

London Borough of Ealing

Short Break Service

Inspection report

Short Break Service
62 Green Lane
Ealing
Middlesex
W7 2PB

Tel: 02085799558
Website: www.ealing.gov.uk

Date of inspection visit:
20 November 2017
21 November 2017

Date of publication:
28 December 2017

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 20 and 21 November 2017 and was unannounced. At our last inspection in February 2017 we found the service had met the requirement actions set at our previous comprehensive inspection in September 2015. We had left the Safe domain as 'requires improvement' and at this inspection we saw that the improvements found in February 2017 had been sustained.

Short Break Service is a 'care home' type of service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Short Break Service provides periods of respite care for people aged between 18 and 65 years of age with learning disabilities and who may also have profound physical disabilities. The service provides support to approximately 51 people through periods of planned respite throughout the year. At any one time the service can accommodate a maximum of 10 people. The service also supports people who need respite on an emergency basis. All the people who use the service live in the London Borough of Ealing.

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

The provider had systems in place to safeguard people from the risk of abuse and staff were confident they would report any concerns. Staff assessed risks for individuals and developed action plans to mitigate identified risks. The provider ensured risk assessments for systems, equipment and safe working practices were in place and that fire safety procedures were available and being followed.

Staff recruitment procedures were followed to ensure only suitable staff were employed by the service, to include any temporary staff who worked there. The numbers and skill mix of staff on duty were determined by the care and support each individual coming into the service required and were appropriate to meet these needs.

Medicines were being well managed and people received their medicines in a safe way. The service was clean and fresh and infection control procedures were being followed to protect people from the risk of infection. Staff reported and incidents, accidents and events, which were discussed so lessons could be learnt and action taken to minimise the risk of recurrence.

People were assessed by the local authority for their care and support needs and the registered manager carried out their own assessment to ensure the service could meet each person's needs. The provider had good practice guidance, technology and equipment in place to enhance the care and support of people.

Staff received the training and support they needed to provide them with the knowledge and skills to care for people effectively. People's nutritional needs and preferences were identified and being met. People had access to the Community Team for People with Learning Disabilities and other healthcare professionals to provide input and support for any healthcare needs they may have whilst using the service.

The environment was suitable and equipped to meet people's needs and provide a well maintained, accessible and homely place for people to stay. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People, relatives, and healthcare professionals told us they were happy with the care and support that staff provided to people. Staff understood people's individual care and support needs and met these in a friendly and caring way. Staff maintained people's privacy and dignity and offered them choices about the care and support they received. Staff knew about people's religious and cultural needs and respected them.

Care records were person centred and clear and were reviewed annually and when there were any changes, to keep the information up to date. People's interests and hobbies were identified and appropriate activities and outings took place. The local authority complaints procedure was available and people and their relatives were encouraged to raise any issues so they could be addressed.

The registered manager was experienced and approachable and was knowledgeable about the people who used the service. They were supportive to people, relatives and staff and there was good team work at the service. Systems for reviewing and monitoring the service and care provision were in place and being followed and people, relatives and staff were encouraged to express their views so improvements could be made.

The registered manager was involved in the local authority reviews of people's care and support to provide input about people's experiences at the service, to feed into the overall picture of the progress of each person and encompass each aspect of their life.

Further information is in the detailed findings in the main body of the report.

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.

The provider had systems in place to safeguard people from the risk of abuse. Staff assessed risks and developed action plans to mitigate them.

Recruitment procedures were being followed to ensure only suitable staff worked at the service. The care and support needed by each individual coming into the service determined how the staff were deployed. There were enough staff to meet people's needs.

Medicines were safely managed. Infection control procedures were in place and followed. Staff reported incidents, accidents and events, which were then discussed so lessons could be learnt from them.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed to ensure the service could meet their needs. Good practice guidance, technology and equipment were used to enhance the care and support provision.

Staff had the knowledge and skills to care for people effectively. People's nutritional needs and preferences were identified and being met. People had access to health and social care professionals to meet their needs.

The environment was suitable and equipped to meet people's needs and provided a well maintained, accessible and homely place for people to stay.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good ●

The service was caring.

People, relatives, and healthcare professionals were happy with the care and support that staff provided to people. Staff understood people's care and support needs and met them in a friendly and caring way.

People were offered choices and staff maintained people's privacy and dignity. People's religious and cultural needs were known and understood so they could be respected.

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and reviewed annually and when there were any changes, to keep the information up to date. People were involved with activities and outings they were interested in and enjoyed.

The local authority complaints procedure was available and people and their relatives were encouraged to raise any issues so they could be addressed.

Is the service well-led?

Good ●

The service was well led.

The registered manager was experienced and approachable and was knowledgeable about the people who used the service.

Reviewing and monitoring processes were followed and people, relatives and staff were encouraged to express their views so improvements could be made.

The registered manager was involved in the local authority reviews of people's care and support to provide input about people's experiences at the service, to feed into the overall picture of the progress of each person and encompass each aspect of their life.

Short Break Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 20 and 21 November 2017 and was unannounced.

We used information the provider sent us in the Provider Information Return to plan the inspection. This contains some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information we held about the service including information received from the local authority and notifications. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

The inspection team consisted of 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 befriending someone with a learning disability.

During the inspection we viewed a variety of records including care records and individual risk assessments for three people, the medicine supplies and medicine administration record charts for two people and recruitment information for three staff. We also viewed risk assessments for equipment, premises and safe working practices, servicing and maintenance records for equipment and premises, complaints and safeguarding records, audit and monitoring reports and policies and procedures. We observed the mealtime experience for people and interaction between people using the service and staff.

During the inspection we spoke with four people using the service, the registered manager, two senior care workers, four care workers two of whom were long term agency staff and the cleaner. We also spoke with two relatives and spoke briefly with the local authority Service Manager for Adults Disabilities. Following the inspection we spoke with four relatives and received email feedback from a fifth. We requested feedback via email from members of the local authority Community Team for People with Learning Disabilities and we received feedback from two healthcare professionals in that team.

Is the service safe?

Our findings

People confirmed they felt safe at the service, either with hand signals such as a 'thumbs up' with a smile, or by saying 'yes'. Relatives also felt their family members were safe there. One said, "It's a safe place for [relative] to be, he enjoys going there." Another said, "Yes, I think [relative] is as safe as possible." We asked staff what they would do if they witnessed any abuse. One told us, "I would report to person above, then the service manager, if still nothing was done I would whistle-blow." Another said, "Report to the manager, if nothing was done I would report to my agency and to social services, I would report by whistle-blowing." Safeguarding and whistle blowing procedures were in place and staff were clear about what constituted abuse and to report any concerns.

Staff understood the risks to people and the action to take to mitigate them. Each person had a comprehensive risk assessment document that included all the risks to that person and the action to be taken to mitigate them. Staff knew the care and support people needed to keep them safe, for example, ensuring any equipment was used safely and that people were happy and felt secure when equipment was being used. Information about the number of staff people needed with them when using the service and when going out into the community was recorded so this could be met to ensure people had the support and supervision they required to keep safe.

Risk assessments for each room and area of the building and the outside premises were completed and were comprehensive. Where any areas of risk are identified action was taken to address this. The registered manager said she carried out risk assessments for any works that took place, for example, redecoration and refurbishment tasks at the time they were done so these were current to protect any people using the service at that time. Personal emergency evacuation plan risk assessments were in people's support plans so that their level of risk was identified and action could be taken to evacuate people safely in the event of a fire. The service did not have a lift so the first floor bedrooms were only used by people who were fully mobile and safe to go up and down the stairs. There were risk assessments for the chemicals in use and the cleaner was clear about using and storing cleaning products safely.

The fire risk assessment had last been completed in September 2017 and action was being taken by the local authority facilities management department to address any areas for action identified in the risk assessment. For example, action had been taken to ensure the perimeter fence was secure and that access could be gained promptly in an emergency. Four fire drills had been carried out in 2017 and weekly fire alarm checks were carried out with one taking place at the time of our inspection, during which staff ensured all the fire closures were working so fire doors would close in the case of a real fire. We saw systems and equipment were being serviced at the required intervals and any work identified was carried out to maintain them in safe working order. Monthly water temperatures checks and weekly flushing of little used water outlets were done and recorded and any day to day repairs were carried out in a timely way.

There were enough staff on duty to meet people's needs. The staffing levels were flexible and reflected the needs of the people who were coming into the service, so that their needs could be met. Recruitment processes were followed and checks carried out to ensure the service only employed suitable staff. The local

authority recruitment policy was robust and covered all the employment checks required to work with vulnerable people. Since the last inspection there had been three new staff who had been redeployed from another local authority service. They had gone through an interview process and employment checks including references and a new Disclosure and Barring Service (DBS) check had been completed. The registered manager understood the recruitment process to be followed for all staff and during the inspection we spoke with a representative from the agency the service used for temporary staff. They explained that all the staff they supplied had full employment checks carried out including DBS, proof of identity and the right to work in the UK and they provided their curriculum vitae with a full work history and explanations for any gaps in employment. Staff we asked confirmed that they had undergone an interview and all the pre-employment checks had been carried out.

Policies and procedures for the management of medicines were in place and being followed so people received their medicines safely and as prescribed. One person about their medicines, "I get the right amount at the right time." Relatives confirmed they provided medicines for when people were at the service and they had to ensure they were in their original boxes, clearly labelled and that the packaging had the expiry dates on. The senior care workers trained in medicine management checked and printed off a new medicine administration record chart (MAR) each time a person came into the service. There was also a medicine information sheet with a photograph of the person, GP details and any allergy information. We saw two staff checking in all of a person's medicines and they checked the individual medicine, expiry date, amount supplied and dosage instructions on the box and on the MAR to ensure they tallied.

Staff were able to explain how they administered medicines and any special instructions, for example, for someone who found it difficult to swallow tablets, we saw this was recorded and the person had their medicines given on a spoon with a small amount of soft food, to assist with swallowing them. We observed this and the staff explained clearly what they were doing and the person was happy to take their medicines in this way. We carried out a stock check of two boxed medicines and the stock tallied with the number given and recorded. Two staff checked, administered and initialled the MAR for each medicine given. The service had a controlled drugs (CD) book and staff recorded any CDs received into the home and administered. All medicines were stored securely in a metal medicines cabinet. All medicines were checked out again before the person left the service and this was recorded to provide a clear audit trail of all medicines going in and out of the service.

Infection control procedures were being followed to protect people from the risk of infection. One relative told us, "It's spick and span, always smells very fresh. The bedrooms are very clean." The service was clean and fresh throughout and cleaning procedures were being followed. Personal protective equipment including gloves and aprons were available for use when needed. Staff received training in infection control and domestic staff were employed to maintain the cleanliness of the service.

Incidents and accidents were reported and recorded and the registered manager reviewed the records and these were discussed with the staff so any lessons could be learnt and action taken to minimise recurrence. We attended the weekly staff meeting and each person who had been at the service over the past week was discussed to highlight any areas where improvements could be made and what needed to be done to address them. Staff understood people's needs and discussed ideas and routines for supporting individuals to keep them happy and safe. Relatives felt the service responded to them and listened. One told us, "I think you are listened to and they have put things in place."

Is the service effective?

Our findings

People using the service had been assessed by the local authority social services department. This process was comprehensive and identified their needs and the care and support they required to meet these needs. The registered manager said that they reviewed the assessments that has been carried out and then met with people to identify their care and support needs when using the service. People and their representatives had been involved with the assessments and were encouraged to provide information so that staff at the service would know how to support people effectively. The registered manager was responsible for planning the rotas for both the people using the service and for the staff to care and support them, so that they could ensure people's needs could be met effectively by the staff and people would have a good experience while staying at the service. Emergency respite care could be provided if the service had the space and staff required to care for them. The registered manager understood the complexities of planning to best meet people's needs and to cater for emergencies wherever possible.

The staff followed the local authority guidelines and policies and procedures in regards to providing a care home service which reflected current, relevant legislation and good practice guidance. The registered manager showed us care publications that they received which had good practice information and articles for staff to read. Information sheets were available, for example, for artificial feeding so that staff could read them to gain knowledge about how to carry out such tasks. The service had a call bell alarm system and staff responded swiftly when an alarm bell was set off. There was a telephone system and relatives were happy that they were able to communicate with staff whenever they wanted to, either by telephone or by using electronic mail, to provide information and request updates.

Relatives felt staff were well trained. One said, "[Staff] are all very well trained." Staff demonstrated a good knowledge of people's individual needs and how to meet these. For example, staff communicated effectively with people who were non-verbal, using sign language and other communication techniques. Staff received training in topics including health and safety, safeguarding, medicines management including the administration of medicines for managing seizures, autism awareness, behaviour that challenges, boundaries, food and nutrition and artificial feeding. Eight staff had a recognised qualification in health and social care and others were working towards this. All staff including agency staff, completed induction training and this was comprehensive and covered all aspects of the service. Staff supervisions took place every six weeks and staff also had an annual appraisal. Staff felt well supported and any training and development needs were identified as part of their supervisions.

People indicated they were happy with the food provision at the service. We saw meals were freshly prepared and people's individual likes and religious and cultural needs were recorded and were being met. For example, staff knew the meals which were culturally appropriate for people and ensured their needs were being met. Staff explained that one person needed a soft diet and this was also identified in their support plan.

The registered manager told us if they had concerns about people's nutritional needs they sought input from the dietitian or speech and language therapist. Risks associated with eating and drinking were

identified and action taken to minimise them. For example, one person was at risk of choking and had a soft diet and thickener in their drinks, which we observed during our inspection. Because people came in for respite care only, the staff did not routinely monitor their weight, however there was a set of scales that could be used if there were any concerns in this area.

People had access to the Community Team for People with Learning Disabilities (CTPLD), which was situated within the same building with secure access between the two services. One of the healthcare professionals told us, "There is very positive communication both in person and via email with our neighbouring short breaks service. From my perspective they are responsive when we would like to speak about new referrals and they take time to understand the needs of the client and family situation. Whenever I visit the service the staff are knowledgeable and if they don't have answers to questions then they will find out. They are also proactive with their communication and do not wait for situations to be in crisis before making contact with CTPLD for support and advice." People attended day centres and there was communication between the staff and the day services where necessary if there were any concerns about people's condition whilst they used the respite service.

People's healthcare needs were identified in their support plans along with the care and treatment they required and the healthcare professionals involved. For example, if someone had a history of seizures, the information was specific to that individual and provided clear guidance for staff about the medical intervention the person would need, including medicine administration instructions and summoning medical help if necessary. If someone needed to be seen by a healthcare professional whilst at the service this could be arranged, for example, if they were unwell then the staff would contact their GP to arrange a visit and district nurse visits could also be requested. People also had access to the healthcare professionals in the CTPLD. One healthcare professional told us, "In my experience there is very good communication between the short breaks team and the CTPLD. The manager regularly comes to the office and discusses the residents with us, she alerts us to any concerns and we often go to short breaks to see our patients, discuss concerns we may have heard about from elsewhere, ask the short breaks team to monitor an aspect of presentation for us which they always do. The rest of the team are also regularly seen in the CTPLD offices, they are always open, friendly and share information with us as needed."

The environment was clean and bright and included communal dining and lounge areas for people to go. Walkways were clear and people could move around the service easily, including those in wheelchairs. The bedrooms were practical and the equipment available varied so that different people's needs could be met. Overhead hoists were available in two bedrooms and in the shower room and the bathroom. The shower room had a shower chair and a shower bed, so people's differing needs could be met. Profiling beds were available in some rooms and in others there were divan beds. Bedrooms were allocated to best cater for individual needs. For example, one person liked to be able to come out of bed onto the floor if they so wished. We saw that the bed could be lowered close the floor and a mat was put next to the bed so the person could get out onto a soft surface. New wash hand basins had been installed with safety valves that could be set as some people had a fixation with water and would get enjoyment out of running the water. The valve was used to stop the risk of flooding. The registered manager said they had funding agreed to build a porch onto the front door to make the service more secure.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and the staff understood about people's rights and acting in their best interests. At the time of inspection there was no one using the service who did not have capacity and wanted to leave the service. People confirmed they were happy to be at the service. The registered manager told us about one person for whom an urgent authorisation had been applied and granted because they had been at risk of absconding. The person no longer used the service. The registered manager had applied for DoLS for some people who used the service due to use of lapstraps and bedrails and also there were some DoLS authorisations that had expired. They explained that because people only used the service intermittently it was difficult to arrange for the assessors to attend when the people were in the service. We discussed the issues and the registered manager said they would contact the local authority DoLS team to discuss any people for whom DoLS authorisations might be required, which they confirmed they had done shortly after the inspection.

Is the service caring?

Our findings

People were happy to be staying at the service. Several people indicated this with gestures or sounds and one person said, "The staff are very kind to me, I like seeing them and they are very friendly." Relatives were very happy with the care and support their family members received. Their comments included, "He never ever not wants to come here. When we pick him up we know he's had a good time", "[Relative] is well looked after and well cared for", "There is real kindness, going the extra mile. I am really happy with it" "Staff understand [relatives] needs. They know what he wants, what his gestures stand for. He also understands them [staff]" and "My [relative] gets excellent care, he's always happy going there."

We observed staff communicating with people in a friendly and cheerful way and there was a very good atmosphere in the service. One member of staff told us, "They are lovely people here. They joke and we laugh. It is a happy building to be honest with you." Staff supported people with their meals. They explained what the meal was and encouraged people to eat independently, but were available to provide assistance if people needed it. They sat with the person, chatted with them and let them eat at their own pace.

We asked staff what they thought was important when caring for people. One told us, "It's like a family, a very good staff team. We work well together." Another said, "Knowing the customers and being aware of what is good for them." We saw staff communicating well with people, either verbally or by using sign language that the person clearly understood and responded to. We saw and heard staff offering people choices about what they wanted to do and where they wanted to be within the service and they then respected these choices.

Support plans identified people's routines and likes and dislikes so staff were aware of these and could respect them. For example, one section was entitled, 'I like to eat' and then provided clear information about their morning routine and what they liked to have for breakfast. There was also information about people's evening routines, what they liked to do and what time they went to bed. People confirmed that their choices were respected by the staff, for example, if they wanted to have a lie in at the weekend then they were able to do so.

Support plans also identified people's religions and identified any religious and cultural needs. Staff confirmed they would take people to their place of worship at the weekend and were happy to accompany them. Meals were prepared to meet people's individual needs, both nutritionally and to meet their religious and cultural needs.

Some of the care workers had cared for people using the service over many years, having worked with them in children or day centre services. One relative told us, "His support worker has worked with him for many years and they know him very well." Relatives felt reassured by this and felt their family members were happy to go to the service and enjoyed being with staff that were familiar to them. The continuity was important and the majority the relatives we spoke with mentioned this. Staff knew about people's individual routines, the day care services they attended and were able to communicate well with people, their families, the Community Team for People with Learning Disabilities (CTPLD) and the day care services, ensuring

people received continuity of care that met their needs.

People confirmed that staff cared for them in a caring and respectful way and we saw they were happy. Staff were polite and respectful to people using the service. One told us, "People have personal choice; we respect their dignity and privacy." Staff enjoyed working with people and had a good rapport with them. One member of staff said, "You are helping them [people] but they are helping you too – it lifts you up and you feel good." Staff said that personal care was provided by staff of the same gender as the person using the service and that the privacy and dignity of each person was always respected.

Is the service responsive?

Our findings

The support plans were comprehensive and provided a very thorough picture of the person, their needs and how these were to be met. They were person-centred, written in an accessible way and staff confirmed they always read the support plans to familiarise themselves with each person's needs, especially due to the nature of the service, with people coming in intermittently for respite care. We observed staff with people and staff demonstrated a good knowledge of people's individual needs and how to meet them. The daily records were thorough and night checks were also recorded. Any events were recorded, for example, if someone had a seizure, so that the information was clear.

The registered manager said the support plans were reviewed annually and whenever there was a significant change in someone's care. Relatives confirmed that they were involved with reviewing the support plans and were appointees for their family member, so were able to sign the support plan on their behalf. One relative said, "[Relative] has a review every year and the manager has helped and been a great support to me." Relatives felt their opinions were listened to and that their input into the support plans was valued by the staff.

Relatives felt the staff knew people's interests and helped them with these. One told us, "They know [relatives] interests and do these with him, go out on walks, go to the local pub in the summer, garden, barbeques, Christmas party and we are invited." People's hobbies and interests and attendance at day centres were recorded in the support plans and the information was comprehensive so staff knew which day centre people attended on which day. People were taken out to places locally including a park and a pub. However, if someone should not be taken to the pub, for example due to religious reasons, then this was recorded in their support plan and was respected.

During the week people attended day centres and so were only at the service from late afternoon until after breakfast, but at the weekends a range of activities were arranged. There was a wide screen television, film and music discs, games, books, craft materials and a music keyboard for activities and entertainment. One of the care workers was aware two people coming in the following weekend enjoyed arts and crafts and we heard them arranging to get some festive craft materials for them to use and make Christmas decorations with. The registered manager arranged an annual party and all those who used the service and their relatives were invited. The registered manager explained the party was a secular one to be inclusive to and celebrate with everyone who used the service.

There was a complaints procedure and people and relatives felt confident to raise any issues they might have. One relative said, "It's easy to speak to somebody (staff), they get back to you and they keep you in the loop." Another said, "With respite, if there are any concerns you deal with it there and then. They are really good and respond to you." There had not been any complaints since the last inspection and the registered manager welcomed people and their relatives raising any points, however small so they could be addressed. Staff knew the importance of recognising and issue and addressing it promptly. Information in the support plans indicated how a person might behave if they were unsure or unhappy, for example by avoiding eye contact or by refusing to move in their chair. Staff knew to look for these indicators so they could try and

help to resolve whatever the issue was.

Is the service well-led?

Our findings

The registered manager has many years of experience working for the local authority with children and adults with disabilities and had a recognised management qualification in health and social care. They told us, "My customers are my priority, how we meet their needs and how we can improve on this. If there are any concerns, are we raising them, are issues reported? Communication is the biggest thing, making sure everyone is informed – if something needs sharing then everyone needs to know." The registered manager had worked with several of the people who used the service for many years and had developed good relationships with them and their families, providing well informed continuity of care. We saw from our observations and discussions with the registered manager that they had a good knowledge of the care and support each person required and the most effective ways to provide this for them.

People knew who the registered manager was, demonstrated that they were pleased to see them and there was good communication between them. Staff were positive about the registered manager and said she was supportive and provided good leadership. One said, "[Registered manager] is a good captain and staff are a very good team. The manager is approachable, her door is always open." Another commented, "The manager is good, very supportive, she's a 'hands on' manager." Staff also said that the registered manager had a good knowledge of the needs of the people who used the service. One told us, "[Registered manager] is a very good manager. You learn about different disabilities, [registered manager] works with you until you know what to do."

The weekly staff meetings were comprehensive and staff were encouraged to provide items for the agenda for discussion. The provider had arrangements to ensure staff were appropriately supported through supervision and appraisal, so they had the opportunity to discuss their work, training and development, identifying any areas to expand their knowledge and skills. Staff felt confident in their work and relatives of people using the service were complimentary about the way all the staff worked together to provide a quality service for people. One relative told us, "They are really on the ball, a friendly, structured place – a community."

Relatives were happy and confident in the way the service was managed. One said, "[Service] is managed very well, I have full confidence in [registered manager] and the staff are lovely and friendly. I am very happy with the service and staff and most importantly [relative] is happy and comfortable there." Another told us, "I feel very confident in the service. The manager is 100%. She is one you can talk to, she will talk over things with you. She is very helpful and has known [relative] for many years." There were care magazines available and the registered manager was signed up to receive the Care Quality Commission (CQC) newsletter and also had access to online publications for the care sector. The registered manager told us that the local authority provided good practice guidance updates and borough wide training called 'The Ealing Way' which covered many aspects of care, support and management. The local authority held quarterly providers meetings and registered manager network meetings, providing forums for providers and registered managers to meet and discuss a wide range of topics for the updating and improvement of service provision.

Relatives were pleased with the way the registered manager and staff communicated with them. One said, "It is being managed really well. Everything is organised, there is full support and communication and I am kept up to date with everything happening." Another commented, "The communication is fantastic. If I email [registered manager] she comes back to me very quickly. I can ask them anything." Relatives were invited to coffee mornings every two months and were encouraged to discuss any matters regarding the service and also provided with updates from the registered manager. People who attended these found them very useful and those who were unable to attend confirmed they were kept up to date by the registered manager. The registered manager also attended the annual reviews carried out by the local authority, which covered all aspects of a person's care and support, so they could provide feedback.

The services manager carried out quarterly monitoring visits to the service on behalf of the provider and action plans were drawn up and the areas identified were addressed. The services manager also conducted 'walk arounds' and met frequently with the registered manager to discuss any issues that might arise and ensure the service was being safely maintained. The registered manager and staff demonstrated a good knowledge of how to keep each person safe whilst encouraging them to maintain as much independence as they were able to. The local authority had policies and procedures in place and these referenced relevant legislation and good practice guidance and were being followed. Notifications were sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required to monitor the service.

We received positive feedback about the registered manager's involvement with the Community Team for People with Learning Disabilities (CTPLD) and one told us, "[Registered manager] takes part in discussions to plan transitions, they support the implementation, support the families, they provide good information from their experience of supporting the individual which assists with transition planning." The registered manager took part in multi-disciplinary meetings for planning people's future, for example, planning for a person to move into residential care. They also visited any prospective new people who were referred to use the service so they could get to know them and be a familiar face when the person started to use the service. Members of the CTPLD team visited the registered manager during the inspection to discuss different aspects of people's care and support. There was good communication and team work to find solutions for improving care and support, for example, by arranging to monitor a person's weight on the days they attended the service to feed into their healthcare monitoring.