CareQuality Commission

East Sussex County Council

Hastings Community Support 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?	Outstanding ☆
Is the service well-led?	**Good** ●

Overall summary

This inspection took place on 09 October 2015. To ensure we met staff at the service's main office, we gave short notice of our inspection.

This location is registered to provide personal care to people in their own homes. The service provided support to thirty people with a learning disability in the community. However only two people received support

with personal care which is a regulatory activity registered by CQC. This inspection focused on the care and support provided to two people where they received a service registered by CQC.

Summary of findings

People who used the service were adults aged 18 and over with a learning disability. People had different communication needs. People used verbal and non-verbal communication.

The service 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.

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 control measures to reduce identified risks and protect people 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.

Staff were trained in the safe administration of medicines. However at the time of the inspection people did not require support to administer medicines. Staff provided assistance to support people to self-medicate correctly. Staff recorded the support provided on a medicines form.

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 had completed training in the principles of the Mental Capacity Act 2005 (MCA). Staff were able to explain the requirements of the legislation and how they protected people's rights to make their own decisions.

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

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 people's relatives and relevant others were invited to attend the reviews and contribute.

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.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

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.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

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 systems were 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.

The registered manager was meeting the requirements of the Mental Capacity Act (MCA) 2005 to assess people's capacity to make decisions about their care. Staff understood the requirements of the legislation and protected people's rights to make their own decisions.

Staff had received regular supervision to monitor their performance and development needs. The registered manager 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.

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.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

Outstanding ☆

Is the service well-led?
The service was well-led.

Good ●

Summary of findings

The registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured this was consistently maintained.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Hastings Community Support 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 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. 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 usually ask providers 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. However we had not requested that the provider completed a PIR on this occasion and we took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager, the service manager and one member of staff. After the inspection we received written feedback from one person who used the service, one person's formal carer and a second staff member. We looked at two care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we received written feedback from three professionals that had direct knowledge of the service.

Is the service safe?

Our findings

People were supported to keep safe. Staff had a good understanding of people's needs and how to keep people safe. One person was supported by staff to stay safe from possible 'Stranger danger'. Staff worked with the person to identify safe people to approach when out in town. They had agreed a meeting place with the person, should they get lost in town. The person had a mobile phone with people to contact should they feel in danger or lost. This information was written into the person's care plan. Staff were vigilant to changes in people's health needs and to possible signs of pain or distress. Staff developed positive relationships with people and their families to ensure that people trusted them to discuss any concerns they may have. A spot check was completed by the service manager to assess a staff member's awareness of safeguarding needs for a person at a social event. This recorded, '[The staff member] was aware of a potential safeguarding situation for two clients in attendance. They were up to date with all the current information and were aware of the risk that needed to be managed. They were vigilant and ensured both clients were not left alone and diverted conversations that were becoming inappropriate. They managed the situation with confidence and clarity.'

Information about how to stay safe had been produced in an easy to read format and given to people to keep at home or access online. This supported people to understand abuse and how to report any concerns. This also included information on: safe cleaning of the home, staying safe in the community and hate crime awareness information. The service manager created accessible 'What happened forms' to support people when an incident occurred and to ensure that people understood information they may need to provide as part of safeguarding investigations. Staff told us about one person who was involved in a safeguarding investigation. They supported the person at the time of the incident and provided an additional staff member to support them to keep safe. Staff were provided with 'kit bags' for use when providing care to people. This included personal protective equipment such as gloves, and gels and aprons, to reduce the possible risk of infection and staff received personal alarms to keep themselves safe when lone working.

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 were able to describe these to us. Staff understood 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 team were available to staff if they needed to report a concern. There was a whistleblowing policy in place. Staff were aware of the policy and would not hesitate to report any concerns they had about potentially poor care practices.

There was an adequate number of staff deployed to meet people's needs. The service manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager to discuss any issues arising. Staff were available when people needed to attend medical appointments, social activities or other events. Rotas were set up in response to people's preferred times and days. The service manager set up a 'traffic light 'system whereby people with the highest priority needs were ensured staff support in times of emergency need.

The registered manager told us that a number of staff had recently been absent for legitimate reasons. The service ensured that relief staff were available from the provider's other services and staff did additional hours to ensure people's support needs were prioritised. In a few cases people's care service was either cancelled or rescheduled in consultation with those people. The registered manager had a recruitment plan to address several staffing vacancies at the service. One professional wrote, 'The team are so flexible in their approach to supporting clients. There was a period recently when two support workers were off sick and the remaining staff went above and beyond to ensure all clients received their support. It appears to me that everything the support workers and their manager do is done with the best interests of the clients at the forefront of their mind.' This meant that additional staff were deployed when necessary to meet people's needs.

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.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical

Is the service safe?

injury forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. Staff discussed accidents and incidents in regular team meetings. One incident recorded that a person alleged they had been 'hit' by someone at a social event. Staff reported the incident to the registered manager, local authority and CQC. The person was supported by having additional staff present whilst attending social events to ensure effective monitoring and to give the person emotional support. They were referred for a review of their health needs and to a counselling service. They were supported to join new social groups to develop their confidence to socially engage with people. These risk management measures were taken to reduce the risk of incidents occurring and the person's care plan was updated with the changes made.

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 support them to keep safe when attending weekly hydrotherapy sessions to promote their physical health needs. The person was referred to a physiotherapist and G.P. and was given

exercises to complete. Staff and the person followed clear and accessible guidelines with picture prompts to ensure the person safely completed the exercises. The person was supported to access the hydrotherapy pool safely and was able to do this independently.

People were supported to take their medicines by staff trained in medicine administration. At the time of the inspection people did not require support to administer medicines. Staff provided assistance to support people to self-medicate correctly. Staff had their competency assessed by the service manager. Medicines records and staff spot check records showed that staff had completed medicines management training and were competent to support people with their medicines.

All medicine records were accurate and had recorded that people were supported to self-medicate in line with their prescriptions. One staff member told us how they promoted a person's independence with their medicines. They supported the person to change pharmacy which enabled them to receive text messages to prompt them to collect a new prescription independently. Medicines incidents were recorded, for example when someone omitted to take their medicine. This was reported by staff and discussed in team meetings to analyse and reduce the risk of this happening again.

Is the service effective?

Our findings

People were satisfied with the support they received from staff. People wrote comments about the staff and service which read, 'Excellent' and 'Fantastic' Staff explained how they communicated and responded to people with non-verbal communication needs. Staff said they used verbal prompting and some Makaton (this is a language using signs and symbols and is often used as a communication process for people with learning disabilities). Staff developed relationships of trust with people so that they better understood people's individual communication style and needs. Staff showed us how they used pictures and photos to support someone to attend their hydrotherapy sessions to help them understand how to complete their exercises effectively.

The service manager kept records of positive feedback they received in a 'compliments log'. Comments read, 'I know that X enjoyed their time with their support workers and we are all very sad that the service had to end. However X learnt some valuable skills during their time with you and we will try to ensure that they continue to use these whenever possible' and 'X and [their relative] were very complimentary to the service saying that we all do a good job. X said that they wished their support days come round quickly every week and that everything is really good." Compliments and positive feedback was shared with staff in team meetings to support learning and to celebrate staff care practice.

Staff received one to one supervision sessions to discuss their development needs with the service manager. Staff were spot checked whilst delivering care and support. This meant the service manager checked their care practice and gave staff feedback to ensure they maintained essential standards of care. One spot check record read, 'I witnessed some very good practice regarding communication. [The staff member] was clear when talking to X and always talked to X on their level. They used the right amount of humour and energy to motivate X and balanced this with a calm approach. X needed a lot of verbal prompting and encouragement. They were very patient and repeated instructions as needed. They always offered X support with tasks but gave them space and time to think independently. They used their tone of voice well

and when X was not responding they gave more firm instruction which X responded well to.' The staff member's approach supported the person to carry out their daily living tasks as independently as possible.

Staff had appropriate training and experience to support people with their individual needs. Staff had 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, The Mental Capacity Act (2005) 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.

The registered manager was due to implement the new 'Care Certificate' training for all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care. The service manager regularly reviewed staff competence, based on a standard competency framework. Staff were required to complete a 'log' to provide supporting evidence that they met specific competencies. They completed worksheets after training sessions. Staff were observed and assessed in practice to ensure they met essential standards of care.

Staff had recently requested training in how to support people who abuse alcohol. Staff requested information on the long term side effects of alcohol abuse and what signs and symptoms to be aware of when supporting people with these needs. In response to this the service manager organised a bespoke training package for staff that was due to take place shortly. Staff were satisfied with the training and professional development options available to them. Staff were supported to achieve further qualifications in social care. Staff received formal annual appraisals of their performance and career development.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and staff. Staff had completed training in the MCA and had their competence assessed to ensure people received care that was informed by their consent. Discussions about the MCA were regularly

Is the service effective?

discussed in team meetings and formed part of the regular team meeting agenda. People were always asked to give their consent to their care, treatment and support. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals, advocates and legal representatives.

Staff completed documentation when people's mental capacity had been assessed to determine whether they were able to make certain decisions. One staff member told us, "I ask people simple questions, check people's understanding and check what people's preferences are." Staff had recorded people's preferences in daily notes after each support session. We read comments such as, 'X did their swimming exercises and then asked to get out of the pool as they were cold' and 'X chose to look around the shops' and 'X chose a cup of tea and banana' and 'X declined going onto the beach for walk.' 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.

People were able to make choices about what they wanted to eat. One person had diabetes and maintained a low sugar diet. The person was aware of their health needs and made their own choices. People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and purchase a balance of healthy foods. One person was provided with accessible educational materials, for example, '5 a day made easy' and '8 tips for eating well'. They were provided with easy read recipes to

support their understanding of healthy food options and how to make healthy meals. Staff supported the person to have regular cholesterol checks and supported them to go to a café of their choice for healthy meals. A staff spot check completed by the service manager read, '[The staff member] gave X the freedom and space to plan their support and they were able to choose what café they went to and what food they purchased for their cooking sessions. They offered advice and guidance appropriately and reaffirmed all the time that it was their choice.' Staff understood people's food preferences and acted in accordance with people's consent. People's care plans recorded their choices and support needed to achieve their goals.

People had health care plans which detailed information about their general health. Records of visits to healthcare professionals were recorded in each person's care plan. People were supported to attend health appointments where needed. Staff were vigilant to changes in people's health needs and made referrals to relevant health professionals when needed. Staff told us how they supported someone who did not like to go to hospital for a particular treatment. With staff support the person registered with a different G.P. surgery where they could receive the treatment without the need to attend hospital. This promoted the person's health needs and ensured they were able to access services in a way that met their preferences. People's health plans were agreed in consultation with the person, staff, their relatives and relevant health professionals in their best interest. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Is the service caring?

Our findings

People said they liked the care staff. The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. One staff member wrote, 'X can be a very private person and it can take time for them to trust someone. I always allow X to talk to me in their own time without me asking questions. We have [worked with them and other professionals] to share information and advice on how to best support X and keep their support very person-centred.' One professional wrote, 'In my humble opinion the Community Support Service in Hastings run an excellent service for all their clients. I occasionally have contact with various members of the team and cannot fault any of them, they are a dedicated, caring and hardworking group of people and from what I have seen, always have the best interests of the people they are working with at the heart of all they do.' One person's parent carer wrote, 'I have always found all the members of staff to be friendly, well presented, punctual and kind, with a keen interest in our clients and their progress.' One relative had written to one member of staff, 'I would just like to say that you were a fantastic keyworker for X and I would like to thank you for all the hard work that you personally did.'

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 independence levels. For example one person who attended weekly hydrotherapy sessions paid for their own ticket and went into the changing room independently. Staff were nearby if they needed assistance or reassurance. They were able to access the pool safely as they had learned how best to do this. They went for a soft drink and light snack afterwards. Another person was supported to achieve greater independence with staff support. Staff worked with them to develop their skills and confidence to go swimming on their own. Staff said it was a gradual process. They supported the person to use their mobile phone, research bus times and make bus trips independently and staff called them to check they were alright. One staff member said, "I have seen positive changes in X. They are working towards greater independence." Staff promoted people's independence and had balanced people's right to freedom of choice whilst managing potential risks.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. Before people were supported by the service they met with the service manager to discuss their individual needs, goals and preferences. People chose keyworkers of their choice. A keyworker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. 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 spoke regularly with staff and their keyworker 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 regularly to ensure they remained appropriate to people's needs and requirements.

Staff treated people with respect and upheld their dignity. In feedback cards people had written that staff were polite and wrote comments such as, 'Staff are excellent.' One person needed support to ensure they developed skills in maintaining socially acceptable boundaries. Staff supported the person through a referral to a psychologist. This promoted the person's dignity and supported them to have a greater understanding around developing healthy relationships with others. 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. People were treated as individuals and were given choices.

The service manager completed spot checks on staff to ensure they supported people in a respectful and professional way. The service manager contacted people to ask their permission to do staff spot checks whilst people received support. One spot check recorded, '[The staff member] was very encouraging and supportive. They talked to X with respect and used humour to encourage them throughout the support. X responded well to this. They used song and dance and brought a lot of energy to the support, which was needed to motivate X to get up and engage with their morning routine. They offered X help and support. They were patient and stepped back when needed. They encouraged X to complete tasks but when X needed more prompting they gave more support. I think they got the balance just right.' Other staff spot checks recorded, '[The staff member] was very respectful towards X. Their approach to the support was relaxed and friendly

Is the service caring?

but professional' and '[The staff member] spoke to X respectfully and appropriately. They adapted their tone of voice and language when providing X with reassurance which X responded well to.'

Advocacy services were available to people. Information was available and included pictures to support people's understanding to the service available. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. Staff supported someone to get advice and information about benefits entitlements to support them to manage their finances. Staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

Is the service responsive?

Our findings

Staff responded to people's needs. People talked with staff about what they would like to do and any issues of importance to them. One person wrote, 'I like going out to new places I've not been before, meeting new people, trying new things' and 'I can't think of anything I don't like.' One person's parent carer wrote, 'My opinion of the Community Support Team is that they offer a very valuable service in so many ways. The service enables X to plan and work out personal goals and then feel a sense of achievement reaching those goals. They gain new friendships along the way and experience different opportunities in the community which otherwise may not have been possible' and 'We have met various community support workers who have worked to enhance the clients lives through a bespoke service, being sensitive to each individuals needs gaining their trust and friendship along the way.' They also wrote, 'I have found [the service manager] and the team to be very informative and helpful, always letting us know well in advance of any changes in their service or staff so I in turn have the time I need for any explanations of any routine changes.'

People had accessible care plans to encourage and empower people to be involved in planning their care and support. Peoples' care plans called 'My Support Plans' included their personal history, choices and described how they wanted support to be provided. People set goals and outcomes they wanted to achieve and discussed their ambitions with staff. One person had set a goal to develop their confidence in going into town by themselves. They met staff in town at the start of each support session and had gradually developed their confidence in this way. They had recently set themselves a new goal of travel training to out of area venues. The person had identified a new swimming pool they wanted to visit and they decided to fit in some travel training to develop their skills in using public transport. As part of a recent review they had written, 'I don't want to change anything. [My keyworker] is wonderful. They wrote, 'They show me places I have never been before, that makes me happy. They help me with the buses.' Staff talked with people about their care and support needs during each support session and at regular telephone and direct review meetings. 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 was supported to increase their engagement in the community. A staff member wrote, 'X had disengaged with community support in the past so I was mindful of this and took a very gentle approach with them. X used to find it hard to get up in the mornings, so they would be supported in the afternoon. This has now changed and X is happier to be flexible and enjoys support at all times of the day.' Staff prompted the person before each support session to remind them of the daily plan and make sure they were ready. Swimming was their favourite activity. They wrote, 'I love swimming. I hadn't been for years' and 'This is who I am'. They were supported to attend regular swimming sessions. They also liked to walk around town, go to shops and the library. They had identified some college workshops they wanted to attend to develop their well-being and self-esteem. Staff supported them to find out more information about this and they had recently signed up to attend some courses.

People's preferences were clearly documented in their care plans and staff took account of these preferences. Staff supported one person to attend weekly hydrotherapy sessions to provide pain relief due to a physical health need. During the sessions the person completed exercises as advised by their physiotherapist. This activity also promoted the person's emotional and mental health needs. Staff gave detailed information about how they supported the person. The person was supported by a female carer in line with their preferences. The person was supported to attend afternoon swimming sessions as the pool was quieter. This was arranged in response to the person's request. This activity had increased their confidence and improved their mental and physical health. The person's parent carer wrote, 'At present X enjoys a weekly swimming outing to the local pool. X and her support worker practice the hydrotherapy exercises to improve X's posture and various other health problems they have. This is made entirely possible by the Community Support Team and X very much looks forward to this weekly trip. X is very vocal about their swimming trips and tells everyone they meet with great enthusiasm about them.' They had also written as part of a recent review, 'X is really happy with the service and would like it to continue.' The person had written about a recent swimming session

Is the service responsive?

as they had built up the courage to go underwater, 'I did well. I got my hair wet.' A staff member told us the person had developed their confidence and was now able to balance unaided due to these sessions.

Staff recognised the importance of social contact and companionship. Staff identified a need for a 'social group' amongst the people they supported. One staff member took the lead in setting this up. The social group enabled people with similar social support needs to meet and do things of mutual interest to them. This supported people to have healthy peer relationships and reduced people's social isolation. The staff member wrote about one person, 'X enjoys the social group that was set up and has made some great friendships through this. They are fully involved in deciding where the group goes and puts new ideas forward. X is now confident to get on the bus and meet me in various places for support. I believe they would not have achieved these amazing goals without the responsive support from the team.'

People were involved in developing and influencing how the social group was run. People in the social group decided where they would like to go for future group outings. We saw written feedback in a communications book. It contained photographs of where people had previously been and their suggestions for new venues. People went to the pub, restaurants, 'come dine with me' nights and other social events. People had written comments about activities and places they had visited. Comments read, 'Very good place to socialise' and 'Good place to drink. Shot pool with friends' and 'Went bowling and loved it.' People were asked to give their feedback about the social group. They wrote the following comments, 'Fantastic, really good' and 'Brilliant, excellent. I never want it to stop' and 'Love seeing my friends.' Due to the success of this social group the service manager told us they intended to set up different groups depending on people's needs and preferences.

People were asked how the social group had helped them. Their comments read, 'It's shown me places I've never been to' and 'It's helped me to gain great friends' and 'It has helped me gain confidence and friendship.' The service manager completed a spot check of a staff member's care practice whilst they supported people at the social group. They recorded, '[The staff member] worked in a respectful and facilitative way, managing the support of the group positively and ensuring each client had individual support

when needed. They really stepped back and let the group talk and socialise but encouraged conversations when needed. It is clear to me that all the clients in attendance have developed their social skills and are increasing their independence in a social setting. Clients had the confidence to go and order their own drinks and food and pay for these independently.'

The service was flexible and responsive to people's individual needs and preferences. Staff gave people cards called 'We are listening – How are you today?' and 'How did it go today?' This gave people the opportunity to give feedback after every support session if they wanted to. The service manager kept a 'response log' and recorded how they responded to any feedback people gave them. One person had requested a change to the time of their support session. The service manager called the person and changed the time of their support to meet their preferences. One person's parent carer wrote, 'X talks about swimming all week.' Another person wrote about some travel training which supported them to walk independently to a day centre. They wrote, 'Thank you for today. I had a lovely walk to the day centre.' Another person wrote about some art and photographic work they had done with staff, 'All the time you were with me I haven't had the TV on. It is much nicer than watching TV.' One person needed support to move home. The service manager responded to this by supporting the person to hire a removals van, supporting them to pack their belongings and provided them with emotional support to manage the house move. A compliment was received from the home removal company which was very complimentary towards the member of staff in the way they supported the person to ensure a smooth house move.

'Feedback cards' were sent to people every six months so they could give their view on how to develop the service. Some people had requested better communication about which staff member was visiting them and at what time. The service manager shared this feedback in a staff meeting. From this a staff member took responsibility for asking people about their preferred communication methods. Staff were also issued with new IT equipment to enable them to email and communicate with people promptly in their preferred way. Different methods included sending people rotas two weeks in advance which included photographs of staff to support people's understanding of which staff to expect. Some people requested written email updates. People's individual communication preferences

Is the service responsive?

were responded to by staff. An email feedback inbox was also set up where people could send in feedback at any time about the service. People gave feedback that they didn't always want paper-based care plans. The service manager was exploring the use of assistive technology and 'electronic kits' with staff to reduce paperwork and enable people to contribute to their support plans by using technology where they wished.

The provider sent people a regular newsletter which informed people about service development, any changes and people's feedback. The newsletter also informed people about local events taking place, new staff joining the service and subjects of interest. Service news items were reported to people in the newsletter. For example one person had participated in the 'Learning Disability Partnership Board' meeting to talk about social opportunities in the community for people with a learning disability. With their consent this information was shared in the newsletter. This meeting was attended by representatives from local authority commissioning teams, professional health services and local learning disability network groups. The person's involvement and feedback would contribute to developing local policies for people with a learning disability and potentially lead to development of further community social opportunities for people.

People had requested different methods to receive information about the service. Staff had discussed the idea of setting up a Facebook site to promote what the service does and give people accessible information about support services, social groups and increase people's community involvement and independence skills. At the time of our inspection the proposal for this was being checked by the provider's legal team before being implemented. They aimed to set up chat rooms for people who were part of specific social groups so they could further share ideas, feedback and communicate about social events.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. When people started a support service, they received a 'Welcome pack' which provided people with accessible guides. This included leaflets entitled 'Are you unhappy about something?' leaflets. One complaint had been recorded since our last inspection. The registered manager reviewed this and discussed this with the staff member and reviewed this in staff supervision sessions. They contacted the complainant to explain to them what measures had been taken and what outcome they wanted from the complaints process. It was recorded that the complainant was satisfied with the outcome of the complaint.

Is the service well-led?

Our findings

Staff said there was an open culture and they could talk to the registered and service managers about any issues arising. Staff said, "I get a lot of support. The managers are always around." Staff wrote, 'I really enjoy working in a great supportive workplace where every day is different and I am confronted with new challenges.'

Both the registered and service manager and staff shared a clear set of values. They promoted openness of communication. The service manager said, "People are at the centre of the support we provide. Our focus is on supporting and empowering people to develop their skills." Staff said, "I want people to have a lovely life, to be happy and do the things they want to do." Staff understood the need to put people at the centre of their support, were focused on supporting and empowering people to develop independence and daily living skills. Staff promoted people's preferences and ensure people remained as independent as possible.

The service manager had a 'Celebrating success board' which acknowledged staff good practice. Staff were encouraged to nominate other staff members who had demonstrated best practice in care delivery. One particular staff member had been nominated for an award by other staff who wrote, '[The staff member] shows real passion in their work and a genuine interest in the people they support. They look for ways of communicating with people to encourage them to engage.' This supported staff to feel valued, increase their morale and encouraged staff to reflect on and to celebrate best practice.

Staff attended regular team meetings to discuss people's support needs, policy and training issues. Staff told us and we saw they had team training sessions during these meetings on subjects such as 'being safe', 'safeguarding people' and 'dementia care'. Team meetings provided an opportunity for staff to talk about people's needs and service developments. Meeting minutes showed that staff had discussed how the social group could be developed to best meet people's needs and increase social development opportunities. Staff discussed ideas for increasing people's skills development, for example cinema trips where people could develop travel skills and booking and buying tickets with the aim of eventually socialising independently. Staff

were informed of any changes occurring at the service and policy changes. All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff.

The registered manager attended local forums and network groups to inform them about leadership and care sector initiatives. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and proactively shared identified risks and risk management plans to support people. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.

There were quality assurance systems in place to monitor and drive service quality improvements. The registered manager reviewed monthly quality assurance audits completed by the service manager. The monthly service audit included care plan audits, monitoring health and safety, risk assessments, staff rotas, support for staffing and training. Records and care plans we saw were up-to-date and detailed people's current care and support needs. The service manager completed a monthly audit of the support visits log. They reviewed this to ensure they could provide people with flexibility of staff hours for example to support people to attend health appointments. They also kept a 'cancellation log' to review patterns of cancelled services to ensure prompt reviews of people's care needs were made. A monthly medicines audit was completed. A minor recording error was identified as part of a recent audit. The staff member was reminded how to use the correct recording codes and was provided with supervision in this area. This system helped ensure that people received their medicines safely and this was accurately recorded.

Staff recorded incidents and accidents when they occurred. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. This meant that effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.

People were involved in the on-going development of the service. The service had actively sought and acted upon people's views and feedback. The service manager completed 'Listening to you' reports every quarter which reported on feedback from people who had completed 'Did we get it right?' questionnaires. In May 2015, 94% of people

Is the service well-led?

said the service was either 'Good' or 'Very good.' The results from this analysis were reviewed and feedback was transferred into a 'service development plan' in the form of actions to continuously improve the service. This was reviewed monthly to ensure service improvements were made.

The service manager told us about a pilot scheme where they were reviewing their approach to meeting with potential new clients. They had devised an accessible 'About Me' form in consultation with people who used the service. This was to ensure a person-centred approach where people could review and communicate what they

wanted from the support service prior to the initial service visit. An accessible 'Welcome letter' had also been created to give people service information and a formal welcome to the service. This new system was to be implemented over the next six months. There was a strong emphasis on continual improvement at the service which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service. Both the registered manager and service manager promoted an open and inclusive culture that encouraged continuous feedback from people.