

Royal Mencap Society

# Mencap Portland and Oxborough Services

## Inspection report

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Date of inspection visit:  
26 April 2016

Date of publication:  
02 September 2016

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We inspected the service on 26 and 27 April 2016. The inspection was announced. Mencap Portland and Oxborough Services provides care and support for people with a learning disability who live in two houses and people who are living in the community. This is a small service and at the time of our inspection 12 people were receiving care and support.

The service had a registered manager in place at the time of our inspection. 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 knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. People received the level of support they required to safely manage their medicines. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely. There were sufficient numbers of staff to ensure people's needs were met in a timely way.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People received the assistance they required to have enough to eat and drink.

People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

The service had a culture of individualised care which placed people at the heart of the service, and staff went the extra mile to achieve this. Positive and caring relationships had been developed between staff and people who used the service and staff recognised the importance of people maintaining and developing new friendships. People were treated with dignity and respect and guided in how to recognise equality and diversity in the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People received the care they needed and staff were aware of the different support each person needed. People were supported to maintain their hobbies and interests and staff recognised the importance of making sure people who received care and support in their homes did not become socially isolated. People felt able to make a complaint and knew how to do so.

People were integral in shaping the service and making decisions about the way it was run. The management team recognised the importance of placing people at the heart of the service and empowering their involvement. There were effective systems in place to monitor the service and people benefited from an open and transparent culture where their views were listened to.

## 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 felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received the support needed to manage their medicines and there were enough staff employed to ensure they received care and support when they should.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported with nutrition and staff responded when people's health needs changed.

People made decisions in relation to their care and support.

### Is the service caring?

Outstanding ☆

The service was very caring.

People lived in a service where there was a culture of individualised care which placed people at the heart of the service and staff went the extra mile to achieve this.

People's rights to privacy and to be treated with dignity were respected and people were encouraged to make choices and decisions about the way they lived. People were supported to maintain and develop their independence.

### Is the service responsive?

Good ●

The service was responsive.

Care was extensively planned to meet people's changing care

needs and people were empowered to be involved in the planning. Staff recognised the importance of making sure people maintained their hobbies and interests and did not become socially isolated.

People felt comfortable to raise concerns and knew how to do so.

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

The service was very well led.

There was an open, positive culture in the service and the management team worked closely with the staff to ensure people received care and support which met their needs.

People were placed at the heart of shaping the service and their views were valued and acted on. There were effective systems in place to monitor and continuously improve the quality of the service.

**Outstanding** 

# Mencap Portland and Oxborough Services

## **Detailed findings**

### Background to this inspection

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

We inspected the service on 26 April 2016. This was an announced inspection. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also sent surveys out to people who use the service, their relatives and health professionals involved in the service. We received 11 surveys back from people who used the service and one from a health professional, who also provided us with feedback directly.

During the visit we spoke with six people who used the service and three members of care staff. We spoke with the registered manager, the service manager and assistant service manager. The service manager was responsible for the day to day management of the service. We looked at the care records of four people who used the service, staff training records, as well as a range of records relating to the running of the service including surveys sent to people to gain their views of the service. Following our visit we spoke with two health and social care professionals to get their views of the service.

# Is the service safe?

## Our findings

People could be assured that there were systems in place to protect them from harm. People who used the service told us they felt safe. One person told us, "Yes I feel safe, we have a chain on the door and staff sleep in the sleep in room so there is always someone around." One person wished to check the security of the building each night in order to make them feel safe and so the service manager had implemented a system to enable the person to do this. The person described how they, with the support of staff, checked the security of the building each night and told us this made them feel safe. It was clearly detailed in the person's support plan how staff should support them to do this. Another person had felt unsafe due to unexpected visitors calling at their door and the service manager had implemented systems to ensure the person would always know who was at their door.

The service manager had given people a handbook on what to expect from the service and this included information on people feeling safe from abuse. It was written in a format people would understand and explained what people should do if they felt unsafe.

We received information from a day service provider who told us that five people from Portland and Oxborough regularly visited their day service and they told us, 'We have had a lot of discussion about feeling safe, who to go to with worries and problems and who to tell about abuse. We found that the people supported by the Mencap service felt confident that the manager and staff team would listen to them, take them seriously and assist them to sort out problems and to keep them safe.'

Staff had received training in protecting people from the risk of abuse. Staff we spoke with understood how to recognise signs of abuse and respond to allegations or incidents of abuse. They understood the process for reporting concerns about people's safety to the provider and escalating them to external agencies if needed. Staff we spoke with had not needed to raise any concerns but all felt assured that the management team would take action if needed. The service manager was aware of what incidents would need to be shared with the local authority safeguarding adult's team and had done so when needed.

People felt staff protected them from risks and felt assured the service would respond to any emergency. One person who lived in the community described how staff would respond very quickly in an emergency. This person was supported with independent living skills and had wanted reassurance about the risks in relation to cooking. The service manager had arranged to have the local fire service attend their home and assess the risks around fire safety and to give the person advice on how to prevent the risk of a fire. People who lived in the two houses were given advice on what to do in the event of an emergency, such as a fire, and there were plans in place detailing what support people would need in the event of a fire.

The service manager had devised comprehensive care plans which detailed risks people may face whilst carrying out daily living skills and these plans detailed how to minimise the risks whilst supporting people to be independent. For example one person did their own cooking and other daily tasks which could present a risk to them and there was detailed guidance informing staff how these risks had been minimised and what level of support the person would need to keep them safe, but ensure they could do the tasks as

independently as possible. We saw that there were plans in place detailing how people would need to be supported in the event of an emergency, such as a fire, and staff had received training in how to respond to this.

The service manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the service manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People who lived in the two houses told us they felt there was enough staff to support them. We observed people had staff available to support them and to ensure they were able to access the community. One person told us, "There are enough staff to do what we want." A person who lived in the community told us that staff were usually on time for their visits and if they were going to be late then they received a call to let them know. We saw the person had a team of staff who always supported them and the person told us they always knew the member of staff who was going to be supporting them each day.

Staff told us they felt there were enough staff to support people in the two houses and that when they visited people in the community they had enough time to complete the tasks they needed. Staff told us they were allowed enough travelling time in between visits to ensure they could stay with people for the amount of time needed.

People were supported to take medication as prescribed and medication was administered safely. All of the people we spoke with told us staff prompted them with their medicines and gave the amount of support they needed with this. One person told us, "I get up in the morning and they (staff) bring me my medication."

People using the service had varying support needs relating to medicines and the service manager had implemented systems which ensured medicines were managed safely and people had the support they needed to take their medicines. This had been achieved through detailed care plans informing staff of how to support people and ensuring staff had appropriate training and guidance. Some people using the service were able to administer their own medicines and there was evidence that staff had worked to build people's independence in this area. Where people were administering their own medicines staff were conducting daily checks to ensure that medicines had been taken correctly and medicines were stored safely people's homes.

Clear medicine records were kept. Each person had a medicines pen portrait which detailed medicines taken, photos of tablets and instructions on how the person preferred to take their medicines. We saw examples of medicine administration records (MAR) that had been completed by staff with details of medicines taken by people and creams they had applied. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

## Is the service effective?

### Our findings

People we spoke with were happy with the care they received from the staff who they felt had the appropriate skills and knowledge to support them. One person said, "I like my support workers. They get training." People who used the service described how they got involved in making sure staff had the skills and knowledge they needed to support them as an individual. They told us they got involved by demonstrating to staff what support they needed in different areas such as medicines and moving and handling. One person told us, "We show new staff where the fire exits are." We saw this throughout care records we viewed, with one person being involved in training staff to understand their health need and how to recognise it was deteriorating.

The management team ensured people were supported by staff who were trained to care for them safely and were given support and development opportunities. Staff spoke positively about the training they had received. One member of staff told us, "The training here is really good." This member of staff told us about how induction training was largely based in the service and focused around the preferences and needs of people using the service. One member of staff told us, "They (people who use the service) know staff are fully trained and know they are doing it right." Records we saw showed staff were given regular training to ensure they had the skills required to support people who used the service. A health and social care professional told us, "They (staff) are very willing to work with professionals. They listen to them but are not afraid to question if they are unsure about the advice."

Regular observations of staff in relation to medicines and other practice were undertaken by the management team to ensure they were following safe practice. These observations were linked to staff development needs and discussed during regular supervision sessions. Staff received an induction when they first started working in the service and the service manager told us they were in the process of implementing the new care certificate. The care certificate is a nationally recognised qualification which has been recently implemented.

People felt they were supported to make decisions and be in control of their care and support. One person described making decisions about what time they went to bed and what they did each day. They told us, "We go anytime we want, there are no set times here." One person had been advised by their GP in relation to a health condition and this person had not wanted to take the advice of the GP as it would impact on their social life. We saw that staff had recognised the person had the capacity to make this decision and had worked with the GP to change the recommendation to suit the person's wishes.

We saw that the provider had a policy on the Mental Capacity Act 2005 (MCA) and that staff had been trained in this area. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke to had a clear understanding of the MCA and the impact on their role. One member of staff described an example of when they had recently used the MCA to assess a person's capacity relating to financial decisions. The staff member spoke confidently about how they had worked with the person and their day service to ensure they were able to make their own informed decisions and understand their choices. They then went on to describe creative ways of working with the person to enable them to make the decision themselves. We also saw clear information in people's care plans detailing instances in which the MCA may need to be used in the future.

People were supported to eat and drink enough and were supported to cook healthy balanced meals. People had fridges in their rooms where they kept snacks and fruit and we observed people making themselves drinks and being offered drinks by staff during our inspection.

Staff had a good understanding of people's dietary needs and this was also very clearly detailed in people's support plans. Staff had identified one person living in one of the houses who had low iron levels, the staff member was aware of how to support this person with their diet saying, "We help [person] prepare lots for green veg like spinach and broccoli." We saw this was detailed in the person's care plan and there was guidance in place for staff to know how to support the person with this area of need. Another person was on a special diet due to a health condition and we saw staff had supported this person with the diet with positive results.

We received information from a day service professional and they told us, 'Five people who are supported by Mencap Portland and Oxborough Services attend this day service. We have an emphasis on healthy lifestyle at this service and notice that people from this Mencap service have varied and nutritious packed lunches with plenty of fruit and salads and good quality meat, fish or cheeses. People also show that they are well informed about healthy eating and lifestyle during discussions.'

People were supported with their healthcare and changing needs. People told us staff knew about their health needs and supported them with these. One person told us, "They (staff) take me to hospital appointments." Another person described occasions when staff had supported them to attend appointments. We saw future appointments were recorded in the diary kept for staff to ensure they knew which appointments the person would need supporting with.

We saw from the records that people were supported to attend regular appointments to have checks on their healthcare. People were supported to attend regular medicines reviews and to see opticians and dentists at routine intervals.

Staff told us they knew how to contact external health professionals if people's needs changed or they were unwell. One member of staff described supporting a person when they were unwell and needed advice from healthcare professionals. Records showed that staff made referrals to external health professionals when people needed additional support, such as occupational therapists and psychiatrists.

## Is the service caring?

### Our findings

Without exception people who used the service told us they were very happy with the high quality of care and support provided by managers and staff at Mencap Portland and Oxborough. We saw that positive and inclusive relationships had developed between staff and people who used the service. We observed staff interacting with people who used the service with warmth, mutual respect and a friendly banter between them. From the moment we arrived at the door of one of the houses and it was answered by a person who used the service it was clear that Portland and Oxborough was led by the people who used the service. Every person we spoke with was able to describe an example of where staff had gone the extra mile or had supported them to achieve things they would otherwise not been able to achieve. The service manager was able to give a number of examples where this had positive outcomes for people and how their lives had changed for the better.

The management team had led staff to support people in a way that inspired people to develop and grow in confidence. For example, one person had a condition which affected their health and the service manager had developed and implemented an extensive plan to lead staff in supporting the person to make adjustments to their weight and fitness. The service manager explained how they and the staff team had worked with the person over a long period of time to explore what was important to them and to help gain control over their health condition. As a way of helping the person manage their weight they supported the person to start exercising and this ignited the person's passion for fitness and exercise. We saw that this was embedded throughout the person's care plan which contained details of how to support the person with their various exercise regimes and included maps of local parks with notes and routes marked so that the person knew where to go to exercise. The service manager and staff also described how they supported the person to manage other aspects of their health condition with compassion, understanding and a knowledge of how the condition affected them. This had resulted in the person losing a significant amount of weight which had a positive impact on their health. We spoke with the person who talked proudly of the results of their hard work and told us that they had always wanted to take part in a national sporting event but could not have achieved this prior to being supported with their fitness. The person had been empowered to train for this and to secure a place in the event and staff and other people who used the service attended the event to cheer them on. The person had chosen to complete the sporting event in honour of a member of staff who had passed away and had worn their picture on their clothing to show who they were running for. Staff also spoke with pride and recognition of this huge achievement.

People we spoke with consistently described how happy they were with the support they received. One person told us, "It's a great service. They (staff) are all lovely." Another person said, "I wouldn't change a thing." A third person told us, "We love it here." There was an ethos in the service, which was modelled and led by the management team, of speaking about people with warmth and positivity and there was a real sense of equality. Staff were able to describe the needs and preferences of people and had a very good understanding of what worked well for individuals and how to shape their support in a flexible way. A health professional told us, "It appears to be regularly discussed with staff to look for new experiences and ways of working if needed."

We received feedback from a day service professional and they told us, "We notice that the staff supporting people to travel to and from their home are always engaged with people and show respect and affection indicating good relationships. Staff are always flexible and make every effort to accommodate plans and arrangements. Staff are accessible, responsive and friendly and help us to form positive relationships to facilitate the best outcomes for people attending."

People felt that individualised care was achieved by their lead role in choosing nominated staff to support them based on their individual preferences and interests. The management team had placed people who used the service in control of choosing staff who worked with them. People had developed their own methods of matching staff to their individual preferences. This linked to the recruitment of new staff, which was led by people who used the service. When a staff vacancy arose people who used the service led the process of replacing that member of staff based on the preferences of the person who no longer had a nominated member of staff due to the vacancy. This included leading on the interviewing of potential staff to decide if they were the right candidate for the position and between them deciding on who would be employed. One person told us, "You can match staff to the people (who used the service). I chose who I wanted to be my support worker." Another person described the nominated team of staff who supported them and spoke warmly about the relationship they had with them. The management team saw this as a fundamental part of giving people control over their care and ensuring support was centred on the individual and how they wished to live their life.

The management teams' dedication to ensuring staff and people using the service were connected, based on shared interests had created new opportunities and social connections for people. For example, one person was an artist and their nominated support worker had been matched to them as they also had a love of art. The person described how the staff member had supported them to attend local art galleries and museums in different Cities. This had led to the person meeting another artist and the opportunity to receive art lessons from them. The person had taken up the opportunity and staff had been supporting the person to attend the lessons to further develop their skills. As a result, the person had created a piece of art to display in their home and was being encouraged to consider selling their creations.

We saw a small team of staff had been designated to another person and we visited the person whilst one of this team were visiting and saw there was a real warmth and affection between the two of them. This person and the member of staff described an example of their team of staff going the extra mile in supporting the person. The person described being very unwell and said they had called the office late at night and staff had attended straight away and escorted them to hospital and stayed with them until the early hours of the morning when the person went home. The person had then needed support the following night and to reassure them the registered manager had arranged for a member of staff to stay overnight in their home, despite this not being a part of their usual role. The person described how reassuring this had been and how pleased they were that the service could be so flexible.

On another occasion this person had phoned the office for support late at night as a small wild animal had entered their home. The management team had attended straight away and dealt with this and it had since become a source of amusement between staff and the person who used the service. This showed staff placed people's needs at the heart of what they did and responded to need which was outside of their normal daily remit. Staff told us they did not see this as exceptional, that it was a part of what they did every day.

People's goals and aspirations were recognised and they were empowered to achieve what they may not have done without the support of staff at the service. One person had told us in a survey, "My support team support me with all my day to day needs. Lately they've supported me to start going on holiday to visit

relatives for the first time." The service manager described how staff had worked hard with this person, who at first had been resistive to being offered support. They told us that over time, staff had worked to build up trust with through consistency and discussions which empowered the person to be in control of their support. The service manager had spent a great deal of time changing staff around to create the right team of staff who the person responded well to. They told us that over time this had a positive impact on the person who had been socially isolated prior to the support being given. Staff went on to describe how the person now went out socially and had recently achieved going on holiday to visit their relatives for the first time in 15 years. The person's relatives had written to the service to thank the staff for supporting the person to achieve this. A health and social care professional involved in the support of this person told us, "They (staff) hold the person at the heart of all they are doing. The life of the person I work with has been transformed."

People were empowered to communicate choice, develop their independence and live their lives as they wished. People described being supported to run their own homes such as holding discussions with the service manager and staff to plan menus, compiling shopping lists and then going to do their food shopping. One person who lived in one of the shared houses told us, "We use recipe books to decide what to eat, then we take turns at cooking." Another person said, "We sit in the kitchen and work out what we want to eat. We look at it on the internet." We saw people being supported to prepare dinner for themselves and for other people living in the service. People were supported to do their own cleaning and laundry and other domestic tasks and there were detailed plans in place to ensure people were supported to do this safely.

Empowering people to be more independent resulted in people developing skills, having more autonomy and relying less on staff to give them support. For example, one person wanted to develop skills to have more control over their life, particularly in relation to managing their diet, including shopping and cooking. In order to enable the person to manage this themselves, the management team had devised and implemented magnetic boards for staff to communicate techniques to support the person to plan their menu and shopping list and then to go shopping independently. The management team had implemented a detailed support plan to give guidance to staff in how to support the person to use the boards. This method of supporting the person with independence was important to the person as they had expressed a preference to reduce the amount of visits they had from staff and the implementation extensive care planning, support and communication tools resulted in the person being able to control and direct their own support and to only have visits from staff on the days they chose.

The service manager and staff had a good understanding of how people communicated and had put in place systems and plans to support individual strengths and needs. Care plans showed that people's differing communication skills were recognised and where people needed support the management team had devised, with the person, extensive plans which informed staff how people communicated and expressed themselves in different ways. These were used to empower people to communicate and have autonomy over their lives.

For example, one person had a significant hearing impairment and the management team had assessed the strengths of this person and developed a plan to enable them to communicate effectively and this had resulted in the person having autonomy over their life. As part of the plan the management team had supported the person to purchase and learn how to use a smartphone. The service manager had taken steps to ensure this technology was used to its full advantage to support the person to communicate effectively. Staff had supported the person to download suitable sign language software and to taught them to communicate using this. We saw the person used this method of communication to arrange to meet staff for healthcare appointments, social events and to keep in touch with friends and social groups. The service manager had also sought out a sign language interpreter to support the person at important appointments

to ensure the person understood what was being said and had control over their health care and any decision making.

Another person had expressed a desire to develop skills to enable them to take holidays without the support of staff. The management team had created extensive plans to enable the person to do this using innovative ways of supporting the person to achieve their desire. This included guidance for staff to support the person to use 'google earth' to locate, picture and choose their accommodation based on what was in the local area. They also used this system to interactively 'walk' the route so that the person was familiar with how to get from the station and where to go to eat and visit. The plan included staff developing timetables in a format the person would understand. This resulted in giving the person confidence and control over their holidays and they had been on four holidays without the support of staff and developed skills in planning and route mapping.

The management team ensured people were supported to maintain relationships with family and friends and to develop new relationships. People we spoke to shared their memories of a recent tea party which had been held in the home of some people who used the service. One person said, "People from other houses (Mencap services) came to the party. We helped to make the food." People told us about relationships they had formed with other people who used the service. One person described going out weekly with another person who used the service and attended football matches with another. Another person described staff enabling them to regularly attend a social group and told us they had made a lot of friends there. One member of staff told us, "Relationships are really important."

People's wishes for the end of life care had been discussed with them and their relatives. We saw from the care records of three people that they had been supported to get legal advice on their end of life wishes and had been supported to record these and a copy placed away for safekeeping for when the time came.

Diversity was recognised as an important aspect of people's care and support. People who used the service were given guidance on equality and two people had undertaken training to ensure that when they interviewed staff to work at the service they understood how to treat people as equals. These two people read out an 'equal people statement' and tested staff knowledge whilst interviewing potential staff to ensure they knew what would be expected of them in relation to equality. Information about people's rights to equality was threaded through their care records.

People we spoke with told us that staff respected their privacy and dignity. Two people described how they had their own lounge areas and if they wanted to spend time alone they would use these. One person said, "They (staff) always knock before they come in." We observed staff supporting people and we saw they were mindful of their privacy whilst supporting them.

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

The manager told us that there was no-one currently using an advocate but that one person had recently used an advocate to support them with decision making. Advocates are trained professionals who support, enable and empower people to speak up. Discussions were held with people to ensure they were aware of advocacy and there was information provided so that people knew how to contact an advocate if they

wished to. People who used the service were confident, aware of their rights and had high expectations for their lives.

## Is the service responsive?

### Our findings

People were involved in planning and reviewing their care and the care plans were centred on the individual and their preferences for care. Support plans had been devised and implemented by the management team and these were extremely detailed, thorough and personalised. We saw that where people were able they were encouraged to complete some of their own care plan. People knew about their care plans and felt they were involved in the planning of their own care and support. One person was able to show us their support plan and told us they were happy with the plan and that they were involved in writing it. The person described how they planned their care each week and this was recorded so staff knew what support they wanted the following week.

The management team spoke of the support plans with pride. They told us that plans were developed in partnership with people using the service and they were mindful to use people's own words to ensure plans were meaningful. Plans we read were engaging and interesting and really gave a sense of people's personality and interests as well as their support needs. It was clear they had been designed to ensure people understood their individual plan and each area of daily living had an extensive plan which was written in photographs and easy read format. The management team reviewed the plans at least twice a year and the manager told us how they were, "continuously refined and reviewed."

People's goals and aspirations were an important part of the service and people told us about how they had worked towards their goals. One person had wanted to go on holiday to a specific place and we saw the management team had implemented plans for staff to support the person to work towards achieving this goal. Another person wanted to visit some different counties and had visited one recently and another was planned later in the year. Staff had supported the person to research the visits on the internet and had financial planning meetings with discussions on how the person would achieve this goal. A third person had wanted to visit a famous landmark and have a glass of champagne there and staff had supported the person to achieve this.

Discussions with people showed that staff working in the service understood the importance of people not becoming socially isolated. People described how staff supported them to attend a variety of activities and events in the community. One person told us, "They take me on holiday, I went to [destination] and I am planning to go to [destination] soon." Another person described day services they were supported to attend on a regular basis and said, "We go shopping and go for really nice holidays." A third person told us, "I get to go on all the holidays I want. I love art and my support team help me to go to art classes! I enjoy doing this and bring all my work home." One person told us via a survey they completed, "They also manage to support me on day trips and going to the theatre, concerts and pictures."

People were supported to maintain and develop their hobbies and interests. One person told us it had always been important to them to follow their preferred football team and said they were supported to attend matches with another person who used the service. Another person was an artist and they were supported to attend art exhibitions and they had their creations on display in different areas of their home.

We received feedback from a day service professional who told us, "From chatting to people we hear of their regular visits to the cinema, art galleries, the theatre and restaurants and also that they have a good time on holiday." Staff described how people who lived in the two houses and received support in the community were supported to access the community and to go on holidays. They described sitting with people and researching on the internet so people could choose places to go and knew what to expect. Staff told us that people were supported to maintain and develop hobbies and interests and that this was an important part of their lives.

People could be assured that complaints would be taken seriously and acted upon. People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff or service manager if they did. One person told us, "I would speak with [manager] or [support worker if I had any concerns." Staff were confident that the management team would act upon complaints appropriately and they described having an open relationship with people using the service. One member of staff told us, "I always say if you have a problem please come and tell me." Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to report concerns to the service manager.

The management team ensured people had access to information relating to how they could raise concerns. There was a procedure in place informing people how they should make a complaint and for staff to follow should a concern be raised. The management team had given people a handbook on what to expect from the service and this included information on how they could raise concerns. This was written in a format people who used the service would understand. The service manager told us there had not been any complaints made since our last inspection but the systems were in place to respond to these should any be raised.

## Is the service well-led?

### Our findings

People were fundamental in being in control over decision making in the service and this resulted in a service led by the people who used it. This had created an open and inclusive ethos which placed people at the heart of how the service operated. There was an experienced and skilled service manager in post who was responsible for the daily running of the service, supported by the registered manager and an assistant manager. All of the feedback we received from people who used the service, staff, relatives and health professionals was consistently positive and praised what they said was high quality care. People who used the service told us the managers and staff team were inclusive, approachable and listened to them, valuing their opinions. One person told us, "The manager is really lovely. Comes to see me to make sure I am okay. I am really happy and do not want anything to change." Another person said, "We love it here."

The management team had received a number of compliments and we saw there had been three received very recently from a relative and two visiting health and social care professionals. One health and social care professional had said they thought support workers were, "Fantastic and provided excellent support." Emergency health professionals had praised staff for the way they supported a person when they had to attend hospital and had commented that staff had shown great skills in supporting the person, who was distressed, and without this support they would not have been able to treat the person. Feedback such as this was discussed at staff meetings along with the minutes of the meetings held for people who used the service so that staff shared the praise and feedback received.

Staff we spoke with had a passion for their role and were enthusiastic, motivated and had confidence in the management team. Staff talked about the strength of the team. One member of staff told us, "People (staff) here go the extra mile. They (people who use the service) know they will be supported and safe; there is a trust there." They said managers encouraged ideas as to how the service could be improved and were open to feedback. One member of staff said, "the managers are always available, you never feel alone". Another member of staff told us, "The managers are fantastic, they are approachable and you can talk to them about anything."

One community professional told us, "Working with Portland Road (one of the houses) has been a positive experience from a professional point of view. The staff team are well led. They are proactive in the support they have given to the person on my caseload and reactive when needed." It was evident that the team at Mencap Portland and Oxborough placed a high value on working in partnership with other agencies. The service manager described their approach to this and said working with partners, "Maximised ideas, knowledge and enabled the history of a person to be incorporated in a positive way, into support planning and evaluating risk." The team worked with people's circles of support including health professionals, family and day service staff to make sure that they were supporting the person in all areas of their life. Comments from professionals involved in supporting people at the service were very positive.

We found there was a strong emphasis to continually improve and to recognise and implement innovative systems in order to provide a high quality service, ensuring the people who used the service were placed at the heart of the service. Mencap Portland and Oxborough had been involved in piloting a set of 'What

Matters Most' standards from Mencap. These standards focused on the things people needed to live the life they wanted. This had involved people being supported to develop 'one page profiles' through discussions about what was working and not working. This was done in order to develop 'personal outcomes' and create individual action plans.

People's profiles had brought about improvements in the lives people led by empowering them to achieve goals and aspirations. For example one person had taken part in a national sporting event and a group of people had been given the autonomy to source funding for improvements in the service and to go on to create specially designed garden areas which they could now enjoy.

The results of the pilot had been celebrated during a recent tea party themed reflection event which was planned by people who used the service and staff. This was a huge event and people had been given different responsibilities which matched their preferences and skills. Their progress was frequently mapped using a picture board designed to support people to understand the progress mapping. The party was a celebration of what people and staff had achieved in their lives and in the service. We saw photos of the event and people told us how much they had enjoyed the day. The record of the reflection event clearly showed successes and areas of strength and also identified areas for improvement and the support needed to move forward. The staff team had received recognition from the provider for their work on 'What Matters Most' and were working with other services to share good practice. This was linked back to the provider's corporate plan 'the big plan' and the organisational values. The big plan was a five year strategy with values set out to achieve, 'a world where people with a learning disability are valued equally, listened to and included.' The big plan stated, 'We are determined to achieve this by changing attitudes, providing services and influencing those who can help us change the lives of people with a learning disability.'

The management team ensured people who used the service took the lead in shaping the service around their needs and preferences, beginning with the recruitment of potential staff. People we spoke with told us they were the lead decision makers when it came to the planning and conducting interviews for potential staff who would support them in the future. They described independently leading recent interviews using specific questions and tests, which over time they had formulated themselves until they had a set list of questions they asked. They told us they had decided on two applicants recently, who they felt had the right skills and approach to match the people who used the service. One person told us, "I interview all my support workers before they work with me. I choose who I want."

Following the interview people gave their decision about the candidates to the service manager and this was the deciding factor for whether staff were appointed or not. We saw records of interviews where people's decisions had been recorded and staff appointed based on this. Managers and staff recognised the skills of people using the service and told us, "They [people using the service] are really good judges of character." The service manager told us that following the decision made by people about which staff would be recruited, their only role was to ensure staff chosen were safe to support the people who used the service. We spoke to one recently recruited member of staff who had been interviewed by people using the service. They described that from the moment people using the service opened the front door and welcomed them into their home they knew who was in control. They told us they were asked in their interview about their favourite music and art and asked to describe their hobbies. The staff member told us, "[People] were very involved in the process. It seems like people [who use the service] are in charge here."

People were empowered to develop confidence and skills. The service manager told us the management team had worked closely with the local college to enable two people using the service to do a course to learn skills in interviewing staff, ensuring they asked the right questions whilst taking into account equality and diversity. The managers and staff had also worked with people to help them manage difficult situations

which could arise in interviews. The service manager had worked together with people using the service to develop a plain English guide to recruiting and interviewing staff. This provided guidance on how to interview staff effectively and included information such as treating people with equality. This ensured that people were skilled and supported to be fully involved in interviewing staff.

The management team ensured people were fundamental in shaping the service via systems which were designed to enable people to give feedback about the service. This was available to people in a number of ways, including participation in tenants meetings, 'what matters' forms and annual 'dreams and wishes' meetings. Meetings for people who used the service were held regularly to involve and consult people about plans and ideas for the service. We saw people had been empowered to lead these meetings and be in control of decisions made, with one person who used the service chairing the meeting, taking the minutes and noting any action points. We saw these meetings led to improvements in the service. For example, during one such meeting some people had discussed their passion for gardening and how they would like changes to be made to the garden at one of the houses. In response to this meeting discussion the service manager had implemented a re-landscaping project, placing people at the heart of leading the project. This had been undertaken to enable people to design the garden based on the needs of the people who would use it in one of the houses. The project included supporting the staff team and tenants to meet with the Housing Association to apply for funding and this was successful. People who used the service, along with staff, worked in partnership with a local day service for people with learning disabilities to design a garden and one person who used the service was fundamental in the work to complete the landscaping. One person who had previously not been able to garden due to their mobility was now able to garden independently as part of the landscaping included a flat patio area for level access to a raised bed. This person spoke with pride about their part of the garden and their involvement in the project.

People using the service supported to plan their future and think about their dreams and wishes in annual meetings. The service manager had met with one person to gain feedback of their 'dreams and wishes' for the forthcoming year. The person, who had a love of horses, had discussed a wish to go on a horse riding holiday. The service manager had worked with the person to research this and to implement plans which would empower the person to go independently. The person had recently achieved this goal and was already planning another holiday. The team had previously also supported the person to access horse riding lessons and with this support the person had started to enter competitions and had recently won some awards for this.

Another person had shared their anxieties about living alone with the service manager. The service manager explored this and found that they were concerned about having visitors knock on their door and not knowing who was calling and the service manager had worked with the person to relieve their anxiety. This was achieved through detailed care planning and the installation of security systems such as closed circuit television (CCTV) so the person could see who was calling prior to opening the door to them. The service manager had also involved friends and family in implementing systems to cut down on the number of unexpected visitors. This had resulted in the person being enabled to continue living independently with the reassurance there were systems in place to give them control over who they opened their door to.

During a review meeting one person had voiced their concerns about their finances. The management team went the extra mile to support the person with this, firstly ensuring the person was receiving the correct income and then looking at ways the person could make savings and manage their money more effectively. This included analysing what the person spent most of their money on, which was food produce, a lot of which was wasted due to sell by dates. The management team designed personalised magnetic boards and pictures to support the person to keep a track of menu planning and compiling shopping lists with the support of staff. Staff supported the person to rearrange menus depending on what food was leftover. This

had been effective and the person had reported they were no longer wasting food which resulted in spending less money on food. The person had also developed skills in meal planning and understanding use by dates and the importance of eating a healthier diet.

The management team found inclusive and accessible ways to enable people to be in control of their lives and support. People who used the service and staff told us about how people were enabled to use the internet to plan their social lives including frequent holidays. We saw a pictorial weekly planner which showed which staff members were on duty at any given time; this also showed what managers were working and when meetings were taking place. This meant that people were aware of who was going to be supporting them and also events taking place in the service. The service manager described how this was particularly important to one person for whom predictability and routine were very important. In addition to this an 'easy read' guide to the service was provided and people had been supported to develop a 'shared living agreement' which set out what people who used the service should expect and how they were empowered to make decisions.

The management team ensured people were supported by staff who were empowered to strive for success and improvement in their development and ongoing monitoring of their performance via 'shape your future.' Meetings were used to develop staff and as also as a tool which gave a structured approach to looking at ideas to help encourage creative thinking. The managers and staff agreed ratings and these were then moderated by area and regional managers. Staff spoke positively about this with one saying, "It's a chance to discuss concerns and speak up." Another member of staff told us, "It's good; you discuss competencies and set objectives." The service manager told us how feedback and compliments from people using the service were used to inform this process. This process helped to shape the service and the lives of the people who used it. For example, One person had discussed with their nominated member of staff a personal outcome of wanting to swim more frequently. This was discussed via the 'shape your future; meeting and as a result the person was supported to have several holidays at a water park as well as spa breaks and weekly swimming opportunities. 'Shape your future' was used to monitor and guide how the nominated member of staff worked to enable this to happen.

Staff were valued and recognised for their unique contributions to the team. The manager recognised the importance of utilising staff skills and interests and we saw that staff were matched to people they were supporting based on shared interests and passions. As well as the positive impact on people using service we also saw that this had a very positive impact on staff wellbeing and retention. Staff turnover was very low and staff told us that part of the reason they had been at the service so long was because they felt valued and appreciated.

The service manager recognised the importance of having a confident and skilled staff team. The service manager described how they had taken the decision to become trained as an NVQ assessor, in order to enable them to work with staff to achieve this nationally recognised qualification. The service manager said this was to minimise disruption to people using the service from having external assessors carrying out observations and to maintain their privacy. The service manager told us, "The decision to become an assessor was based on not wanting to compromise the people we support by having an unknown assessor visit tenants to observe both them and the support workers in their own homes." Staff felt valued in their role and the service manager spoke about the importance of recognising and rewarding staff. The provider had recently made some changes which had enabled the service manager to award additional duties to staff and recognise their contribution.

There was an effective quality assurance system in place to drive continuous improvement within the service. There was a quality strategy framework in place to measure quality with the aim of achieving best

practice across service delivery. This included an online tool for the provider's quality team to audit and assess the quality and development of the service. This included checks on staff training, supervision and appraisals, accidents and incidents and all records associated with the people's care and support. The service manager was able to use this system to quickly identify any outstanding actions or issues within the service and this system was also used to learn from incidents and make changes to prevent further incidents of that nature. A Mencap quality team visited and assessed the service and set continuous improvement actions which were measured at various intervals throughout the year.

The service manager described the evidence based assessment tool which the management team completed and which was reviewed by a validating manager from Mencap as part of a 'Compliance Confirmation Tool (CCT)' used as a starting point to the organisations validation review. They told us that the system analysed intelligence available to line managers throughout the year, for example, critical incidents, complaints, compliments, safeguarding, staffing, and stakeholder surveys. It was the area manager's role to measure the service against Mencap's 'big plan' and to validate the evidence of what the service did well and support them to identify ideas and areas for moving forward.