

# Consensus Community Support Limited

# Consensus Community Support Limited- 55 Headlands

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Consensus Community Support Limited is a supported living service providing personal care to adults with learning disabilities, autism and other complex needs. At the time of the inspection 24 people were being supported.

People lived in their own accommodation either in a flat within a complex, a house with shared communal areas or a flat or bungalow in the community.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People continued to benefit from an excellent well-led service providing outstanding care, extremely responsive to meeting people's individual needs. People were at the heart of everything and played an active role in shaping their own lives.

Staff were highly motivated to support people to achieve their goals and aspirations. Staff spoke fondly of people and were proud of what they had achieved. There was a real 'can do' attitude. Staff were well trained and very well supported to develop their skills and knowledge which benefitted the people they supported. They were innovative in their approaches and thought 'outside the box' to help people achieve their goals.

The feedback from people and their families was overwhelmingly positive with a consistent theme that people felt cared for and empowered to do what they wished. People were involved in the recruitment of staff and took control as to which staff were suited to support them with the various activities they undertook.

People were treated as individuals and were valued and respected. They were involved in monitoring and maintaining quality standards within their own homes. The staff ensured that people's privacy and dignity was protected and spent time getting to know people well.

The registered manager led by example and ensured staff appointed shared their ethos of providing good quality care and support, valuing staff for their individuality and what they could bring to enhancing people's life experiences. They actively sought feedback from people, their families and staff to continually look at ways to improve the service and were receptive to ideas and suggestions.

The systems in place to monitor the quality and performance of the service were highly effective and the provider was quick to address any shortfalls identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the services supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding (published 6 May 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Consensus Community Support Limited- 55 Headlands

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector

### Service and service type

The service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service short notice of our inspection so they could provide people who used the service with the opportunity to meet with us and to ensure we could gain access to the documentation that was maintained by the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service about their experience of the care and support provided. We spoke with 15 members of staff including the registered manager, three service managers, three senior support workers and eight support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

### Staffing and recruitment

- People continued to be actively involved in the recruitment of staff. They met prospective staff and interviewed them. They could choose which staff supported them. One person told us, "I am supported in the way I want to be supported, I choose who I want to support me. Really good staff." A staff member said, "It is a privilege to be chosen."
- The registered manager used a 'Matching' Tool which identified staff skills and interests, so people had an informed choice as to who they wished to support them. People were able to express their like or dislike towards staff and the registered manager and service managers would act upon this.
- Staff rotas were flexible so that staff were rostered to support people with the activities they wished to undertake. Staff told us they were more than happy to alter their hours to accommodate supporting people with the activities they wanted to do.
- Safe recruitment practices continued to be in place, which protected people from being supported by inappropriate staff. The registered manager was proactive in responding to any concerns expressed about staff performance and addressed any poor performance or behaviour effectively.

### Systems and processes to safeguard people from the risk of abuse

- People continued to be supported and empowered to keep themselves safe. Easy read guides around safeguarding were given to people and staff spent time with people, using various communication aides such as symbols, objects and pictures to help people understand and take control of their safety.
- Staff were highly skilled at recognising when people were at risk of harm or felt unsafe. They had built up strong relationships with people and knew from people's behaviour if they were not comfortable with staff or their surroundings. The registered manager actively spent time with people to observe behaviours around staff and their environment. For example, when it was recognised that a person displayed negative behaviour around a particular member of staff, the staff member was stopped from supporting the person and the person's behaviour improved.
- Safeguarding training was refreshed each year for all staff and keeping safe was discussed at regular meetings with people. One person told us that when they went out they let staff know where they were going and would text or ring to say when they were on their way back. This meant the person could visit places independently and safely. The person told us how much they enjoyed being able to go out unaccompanied.
- Safeguarding incidents were reported and outcomes shared with staff to enable the service to continuously improve to keep people safe.

### Assessing risk, safety monitoring and management

- People were enabled to take positive risks to maximise their control over their care and support. They were actively involved in managing their own risks along with their relatives, friends and other carers. For example, assistive technology around alerting if someone had an epileptic seizure had been discussed with one person and with their agreement was put in place, which enabled them to remain in their own home independently.
- Each person had individualised risk management plans which enabled them to increase their independence and take appropriate risks in their day to day living, for example whilst using their kitchen and going out using public transport.
- People undertook their own health and safety audits. Questionnaires had been developed with people and were individualised to meet people's different communication needs. People looked at cleanliness of the environment, food hygiene and preparation, equipment they used and fire safety. Any shortfalls they identified were rectified and an effective system was in place to oversee everyone's health and safety. For example, three different coloured lids for milk containers had been introduced as it had been found people had access to milk that may not be good for them. People could now easily identify their own milk.

### Using medicines safely

- People were enabled to administer their own medicines and be in control of how medicines were stored. They undertook medicine audits and were supported to address any shortfalls. People told us they had a choice as to the level of support they may need with medicines, which pharmacy they wished to use and when they wished to collect their medicines.
- Staff were trained in medicine administration and had a good knowledge and understanding of the medicines people took so they could confidently support.

### Preventing and controlling infection

- People were involved in identifying and managing risks to infection and hygiene. They had developed cleaning and food safety audits with staff and took responsibility for maintaining good food and hygiene standards.
- Some people had completed training in infection control and food hygiene. This empowered people to take control of their environment and understand their responsibilities to keep themselves and others around them safe from infection.
- Staff had completed training to ensure they were up to date with the most recent infection control guidance to keep people safe and shared their knowledge with people. Some people also undertook training in infection control and food hygiene.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and carefully monitored. All lessons learnt were shared across the service to drive improvements. For example, when it was identified cleanliness in one person's home was not good enough a cleaning rota with identified tasks for staff to complete was put in place and 'spot checks' undertaken across the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health and well-being was paramount. Staff liaised with health and social care professionals to ensure excellent outcomes for people. For example, one person had become trapped in their home through fear of using the stairs. The person lived in a room on the first floor and had not left it for eight years. Staff worked tirelessly to find a way to support the person to move to a flat on a ground floor. After several months preparing and liaising with health professionals the person was supported to move. The person's life experience had improved, they had gained the confidence to go out into the local community and visit family and friends. Their health and well-being had improved.
- Changes to how people's blood was taken meant for one person they would have to attend a GP surgery. Staff knew this would cause great anxiety for the person but knew how vital regular blood tests were to manage their health condition. A staff member who had a very good and trusted relationship with the person, developed a strategy with the person to support them with their anxiety and manage their distress. They patiently supported the person and liaised with district nurses. The person now attends the surgery regularly and has also been enabled to attend hospital appointments, which previously they were unable to do so.
- People and staff had developed personalised 'Health Passports' which gave the information health professionals needed to support people to access the health care they required. Staff understood people well and were able to provide the support people required and enabled them to express their anxiety and fears. This meant people could effectively and safely access the services they needed.
- Staff were intuitive to people's needs and could recognise from people's behaviours when they may be unwell. They sought and followed advice which improved people's health and well-being.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed in a holistic way, considering their culture, past experiences, physical, psychological and social needs. They were fully involved in the assessment process. People were matched with support workers who could meet their individual needs.
- People were involved in the matching process by meeting the staff initially identified to support them. People could express their like or dislike to staff; attention was given to people's body language and behaviour if they were unable to verbalise.
- Some people lived in accommodation shared with other people. Great care was taken to ensure people could live together. One person told us about how they first came to live at one of the supported houses. They told us they visited initially for tea, then stayed over, which gave them an informed choice as to

whether they were happy to move in. The registered manager confirmed decisions were collectively made based on the person's wishes and feedback from people.

#### Staff support: induction, training, skills and experience

- People were supported by staff who had received specific training to meet their individual needs. New staff undertook a thorough induction and completed standard training. Additional training was provided in areas which specifically related to the people they supported, for example, training in Epilepsy and Dementia.
- People took part in the new staff induction, their feedback was valued and listened to. This ensured that staff had the right skills to support individuals. If they fell short, the registered manager could review their induction and ensure the right staff had been recruited.
- Staff were supported through regular supervision and annual appraisals. The provider had developed and enhanced supervisions by introducing coaching for individual staff. This empowered staff to express their views as to how they could best support people and achieve better outcomes for people. We saw from case studies and speaking with people they were proud of what they had been supported to achieve.

#### Supporting people to eat and drink enough to maintain a balanced diet

- People benefitted from staff who understood the need for people to take control of what they ate and drank to ensure they managed their health and weight.
- One person told us proudly of what they did to remain health and manage their weight following being prescribed medicines which could mean they gained weight. They had a visual health and well-being plan in place; by using a communication board staff had supported them to design pictures so they recognised healthy eating options and daily activities they could do. The person had successfully maintained their weight which enabled them to enjoy the activities they were able to take part in.
- Staff sought advice and guidance from dietitians and speech and language therapists. They supported people to follow the guidance given. We saw staff explain and reinforce the need for one person not to eat certain food due to their health condition. The person acknowledged their understanding and chose the healthier option available to them.
- People had specially designed equipment to support them to eat and drink as independently as possible, such as using a beaker to drink from without spilling the drink.

#### Adapting service, design, decoration to meet people's needs

- People who required specialist equipment such as hoists for lifting and transferring had these in place which enabled them to live as independently as possible within their own homes in the community.
- Staff were proactive in seeking advice from occupational therapists when a person's health had deteriorated. There was an on-going plan in place to identify any equipment that may be needed or adaptations to the person's environment to enable them to remain safely in their own home.
- Assistive technology was sourced for one person to remain in their own home. The person was pleased and assured that if something happened due to their health condition help and assistance would be there.

#### Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw they were.

- People's consent to support was sought and where people had been assessed as lacking the capacity to make decisions for themselves best interest decisions had been made.
- People were actively encouraged to make decisions about their lives and staff were innovative in the way they approached people to make decisions. For example, to help a person improve the environment they lived in, the staff shared pictures of objects and different room designs for them to choose to express their likes and dislikes. The person's well-being was enhanced as their environment was improved.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Overwhelmingly, people continued to express how happy they were at the way they were treated. One person said, "We are equals, the staff are great." There was a genuine team approach to seeing people flourish and experience life to the full. For example, one person was supported to fulfil their ambition to go to Blackpool to see the lights. Staff helped them to book a hotel and experience a pub for the first time. Staff expressed how proud they were to see the person grow in confidence following the trip.
- People felt in control of their lives and staff consistently demonstrated their passion and belief people came first.
- Staff were passionate about their work and we saw through their interactions with people they continually ensured people were empowered and listened to. When we spoke with people, although some had expressed a wish for staff to be present, staff sat back and encouraged people to speak up for themselves.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support. People were supported to practice and follow their religious beliefs.
- We saw pictures of people celebrating various religious and cultural events which helped people to understand and embrace people's individual beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People continued to be empowered and encouraged to take control of their lives and plan what they wanted to do. We saw many examples including, one person decided they wanted to celebrate their 30th Birthday at a Club. The person had been supported with planning the event which included saving and budgeting for it, deciding who they wanted to support them, what clothes they wished to wear and transport arrangements. The person expressed this was the best Birthday and was proud with what they had achieved.
- Staff had developed unique ways of communicating with people who were non-verbal, so they could express their views. One person loved animals and were able to express their feelings and desires through pictures of animals.
- Since the last inspection the provider had developed the internal advocacy service for people. There were now several people with lived experiences supporting people to speak up across the organisation. We spoke to the lead person who was proud of what they had achieved and welcomed the opportunity to share people's views and any concerns which had improved their experiences of the service.
- People who shared accommodation had developed their own rules for how they respected each other's views and space within the accommodation. We saw one set of 'Golden rules' which included 'staff are

equals', 'respect each other', 'keep yourself and the house safe.' This meant people remained in control of them self and learnt respect for others.

Respecting and promoting people's privacy, dignity and independence

- People, continued to be encouraged to develop their own 'circle of support', identifying people who supported their independence.
- Staff actively promoted people's dignity, for example, when someone require assistance with a drink, the staff member ensured the person was not left with any liquid spillages on themselves or their clothes. They carefully explained to the person what they needed to do to safely support them.
- Staff were mindful not to speak for people without their agreement and knew not to share information about people without people's consent.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to play a central role in developing their care and support plans. They were proud to share their individual plans with us. We saw examples of pictures and objects being used which enabled staff to understand what support people needed and how they wished to be supported.
- People expressed their preferences and could choose how and who they wished to support them. One person told us they preferred different staff to support them with different things. For example, they chose staff who shared their interests. This ensured that people had very positive experiences, for example attending a Spa or a concert with a member of staff who was of the same gender and age meant people felt they were equal and out with a friend.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Innovative methods of communication were used to ensure everyone using the service understood the information they needed to access the services and support they required.
- People used objects of reference, pictures, photographs and easy read documents to help them understand key information. Staff developed trusted relationships with people so were well equipped to develop strategies with people to help them understand what was required of them.
- The registered manager fully understood their responsibility to comply with the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were continuously encouraged and supported to pursue their interest and experience new activities. Staff had a 'can do' approach to everything which ensured people had a varied and fulfilled life.
- We saw people were supported to enjoy regular activities such as going to a gym, working on an allotment, enjoying theatre and concert trips and planning and taking part in holidays. People chose the staff and friends to share their experiences. For example, one person who had a love of history planned and went on a 'Jack the Ripper' tour in London, another person went to Santa Pod race track.
- People were actively encouraged to maintain relationships with family and friends. One person was very

proud of their achievement in maintaining their relationship with a family member who lived a long distance away, they planned and organised regular times and places to meet so to maintain a long-distance relationship.

Improving care quality in response to complaints or concerns

- People were able to speak to and share their concerns and experiences with an advocate who had shared lived experiences.
- The registered manager ensured that people had access to the complaints procedure in a format that was meaningful to them.
- Complaints were managed in line with the procedure and outcomes shared with people. For example, when a complaint had been raised around cleanliness of shared accommodation a cleaning schedule was put in place which staff ensured was followed.

End of life care and support

- There was no one being supported at the end of their life at the time of the inspection. The registered manager was aware of the need to ensure plans were in place when needed and knew to work alongside people and other professionals to design person-centred plans.
- Staff knew what to do in case of a sudden death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Truly person-centred care remained at the heart of everything. People were central to the development of their care and support plans which met their individual diverse needs. They were in control as to who supported them how and when.
- People consistently told us how pleased they were with the service. Staff continuously looked at ways to support people to achieve their goals; they were proud of playing a part in supporting people to live a fulfilled life.
- The registered manager knew people and their families and there was a real 'can do' emphasis which filtered through the service. People and staff were encouraged to be the best they could and to meet any challenges head on. Staff spoke about 'thinking outside of the box' when designing the support people needed to help them live as independent as possible. For example, focussing on people's interest and likes to develop their own unique support.
- We saw several examples where the service worked tirelessly to deliver better outcomes for people. For example, enabling a person to attend regular dental checks which due to their anxieties they had previously not been able to.
- The staff sought additional equipment and planned adaptations to a person's home so that as the person's physical health deteriorated they could remain in their home, as independent as possible.
- The staff worked with health professionals to support a person declutter their room so they could live more safely and have the space they needed to express themselves.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and innovative ways were used to gain feedback which took account of people's individual communication methods. Easy read format questionnaires were used, staff supported people with picture cards and other communication aides which enabled people to express themselves. Expert-by-Experience (EXE) were employed to support people to have a voice. Feedback was used to continuously drive improvements.
- Comments from feedback from families included, 'Fantastic atmosphere, always homely, everyone is always out and about.' 'I have nothing but good things to say about the service and support.'
- Staff training was delivered in a way that supported individual staff learning methods; this included supporting staff on a one to one basis to ensure everyone had access to the training they needed and wanted. People using the service played an active role in the induction of new staff.



- Staff continued to be extremely valued and supported. The registered manager and provider recognised the importance of ensuring all staff were valued. Locally staff received letters of recognition for the support they gave people, nationally the provider brought staff and people together to recognise and share achievements across the provider's services. We spoke to people who were going to attend the next award ceremony, they were all excited and proud to be involved.
- Staff told us they felt listened to and had regular opportunities at staff meetings to share their experiences and ideas. We saw from minutes of the meeting staff were fully informed of what was happening in the service and any incidents were shared for lessons learnt.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management structure remained clear which ensured everyone understood their roles and responsibilities. Providing good quality care and support continued to be the aim of everyone working within the service.
- People played an active role in ensuring they lived in safe environments and undertook their own audits around health and safety, hygiene and medicines.
- The systems in place to monitor the quality and effectiveness of the service were thorough and continued to ensure that risks were identified and mitigated to enable and empower people to live as independent a life as possible within the local community.
- The role of EXE had been developed further. There was now a team of EXE who visited and spoke with people across all the provider locations. The provider had ensured the lead EXE had a personal assistant to support their work. This ensured people's voice was heard and action taken to address any shortfalls or concerns.
- The registered manager included people in the recruitment and training of new staff. This ensured the right staff were appointed who were committed to deliver high quality person-centred care.
- Staff were proud to work for Consensus Community Support. One said, "I am very happy to recommend our service. People get choices, staff are listened to, we all work together."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager provided good leadership and was open and honest. Overwhelmingly people and staff told us they could talk to her and she would always listen. We saw there was a good rapport between people, staff and the registered manager.
- The registered manager worked in a transparent and open way and informed the relevant people and families and external agencies such as the Care Quality Commission (CQC), in line with the duty of candour. They had notified the CQC of certain incidents, and the previous inspection report and rating was displayed within the service and on the provider's website.
- Clear and accurate records were kept about people's care and staff. The management system for complaints, incidents and accidents provided an oversight which ensured if things had gone wrong appropriate action was taken.

Continuous learning and improving care; Working in partnership with others

- People were actively involved in a local group of social care and health commissioners responsible for developing services locally for people with learning difficulties.
- Training was continuously developed and accessed by both staff and people. This enabled people to understand their responsibilities in maintaining their own well-being and gave them skills to be able to undertake voluntary work.
- Specialist training was identified for staff. This enabled them to support people more in their own

environment recognising for some people life becomes more stressful if too many people are involved. For example, training in bowel care and oral hygiene.

- Staff had liaised with local businesses and services to identify where defibrillators were available in the community so people could access in an emergency. This meant people could be assured assistance was available, so they could live a more fulfilled life and access the community with confidence.
- The registered manager attended various social care and health conferences to maintain and develop their own learning which they shared with staff. They took pride in sharing their knowledge and experience, promoting the service at local events which helped other professionals to gain a better understanding of what people with the right support could achieve.