorise. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection nobody was being deprived of their liberty. However the registered manager and staff all had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

Some people needed support to maintain a healthy balanced diet. Staff worked with people to promote independence with the planning and preparation of food. One person told us, "They do help me, I love cooking and want to learn more. They are sorting my kitchen out." Another person who liked their food had talked with staff about losing weight safely and effectively. Staff supported the person to cook healthy low calorie meals and to attend a slimming club and gym regularly. Staff were very proud to announce the person had lost nine pounds and were managing the plan well. Another person had been supported to manage their alcohol consumption and staff confirmed they were now a "responsible" drinker. Staff had supported them to remain independent in making their own decisions around alcohol consumption. However staff had also provided them with the information to make an informed decision on their own health.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Care plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists. The registered manager explained how, with the consent of the person, they maintained a communication book with healthcare professionals. Staff could sit down with the person before a healthcare appointment and write down what that person wanted to say to the professional. This meant they did not forget on the day or could hand the book across as a means of communicating their wishes. The service also had a good relationship with the local GP practice and healthcare service. With people's

consent GP's had agreed to staff sitting in on consultations and acting as the persons advocate.

If a person required admission to hospital the service had an agreement that they could liaise with the hospitals learning disability nurse. They could arrange to go into the hospital and discuss the person's specific needs, and could arrange to support the person through the admission. The persons support staff could brief the ward and talk through the person's healthcare passport. If the person gave their consent, the hospital learning disability nurse would keep the service informed of any changes and update them on the care provided.

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person said, "They are all very nice. I get on with them very well." Another person said, "Don't know what I would do without them, they are nice and really care." During a visit to one person's flat we observed a very caring compassionate approach by the team leader and the staff member supporting them. Both staff members and the person had a very relaxed and cheerful relationship with them. One relative said, "I think they are wonderful, [the person] gets on with [the staff member] very well. I can talk with [the registered manager] at any time so I feel supported as well."

There was a consistent staff team which enabled people to build relationships with the staff who supported them. Everybody had a team of staff that they got to know so when unplanned sickness or holidays occurred people were not supported by staff they did not know. This meant a lot to one person who said, "I know all the staff who come to support me. I like to know who is coming." One care plan was very clear that the person had a stable team but also liked to know in advance who was going to be providing the support at the time. We saw this person at the Bell Piece Supported Living Office asking the team leader who would be supporting them the following Friday as the staff member was taking a day off. They told the team leader they would like it to be a specific person and the team leader said they would make sure it was. This meant the person had built meaningful relationships with staff they felt safe with and that they could choose who supported them.

The registered manager told us they tried hard to ensure people and staff were compatible. If a person was not happy being supported by a particular member of staff, they would move the staff member to another team. People using the service were also involved in the interview process for new staff and could have a say about the people the organisation employed and would be supporting them.

We saw evidence of staff going that extra mile to provide the support people needed. For example one staff member supported one person to continue going to their slimming club as a volunteer in their own time. Another staff member supported people in their own time with permission from the management team. They contacted the people by phone to check on their welfare and supported them to attend appointments until further funding was obtained. Another person had moved to a new flat but found the moving company were unhelpful and left the new flat in a mess. A staff member used their own time to help sort the new flat and settle the person in. One person said, "They managed to put in some extra time for me when I was poorly, which was good." This meant people were supported by staff who saw them as individuals needing extra support rather than a job that needed doing.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. Staff supported people to follow interests and hobbies and maintain contact with their local community. When providing this support staff encouraged people to be as independent as they could be. They saw their role as supportive and caring and were keen not to disempower people.

There were ways for people to express their views about their care and support. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and

voice their opinions. There were also monthly tenants meetings which were chaired by a person independent of the service so people could speak openly without staff present. During these meetings they discussed issues regarding their support, activities they would like to do and their property. The service supported people with property issues to discuss them with the landlord. Care records showed people were spoken to about what goals they had and what they wanted for the future. For example one couple were planning a holiday next year. They received support from the service to book the holiday and plan their finances so they could save enough money to go away.

All staff spoken with confirmed they supported people in a way that respected their privacy and dignity. When we visited one person's flat the staff member asked if they were happy with us meeting them. During our visit we did not observe personal care, however; we did observe a relaxed and friendly relationship between the person and the two members of staff present. They were very happy and cheerful throughout the visit and indicated they were very happy with the staff delivering their care.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said, "They know what I like and what I want and we sit down and discuss it." Another person laughed and said, "They do know me and I know them." A relative said, "They really do understand [the person], they know what they like and don't like, and really support their independence."

The registered manager explained how they wanted to support people to achieve the same things in life as people without a learning disability. They were passionate about the support people received being about them, rather than about a care package with constraints.

Bells Piece Supported Living responded to people's goals and aspirations as well as immediate needs. They encouraged people to plan for the future and achieve milestones in their life. Staff had a very good understanding of how to support people to achieve the goals they set themselves and become active members of their community. Staff knew what was important to people and ensured this was considered first when planning care and support. For example a lady's group had been formed to enable them to go on a spa pamper day. We saw photographs of the day and feedback at a tenants' meeting had been very positive. One person told us about the help they had had moving into their new flat. They said, "I was trapped in my old flat, couldn't do anything it was so hard. Then [a staff member] helped me get a downstairs flat. The moving people weren't good but they [staff] sorted me out and now it is brilliant. They have given me my life back."

One staff member spoke passionately of the support they had given one person to help them come to terms with their sexuality. They had provided them with information, helped them join a group of like-minded people and access information and media to support them. The staff member said they had seen such a change in the person when people accepted them for who they were. The staff member explained the person had become more outgoing, confident and happy in themselves.

The registered manager explained that one person had said their dream was to go on a Mediterranean cruise. Staff had supported the person in planning the trip and saving the money to go. They had decided to go with a friend and spent a fortnight supported by staff, meeting new people and learning new cultures. They had enjoyed it so much they are planning a second cruise again with the support of staff. Other people had expressed the wish to go on holiday either individually or as a group. The service supported them in their choices and helped them manage their finances so it did not become a burden.

Staff worked in partnership with people to make sure care plans were personalised to each individual. Care plans contained information to assist staff to provide care and support in a manner that respected their wishes and assisted them to be independent. The information in the care plans were written in a person centred way and showed people had been involved in the detail. The care plans included clear statements about, "What people like and admire about me, What makes me happy and How I want to be supported." One staff member explained how they would sit down with the person and discuss how they wanted the

care and support provided. They explained they would write the care plan then read it back to the person who could agree or change as they wished. One person told us how the care plan was about them and they had been involved in writing it with a staff member.

Each person could have a say in the membership of their core team of support staff. Where people expressed a preference, the service tried to support their wishes. Staff members of the same gender were available to assist people with personal care, if this was their preference. The service also tried to match staff with people with the same interests or hobbies for example one person enjoyed cricket matches and the registered manager had tried to ensure a member of their core team was also an enthusiast.

Changes to people's care plans were made in response to changes in the person's needs and the goals they set. Staff confirmed they were aware of changes made in care plans. One staff member said, "People's care plans have plenty of information. However I could go in tomorrow and they could announce they have changed their mind about the way they want something done. That is their choice and as long as everybody providing their support knows it is ok."

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. Each person received a copy of the complaints policy within their support plan in a format that suited them. For example we saw complaints information in picture form giving people all the information they needed. Records showed the organisation had received two formal complaints in the last year. One was raised by a member of the public concerned about a crossing the road in an unsafe place. The other was from a person using the service who had said the hair drier hit them on the head when it was being used. The registered manager had dealt with both following the organisations policy and procedure and risk assessments and learning had been put in place for people and staff. One staff member explained how they would support a person if they wanted to make a complaint. They said they would sit with them and either help them write a letter or write it for them and read it back to them to sign. They said they were confident anything raised as a complaint would be dealt with appropriately by the registered manager.

Is the service well-led?

Our findings

People were supported by a team that was well led. The manager was suitably qualified and experienced to manage the service. They were supported by a small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. One staff member said, "The registered manager has a passion that flows through the team."

The registered manager had a clear vision for the service. They explained they wanted to develop a service which had the possibility to empower people and the ability to manage what came with that. This meant listening to people, learning and reflecting on what they said. People had regular contact with staff to discuss their goals, activities, care package and tenancies. This meant they had the opportunity to say how they wanted the service to improve and develop. One staff member said, "It is about getting staff to think outside of the box, to talk with the person, know them and encourage them to plan their next goal in life."

The ethos of the service was person centred. This was promoted through staff training programmes to give staff the confidence and skills to meet the specific needs of the people who used the service. This approach was also reinforced through staff meetings and one to one staff supervision sessions. The provider's policies, procedures and operational practices were designed to support this person centred approach.

We found staff were motivated and committed to ensuring people received the agreed level of support and people were supported to be as independent as they wished to be. Staff said everyone in the organisation, from the top down, focused on the well-being of the people they supported.

Decisions about people's support needs were made by the appropriate staff at the appropriate level. Specialist support and advice was also sought from external health and social care professionals when needed. We spoke with a social worker who visited the office during the inspection, they said, "This is a happy environment. They empower people, here my client has more choice and meetings with staff to discuss the support they need. They have really improved since receiving support from Bells Piece. The service works very well with us and they can always evidence what they have done."

Staff were well supported by the management team and by their colleagues. One member of staff said, "The management team are brilliant, they are open, approachable and take the time to listen and consider your ideas." Another staff member said, "I get on well with all the team, I know I can pick the phone up and call any of them if I need advice. They are really good." People we met said the office was always open and they could always talk to the registered manager or team leader if they needed to. We saw people came into the office to speak with the team leader about the planning of the Christmas party and prizes for the raffle. Records showed one person had telephoned the service several times a day to reassure themselves about the staff member supporting them or to talk with a member of the team. Staff had taught this person how to use the text facility on their mobile phone and now instead of ringing they texted members of their support team for reassurance.

The service carried out a survey to relatives of people using the service; however they had few responses. Those responses they did receive were positive with relatives praising the level of support staff provided. People were empowered to share their experiences regularly through their care plan reviews and tenancy meetings; a recent survey had not been completed with them at the time of the inspection.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager or a senior support worker to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. One staff member explained that training needs could be identified at these meetings and requests for additional training or updates could then be sent to the training team.

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. The registered manager had developed a six monthly audit cycle to check the audits had been completed and actions taken. For example they carried out a regular MCA assessment to ensure there were no unnecessary restrictions in place. If any were found they were discussed with the staff member supporting the person. Then discussed with the person to see how they could reduce any restrictions on their freedom and independence. An audit of care plans had shown there was an inconsistency of review dates. Action had been taken for all staff to work together to ensure all reviews had been carried out and people consulted about the support they received.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Very few accidents had occurred during the time the service had been providing personal care.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. The registered manager participated in various forums for exchanging information and ideas and fostering best practice. These included care provider forums organised by the local authority, housing provider forums, and managers meetings organised by the provider. Bells Piece was also supported by membership of the British Institute of Learning Disabilities (BILD), the Downs Syndrome Society and Mencap. The registered manager and team leader shared the knowledge they gained with staff at staff meetings/supervision.

As far as we are aware the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.