Supporting Independence Limited

# Supporting Independence - Findon

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on the 29 September 2016 and it was announced.

Supporting Independence Findon is a supported living service providing care to people in their own homes in Littlehampton and Findon and surrounding areas in West Sussex. At the time of our visit, they were supporting 15 people with personal care. Supporting Independence Findon has a registered office in Findon village, where records are kept, and a further two office 'hubs' which are the base and meeting place for two separate staff teams, managed by two different managers. Mortimer House staff team in Littlehampton supports nine people with predominantly mental health needs who live in their own flats. Ivy Cottage staff team in Findon supports six people, three people who live in a shared house and three people in self-contained flats. People supported by Ivy cottage staff have learning disabilities, autism and other complex needs.

The service had a registered manager in post who is also the registered provider and had started the service in 2004. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us Supporting Independence provided a safe service. Staff understood local safeguarding procedures. They were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

People and relatives spoke positively about the support they received from the service and records reflected there were sufficient staff to meet people's needs. The service followed safe recruitment practices. People's medicines were managed safely.

Staff felt confident with the support and guidance they had been given during their induction and subsequent training. Staff also told us they were satisfied with the level of support that they were given from the management team. Supervisions and appraisals were consistently carried out for all staff supporting people.

People were encouraged to be as independent as possible and to be involved with determining the care they received. Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. Some people received support with food and drink and they made positive comments about staff and the way they met this need.

Staff spoke kindly and respectfully to people, involving them with the care provided. Staff had developed meaningful relationships with people they supported. Staff knew people well and had a caring approach.

People were treated with dignity and respect.

People received personalised care. Each person was involved with their own care plan, supported by keyworkers and managers. Care plans reflected information relevant to each individual and their abilities including people's communication and health needs. They provided clear guidance to staff on how to meet people's individual needs.

Staff were vigilant to changes in people's health needs and their support was reviewed when required. If people required input from other health and social care professionals, this was arranged. Staff often supported people with their healthcare appointments.

People's views about the quality of the service were obtained informally through discussions with the registered manager and formally through satisfaction surveys. Relatives were also asked for their feedback and this was positive. Two people who used the service had been given specific roles assessing the quality of the care provided they were called 'quality checkers'.

A range of audit processes overseen by the registered manager were in place to measure the overall quality of the service provided.

During the inspection we found the registered manager open to feedback. Both the registered manager and service manager had received specialist training. They shared what they had learnt with the staff team.

People, relatives and staff told us how the management team which included the registered manager, care manager and assistant manager, were supportive, open and approachable and quick to respond to any requests.

## 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 and their relatives felt the service was safe. Staff were trained to recognise the signs of potential abuse and knew what action to take.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

There were sufficient numbers of staff and the service followed safe recruitment practices.

People's medicines were managed safely.

### Is the service effective?

Good

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff received regular supervision and appraisal and attended training. Additional training was provided when needed.

People received support with food and drink and made positive comments about staff and the way they met this need.

Staff understood how consent to care should be considered.

The service made contact with health care professionals to support people in maintaining good health.

### Is the service caring?

Good

The service was caring.

People were supported by kind, friendly and respectful staff.

People were able to express their views and be actively involved

in making decisions about their care.

Staff knew the people they supported and had developed meaningful relationships with them.

People were complimentary about the staff and said that their privacy and dignity were respected.

## Is the service responsive?

Good

The service was responsive.

People received personalised care from staff.

Care plans were individual to the person they were concerned.

People knew how and who to complain to if there was a concern about the care they received.

## Is the service well-led?

Good

The service was well-led.

The culture of the service was open, positive and friendly. The staff team cared about the quality of the care they provided and understood their role and responsibilities.

People knew the management team well and felt confident in approaching them.

Staff spoke positively about how the service was managed.

A range of audit processes were in place to measure the overall quality of the service provided to people.

People using the service were involved in checking the quality of care provided to people.

The registered manager was proactive when organising specialist training for the staff team.

# Supporting Independence - Findon

**Detailed findings**

## Background to this inspection

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

This inspection took place on 29 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of learning disability services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection we visited two people in their own homes and observed how they were supported by staff from the Mortimer House office. We looked at their home care files. We spoke with another person at the Ivy Cottage office about their views of the care they received whilst in the company of the service manager and registered manager. We visited the registered office where we met with the registered manager and the assistant manager who was responsible for managing the Mortimer House staff team. In addition we carried out telephone interviews with three people, three relatives and three members

of staff.

We looked at three care records and three staff records which included training and supervision records. We observed how medicines were administered to two people and checked their medication administration records (MAR). We also looked at the compliments and complaints record, accidents and incidents record, surveys and other records relating to the management of the service.

The service was last inspected in February 2014 where there were no concerns.

Good

# Is the service safe?

## Our findings

People confirmed they felt safe when staff were in their homes and we observed people looked at ease with the staff who were supporting them. One person spoke positively about the care they received. They said, "I feel very safe" and described the service as, "A little team". Another person said they were happy with the service as they felt, "Very secure". A relative told us their family member was happy using the service and said, "I have never looked back", and added, "[Named person] is very safe". Another relative said, "[Named person] is 100% safe.

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us they would go to the management team with any concerns. One staff member told us their safeguarding people training was, "Very thorough". Another staff member told us they saw their role to, "Follow training and use common sense". The service worked in accordance with their safeguarding adults at risk policy which provided information and guidance on keeping people safe.

Care records found in people's homes and the office contained risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people with their mental health, how to support people with their medicines and accessing the community. We found risk assessments were updated every six months or sooner if required and captured any changes to people's needs. For example, one person was supported with their finances. We found clear guidance for staff to ensure this was managed safely whilst promoting the person's independence. Another person had experienced mental health issues therefore the risk assessment in place informed and guided staff with the action they should take if they were concerned. The risk assessments gave the necessary direction to staff which enabled them to carry out their responsibilities safely. Staff told us risk assessments were thorough and how important they were in ensuring practices were safe. One staff member said they were, "Good and accurate". Another staff member told us, "If there is anything new a new risk assessment is put in place everything is covered".

Accidents and incidents were reported appropriately and documents showed the action that had been taken afterwards by the staff team and the registered manager. This included events that related to the well-being of people. Records showed that the relevant professionals and relatives had been contacted. All accidents and incidents were discussed by staff with the management team. Actions taken by the office helped to minimise the risk of future incidents.

People told us there were sufficient numbers of suitable staff to keep people safe and the records we checked reflected this. People and their relatives appreciated they received personal care from the same group of staff. One relative told us how their family member did not respond well to changes with staff and said the service was, "Reasonably stable from a staff perspective". Another relative appreciated how new staff were introduced to their family member and said, "They introduce new carers carefully". The care

needs of people varied greatly, some people had been assessed as requiring a level of support throughout the day and evening and this was provided. For people who were more able there was flexibility with regard to how people received their care. For example, people were able to change the times of their visits if they needed to. Also people could go to their 'hub' office if they had any additional needs or just wanted to talk to a staff member. The service made staff available for people outside of office hours, including staff throughout the night, to ensure the support was personalised and in case people experienced any difficulties. One person who received one care visit per day between Monday and Friday told said, "The support is regular" and added, "I am very confident with them". Another person told us, "There is always someone on site" and added, "I always have the same group of staff".

The service was in the process of recruiting additional staff to support Mortimer House. We were told the staff team at Mortimer House had recently been restructured to improve the support offered to people. The assistant manager and recently employed team leader were now supporting the team throughout the week on site to ensure consistency and that any gaps in the rota were covered. One staff member who was based there told us that the last month had been a, "Struggle" as two staff members had left. However, they were aware new staff were about to start and any gaps in the rota had been filled by the assistant manager and the team leader.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the office receiving two satisfactory references, including checks with previous employers. In addition staff held a current Disclosure and Barring Service (DBS) check. Certificates of qualifications staff had listed on their application forms were held on file, this showed that the authenticity of qualifications had been established. Recruitment checks helped to ensure that suitable staff were supporting people safely within their own homes. The service worked hard to promote continuity in the care they provided by regularly sending the same and preferred staff on visits to people. The registered manager told us how important it was recruiting the right staff and said, "Employing the right people who care and have passion. I have that with the team I have now".

Some people received support from staff with their medicines. People's medicines were managed safely. People and their relatives did not express concerns over how staff supported them. The recording system included information that was pertinent to each individual. The Medication Administration Record (MAR) held information on each prescribed medicine and the time it had to be administered. The MARs were completed on behalf of each person that required support in this area, by the staff member who attended the visit. This provided evidence that people received their medicines as prescribed. Guidance was also provided for staff when administering 'When required' (PRN) medicines. This included medicines for pain relief or skin conditions. We were told, and training records confirmed that all staff who administered medicines to people were fully trained and assessed as competent by their line manager.

We observed two different staff administer medicines to two people using a patient, professional and relaxed approach. They asked people how they were feeling and checked to ensure they were happy with us observing them. This meant staff valued the person and had considered their wishes and put them at ease in our company. We also checked their care records, each person had previously signed a consent form to state they were happy with staff administering their prescribed medicines to them.

Good

# Is the service effective?

## Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People and relatives told us of the confidence they had in the abilities of staff and said they knew how to meet their needs. One person told us how the staff knew how to help them and said, "I am very pleased with the staff and I think they do a good job". Another person told us about the difficulties they had prior to receiving support from the service and said, "They are good staff here". A relative told us, "There is very good communication". They also said, "I am very impressed".

People received support from staff that had been taken through a thorough induction process and attended training with regular updates. The induction consisted of shadowing and working alongside team leaders and managers, the reading of relevant care records and service policies and procedures. Staff were allowed to have additional shadowing shifts with more experienced staff if they were new to working in health and social care. Staff records showed observations were carried out to assess their competency before performing their tasks independently. In addition to the service induction the registered manager had introduced the Care Certificate (Skills for Care) for new staff to complete. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity to share knowledge and assess the competencies of staff. The Care Certificate covers 15 essential health and social care topics, with the aim this would be completed within 12 weeks of employment.

The training schedule covered various health and safety topics and more specialist sessions including client engagement, learning disability awareness, autism and Positive Behaviour Support (PBS). Positive Behaviour support is a model which contains strategies of how staff should support people, with learning disabilities and other complex needs, to reduce anxieties and manage behaviours displayed. The service used different methods to train their staff including workbooks and face to face training sessions with external training companies. The registered manager was also qualified to train staff and had undertaken specialist training which focused on best practice approaches of how to provide support. She was keen to embed this knowledge with the staff team from the point of induction and throughout their employment. The registered manager told us how this approach had empowered people and enhanced their quality of life and said, "It's about the culture, and it is not just a day's training". One staff member told us, "Of all the places I have worked I've learnt a lot". They also added, "[Named registered manager] is so thorough".

As staff became more experienced they were provided with additional responsibilities such as key working roles. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities for the person in the community and may advocate on behalf of the person and their care plan. This practice seemed to develop staff's knowledge and understanding of people and the service as a whole. Most staff had completed a National Vocational Qualification or were working towards various levels of Health and Social Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

Support was also provided to staff routinely through supervisions and appraisals by their line manager. A system of supervision and appraisal is important in monitoring staff skills and knowledge. A supervision and appraisal plan showed meetings that had taken place and those booked. Work related actions were agreed within supervisions and carried over to the next meeting. The staff team were provided with regular staff meeting opportunities to share their views on care provided to people and other work related developments. Staff appreciated the support their managers provided during these meetings and outside of them. One staff member told us, "The Managers are very easy to talk to". Another staff member said, "Outside of supervision they are quite approachable".

People were involved in making decisions which related to their care and treatment. When we visited people's homes we saw people offered choices. Consent to care and treatment was sought in line with legislation and guidance and this was reflected in care records. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 the least restrictive as possible. Best interest decisions made on behalf of people who lacked capacity to make specific decisions were made by various health and social care professionals, the registered manager and team and the relevant family members.

Staff had received training in the MCA and were able to describe how they used it in the support they gave to people. One staff member said, "It comes down to whether a person has capacity, can they make a choice, can they retain the information they are given. It is about making their own choice, sometimes a bad decision or a good one". Another member of staff said, "We don't want to take their ability away to make decisions".

Some people's needs had been assessed with regards to the support they required with food and drink. Care plans provided guidance for staff on the level of support each person required and focused on maintaining the person's independence. People spoke positively about the support they received with their diets. One person told us about the support they had received and how they had reached a weight they were now happy with. Another person said, "I go food shopping with a support worker every week". A relative told us, "[Named family member] makes his own meals but needs someone there. The staff do it so discreetly". They sit down with a menu with him and do a shopping plan."

People felt confident that staff could manage their healthcare needs. The support provided would vary depending on a person's needs. Where healthcare professionals were involved in people's lives, this care was documented in the care plan. For example, we noted that GP's, psychiatrists and district nurses were involved with some people's care. We observed one person tell the assistant manager about a problem with their foot. The assistant manager provided reassurance to the person and talked about booking an appointment with the GP. Another person told us, "When I haven't been too good at all, once with a fluey cold and when I am unwell due to the pills I take, they (staff) write it in the book". Information concerning people's health was verbally communicated between staff and also written in daily records. Relatives involved with people's care were also informed of any health changes. One relative told us, "I'm in the loop". Staff told us they would report to the managers if they had any concerns about a person's health. Staff were able to contact health professionals directly if there was a need. However, staff also told us they would document any changes and report back to their managers to gain advice and guidance. A relative told us, "The service refers to professionals in a timely way".

Good

# Is the service caring?

## Our findings

Positive, caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. People and relatives spoke positively about the care provided. One person said, "The staff are very caring, they are friends". They added, "You only have to ask someone and it will be done". A relative said, "It is a very caring environment". Another relative told us, "They are really caring I couldn't say more".

We observed two people supported by staff in their own homes and met with other people as they visited the offices to talk with staff. Staff were polite and relaxed in their approach and allowed people to speak freely for themselves. We heard staff talking about topics of interest to the people they were supporting. For example, one person was involved in collecting eggs that had been freshly laid by hens on the small holding where their home was. We were told this was something they had done for many years. Staff engaged in conversation with the person about what they were doing which seemed to please the person. Another person told us how they regularly met up with a family member and how staff supported them with this. Both the person and staff told us what social events had already happened and what was planned for the future. Staff were familiar with how people spent their time outside of their assessed care visits which meant they knew people well. The observations showed staff had considered people's wishes and well-being when supporting them and used a personalised approach.

People were encouraged to be involved with the care and support they received and be as independent as possible. One person described how the staff had supported him in getting a job and said, "They (staff) help me to be independent". A relative of a person who lived in the shared house told us how their family member used to use communication aids however he no longer required them. They said, "[Named person] has come on a lot since living there. They encourage his independence". A staff member told us, "It is about being patient and caring. We are constantly trying new things. We allow them to do what they can, 80 percent of my job is encouraging". Another staff member said, "We sit down with them (people) and talk to them, everything is a choice. We have to find out whether they are happy with the decision".

People were given opportunities to sit and talk 'freely' with keyworkers and/or managers to make comments to the service and review their care. A staff member described their key working role as, "We try and make everything person centred". Monthly keyworker meetings were recorded conversations to ensure the appropriate action by staff had been taken. People were aware of the contents of the daily files that were kept in their homes. They included contact information, their care plan and other daily monitoring forms pertinent to the individual. People were encouraged to sign documents within their files which showed they were involved with and agreed to the care they received. The registered manager told us how they kept people and relatives involved with the care the service delivered by listening to them and acting upon information they received.

We observed numerous occasions of how staff promoted and respected people's privacy and dignity whilst providing care and support. For example, staff knocked on people's doors before entering. Staff checked with people prior to administering their medicines, to ensure they were happy for them to continue and

explained throughout what they were doing. The assistant manager organised telephone interviews so we could speak with people who used the service separately. The assistant manager was keen to ensure people felt comfortable with this and calls were only made at times which suited the individual. One person decided they had spoken face to face with us and this was enough and re-laid this message via the assistant manager who was quick to cancel the call. One staff member explained how they promoted such values and said, "It is about being mindful of their (people's) rights to live a dignified life".

Good

# Is the service responsive?

## Our findings

Staff knew people well and responded to their needs in a personalised way. People and their relatives spoke positively about the care received. One person said, "I am very happy". A relative told us, "I am well impressed [named person] loves it. They encourage his independence and communicate with him". A survey completed by a social worker in January 2016 read, 'Very impressed with what I have seen at Ivy Cottage, everybody I have met so far are knowledgeable and seem to care'. A relative had written, 'Any concerns are always discussed at my [named person's] care review'.

Care records included a care plan, risk assessments and other information relevant to the person they concerned. Care plans were reviewed monthly by keyworkers and included information provided at the point of assessment through to present day needs. Each person had a care plan within their own home and a copy was also kept at the office. The service used a format that was accessible and that the person concerned could understand, for example photographs of the person taking part in a particular task and other pictorial prompts. One person we spoke with in their own home told us how involved they were with their care plan and said, "Staff sit with me to write things down". Where people lacked capacity, management had also liaised with families to find out what was important to people their interests and aspirations.

The care plans had been split into three files in the office and they provided staff with detailed guidance on how to manage people's physical and/or emotional needs, their preferences and any historical information relevant to their current care. Each care plan also provided details of key people involved in a person's life including important family members and/or health and social care professionals. Each area of care written about had been influenced by a risk assessment and was written in the first person. They commenced with 'How I want to be supported' and covered areas such as communication needs, medicines support and managing behaviours. For example, one care plan read, 'I don't like people being late when they are supporting me'. The same care plan read, 'I enjoy my weekly shopping trip with staff. I need help to prepare my list of food needed for the week to plan meals'. Another person's care plan read, '[Named person] would like to get to know new staff before they support him in their flat'. Staff utilised the information within care plans to meet the needs of people they were supporting. One staff member told us, "The care plans are all very thorough". Any changes in needs were reflected within the care plan promptly. These changes would be made by a key worker or a manager and shared with all the staff team. This meant staff were prepared and able to respond to people's current needs and amended their practice accordingly

In addition, daily records were completed about people by staff at the end of their support visit. They included information on how a person presented whilst receiving support, what kind of mood they were in and any other health monitoring information. Changes to people's needs were highlighted through various methods including daily handover meetings between staff, care reviews and speaking to people and families direct.

People and their relatives told us they knew who to go to with any concerns or complaints. The home had an accessible complaints policy in place and encouraged people and their relatives to approach staff with

any concerns they had. One person told us they would go to their keyworker first. Another person said, "I would only have to ring the office". They added, "I would get a swift response". Another person told us they had been given the service manager's number but had not needed to use it apart from a, "Minor issue" and explained it was about staff rotas. The assistant manager showed us how they recorded dissatisfaction from people. These were conversations with people even if they were not formal complaints to ensure people felt listened to. The last documented record was in July 2016 when a person felt 'staff were telling them what to do'. We read how the issue was managed, involving the person with a positive outcome. A relative told us, "If I had any worries or problems I would contact the office". The last formal complaint logged in February 2016 showed the actions taken by the office to resolve the issue and the response was immediate. At the time of our inspection there were no outstanding complaints logged and all people were complimentary about the care provided.

Good

# Is the service well-led?

## Our findings

People and relatives expressed positive views of the service and the care that the registered manager and staff provided. People felt the culture was an open one and they were listened to. They could name staff members they would to for support. During the course of the inspection pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. One relative said when they telephoned the office, "It is not like phoning strangers, they know [named person] and everything about them especially those at the top".

The registered manager demonstrated good management and leadership throughout the inspection and made themselves available for people and staff. They were passionate about providing a personalised service to people in their own homes and valued the support from both the service manager, assistant manager and the rest of the staff team. The registered manager was able to share details with regard to how people liked their support which meant she knew people well. They said, "It's about getting it right". They added, "Supporting Independence is not just about me and I've been trying to build a team and I think I have done it". The management structure ensured there was always the appropriate level of support available for both people and staff. Both the service manager and assistant manager covered shifts and this was reflected in the rotas we saw during the inspection. We observed the assistant manager leading on one visit with a person in their own home. They told us how they supported this person regularly. The person told us, "I always call her Mrs and she is lovely".

Staff told us they enjoyed their work supporting people, liked their managers and understood their role and responsibilities. One staff member said, "It is a nice place to work. It is a friendly place to work". They explained they had to be flexible with their approach and said their role was about, "Trying different things for different people". Another staff member said, "Every day is different, you never get bored. You feel uplifted most of the time". A third staff member said, "The clients are lovely", and added, "Management are always willing to help. I always feel quite lucky".

A range of informal and formal robust audit processes were in place to measure the quality of the care delivered. These were overseen by the management team. The quality assurance file showed how audits had been completed in areas such as care plans, supervisions and staff performance. Comments recorded showed the action the management team had taken to improve the service. The registered manager, service manager and assistant manager met weekly to discuss any issues which required attention.

People were also provided with opportunities to develop the service. People supported by Ivy Cottage staff, at their request, had 'client meetings' every six weeks. People who accessed Mortimer House staff team met individually with staff to share their views. In addition, two people had been given the job title of 'quality checkers'. Their role included meeting two to three people at different sites or their own homes and completing a questionnaire with them. The questionnaire used a pictorial system and the ones we read provided positive responses. The role had its own job description which stated, 'As a quality checker your job would be to check that our company is providing a high quality service'. We spoke with both quality checkers during the inspection. One person said, "I do a job, quality checking. I go to Ivy Cottage and

feedback". They told us they told staff about what had been discussed then staff addressed the issue. The assistant manager held meetings with the quality checkers to ensure they were happy with their role. A summary of what the quality checkers found was collated by the assistant manager. The summary given to people in August 2016 highlighted not everybody understood the complaints policy. The action recorded was for keyworkers to revisit the policy with each person and for it to be discussed at the next 'client' meeting. Records we checked indicated this had been done. Staff, relatives and health and social care professionals were also provided with opportunities to share their views through surveys on the service provided, the comments we read were positive.

We were told the 'quality checker' role had developed in 2014 and was something the service was keen to continue with to ensure they were listening to the people using their services. The registered manager discussed other developments they had been working on. This included extending 'champion' staff roles. One team leader had been trained to train others in Moving and Handling so they could take the lead champion role in this area. The registered manager intended to expand this to other areas of work such as person centred planning.

Within the past four years the registered manager and the service manager had received specialist intensive training about how to assess and engage with adults with learning disabilities and other complex needs. They had both travelled to America for a four week course which was facilitated by leading psychologists who work in the learning disabilities sector. They told us they valued the knowledge they had gained from the training and it had influenced their practice positively, particularly with how they trained staff to support people. The service manager told us, "It's about trying to push those boundaries". The registered manager was enthusiastic about the future of the service, how staff could be developed further and the impact this would have on the people they supported. They told us "We all have a part to play". They told us training dates had been arranged for the assistant manager and both team leaders to undertake similar training facilitated by the same specialists in October 2016 in England.