Lancashire Care NHS Foundation Trust

Garstang Road Preston Learning Disability Supported Living Scheme

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

At our last inspection in April 2015 the location was rated 'Good' overall. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

When we completed our previous inspection on 28 April 2015 we found concerns relating to the management of medicines. We made a requirement under Regulation 12 (2) (g) of the Health and Social care Act 2008. We received a suitable action plan shortly after this inspection in 2015. We saw that steps had been taken to improve matters. A pharmacist from the Lancashire Care NHS Foundation Trust (hereafter referred to as the Trust] had supported and trained staff. Suitable audits and improvement plans were in place. We judged that this breach had been met very soon after the requirement had been made in 2015.

This service provides care and support to people living in fifteen 'supported living' settings, so that they can live in their own home as independently as possible. Some people lived alone with support and others shared their home with up to three other people. 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. Everyone in the service received personal care support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We saw that this service supported people in line with these guidelines.

This service did not require a named registered manager at this location as the service is part of a National Health Service provider. Lancashire Care NHS Foundation Trust 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 Trust employed a nurse manager who runs this service and one other 'supported living' service in the area.

Staff had received training on ensuring people were kept free from harm and abuse. They were confident in management dealing with any issues appropriately. The Trust had a confidential phone line and other means of contact for staff to report any concerns.

Good risk assessments and emergency planning were in place. Accidents and incidents were monitored and analysed by the Trust and action taken to reduce risks. Fire risk assessments and fire safety measures were in place. Suitable action was taken in relation to fire risk to ensure staff followed the risk management plans. We noted a possible issue around fire safety in one property but this was dealt with quickly after our visit.

We saw that staffing levels met the assessed needs of people in the service. There were some nurse

vacancies in the service but this was being addressed by senior management. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people. The organisation had suitable disciplinary procedures in place.

Staff were trained in infection control and supported people in their own environment. Specialists in the Trust could be called on for advice, when necessary.

This staff team had been supported to develop appropriately. Staff were keen to learn and we saw that induction, training and supervision had helped them to give good levels of care and support. Nurses were given opportunities to keep their clinical practice up to date. Staff received good levels of training around principles of care in relation to people living with a learning disability and/ or autism. They were trained in specific techniques to support each person. They also had general training on supporting people with behaviours that challenge. Restraint had not been used in this service.

Consent was sought, where possible. The Trust and the local authority worked together to ensure the service operated within the Mental Capacity Act 2005. 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 were supported to access health care support from their own GP, the nurses in the location and specialist nurses and consultants. Staff worked with people to support and encourage them to visit dentists and other health care providers, like chiropodists and opticians.

Staff supported people to shop, budget and cook, where necessary. People were helped to take good nutrition and were encouraged to eat healthily. Some people had support to take nutrition by different means and staff were confident in how to manage this. We saw a very good nutritional plan for a person with a specific disorder.

Staff we spoke to displayed a caring attitude. People in the service responded warmly to staff on duty. Staff understood how to support people to maintain their dignity and privacy. Staff showed both empathy and respect for people living with the symptoms of autism and learning disability. People in the service had access to advocacy.

Everyone supported by the service had been appropriately assessed. People had positive behavioural support plans in place as well as person centred plans that staff followed closely. These had been regularly reviewed by nurses (and by other health and social care professionals) to ensure that people had the best care possible.

People were encouraged to go out and to engage, where possible, with sport, learning and social events. Staff were aware of how difficult this was for some people and planning for activities was done at an appropriate pace. We saw some good outcomes for people who had become more involved with activities in the community.

Complaint procedures were in place. There had been no complaints received about the service.

The service had a suitably trained, qualified and experienced manager. Each supported living service was managed by a nurse and a senior support worker. Staff told us they were easy to approach and aware of the needs of the service. The manager had created a culture of openness and we judged that staff worked in a non-discriminatory way. The atmosphere was one of enthusiasm and eagerness to give people the best care

possible.

The Trust had a suitable quality monitoring system used in all their services. This service used the quality assurance system. This was evident in internal audits and records of visits by senior officers of the provider. Good monitoring and analysis of the service was in place.

We had positive comments from other professionals about how the service worked with them.

Staff and other people involved with the service were satisfied that the management arrangements were appropriate and that matters of governance were being followed to give good levels of care and support.

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 in this service were protected from harm and abuse because the provider had ensured staff were aware of their responsibilities

Staffing levels were appropriate to the needs of people in the service.

Medicines management had improved and good monitoring systems were in place.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

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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 commenced on 4 September 2018 and was announced. We gave the service one days' notice of the visit to the office to ensure we could meet staff who worked in the service. We then made arrangements with the provider to visit two houses on 10 September 2018, after gaining permission [where possible] from the people who lived in these properties.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This was done with suitable detail. We used all this information to inform our planning for inspection. We also contacted a social worker and professionals who support people at day services. We planned the inspection using this information.

The inspection was conducted by two adult social care inspectors. The lead inspector visited the office and met managers, nurses and staff and later made phone calls to relatives. The second inspector visited two houses and met staff and people who lived in the properties.

We met with two people who were supported by the service when we were in the office as they had come to

visit the main office. We spoke with four relatives by telephone after our inspection. When we visited people's homes we met six more people, spoke with them and observed them in their own environments.

We met the manager of the service and her line manager. We spoke with three nurses, three senior support workers and two support workers on 4 September 2018. On 10 September 2018 we met two more learning disability nurses and four support workers. We also met a visiting reflexologist in one of the properties.

We read six care files which included health care information and person centred plans. We read in depth specialised plans for managing behavioural issues. We checked on medicines managed on the behalf of people who were supported by the service. We also looked daily and weekly planners and daily notes. We also looked at quality monitoring records, records related to fire and food safety and records of individual financial transactions.

We checked four recruitment files and a further six files related to induction, supervision, appraisal and staff development. We saw records showing that staff competence was monitored appropriately.

We were sent details of quality audits and related reports after we had visited the office.

Good

Is the service safe?

Our findings

When we visited as part of a wider inspection of Lancashire Care NHS Foundation Trust [The Trust] in spring 2015 we had made a requirement under Regulation 12 (2) (g) of the Health and Social care Act 2008 because there were some problems with the way medicines were managed.

We noted that the service now reported every issue related to medicines because they were auditing the management of medicines closely. We saw that this covered a wide range of minor issues and even included when people refused medicines. We spoke with nurses and staff who told us that this covered all medicines issues but that serious incidents were not an issue in the service. We asked a pharmacist for the Trust to break down their data and we received a report that showed that medicines management had been under close scrutiny and review since our last inspection.

The pharmacist, the manager, nurses and senior support workers told us that staff had received general and bespoke training about medicines. If there were any problems with administration the team ensured that the team member did not administer medicines until they had further training. Staff had regular competence checks. We saw confirmation of this in supervision notes.

We judged that the previous breach had been met and the Trust was no longer in breach of Regulation 12 (2) (g) of the Health and Social care Act 2008.

People who used the service were not always able to explain how safe they felt but we saw that they were relaxed with the staff. One person told us, "I am happy living here". We asked some people if they felt safe and they confirmed that they were and had no concerns. We spoke with family members and one told us, "I was impressed with the way they realised [my relative] needed more support...". Another relative told us, "We are always happy and relieved after we visit...I think [my relative] is safe with them...". Yet another relative told us, "They know how to handle [any behaviours that challenge the service...] and they do this with patience and kindness".

We met with nurses and support staff in the service who could talk about their responsibilities in relation to safeguarding. They told us that they had received training in safeguarding and that this was also discussed in supervision and in team meetings. The management staff understood how to make safeguarding referrals to appropriate agencies. We had evidence to show that the manager dealt quickly with any allegations of abuse or neglect. Staff told us they felt comfortable talking to management and that they were aware of the organisations 'whistleblowing' arrangements and would use this confidential service if necessary. Staff had access to information about safeguarding in Lancashire.

Accidents and incidents were recorded and analysed by the nursing and management staff. These were also recorded and analysed as part of a Trust wide exercise to ensure people were kept as safe and well as possible. There had not been anything of concern reported in the service that had not been dealt with appropriately.

We had evidence to show that staff used equipment appropriately. Moving and handling equipment and monitoring equipment was used in the best interest of people to ensure they remained as safe and well as possible. Specialists like occupational therapists could be called on if necessary.

The Trust had suitable contingency plans in place and any emergencies in this service would be dealt with by using the resources of the Trust.

The provider also had appropriate policies in place related to discrimination and human rights. These subjects were part of the induction and on-going training. The provider had equal opportunities policies in relation to personnel matters. We spoke with staff who displayed appropriate views in relation to these issues. We did not see, hear or read anything that was discriminatory in content. We had in-depth discussions with nurses and senior support workers about the support they gave to people from different cultures and with differing needs.

There were suitable risk assessments and risk management plans in place for each person, for the environment and for activities. We met with a senior support worker who explained his role as health and safety lead. We saw the 'lone working' policy and noted that risk assessments and risk management plans were in place for each individual the service supported. Staff also spoke about the risk management for different people. One support worker explained how a person needed extra support for some activities and when out in the community.

We noted an issue in one of the houses we visited which related to fire safety. The manager quickly took action and had previously contacted the housing provider to ensure the risk was minimised.

We checked on the hours delivered and compared those with the hours assessed as necessary by the local authority who purchased the care. These showed that staffing levels were appropriate. We spoke with staff about staffing levels. Support workers felt that staffing levels were suitable but we heard that there were some nurse vacancies in the service which led to nurses having heavier work loads. The staff we met during the inspection told us, "This hasn't impacted on the delivery of care, it just means nurses have more to do". We looked closely at two properties for more than one person and saw that the rostering gave people the necessary care hours.

We met staff who had worked in the service for many years and we also met staff who had only worked for a few months. They confirmed that the recruitment of staff was fair and equitable. We saw records that showed that all relevant checks on new staff were made prior to them having access to vulnerable adults. The Trust had suitable procedures for ensuring good recruitment practices were in place.

We spoke with nurses and staff who told us the service had a 'lessons learned' approach when things were not working as well as they might. They told us that they would be part of a debriefing meeting if there were problems. We noted that the Trust had taken this approach when they noticed problems with medicines management and that this had led to improvements in this area.

Staff were aware of the need for good hygiene measures and the Trust had suitable infection control policies and procedures. Staff told us they could call on infection control specialists where there were issues. The properties we visited were orderly and clean and staff paid good attention to matters of hygiene and cross infection. Staff told us there were cleaning schedules in place and the teams followed these appropriately.

Good

Is the service effective?

Our findings

We saw that the team looked at all aspects of a person's needs and preferences, without discriminating against them. The nurses and senior staff worked with health and social care professionals and paid attention to any relevant legislation. We observed staff asking people and giving them options about their lives. We also met people who could make their wishes, needs and preferences known because staff were in tune with their needs and their communication preferences. Where appropriate, people were asked for both formal and informal consent.

We looked at the needs of people and we looked at the training the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, health and safety and person centred thinking. Teams also had specific training to allow them to meet individual needs. Staff had effective induction, supervision, appraisal and training. We had evidence of this in records and in discussions with staff. We judged that staff were suitably developed and given opportunities to increase their skills and knowledge. The nurses we met in a group agreed that the training was, "Really good...it ensures you can keep up to date with good practice". One nurse with a general qualification as well as a learning disability qualification told us, "I can update my clinical practice in other Trust locations...I don't often have to use the skills but would if necessary".

People were supported to participate in shopping, cooking and managing their own dietary needs as much as possible. Staff told us that if people were not eating well they would take advice from dieticians and other professionals. Food preferences and nutritional needs were recorded in care plans. One person told us, "I like to drink water...I like my dinners and I get what I want". A relative told us, "[My relative] enjoys plain cooking and he gets good quality food, good home cooking made from scratch".

Staff recorded nutritional intake where necessary. We read one nutritional plan for a person with a disorder that meant they had to have a special diet. This plan was extremely detailed and we had evidence to show that staff had training in helping the person to manage their dietary needs. We also saw that where people had difficulty taking nutrition nurses ensured staff understood the techniques necessary to support them. We also noted that staff had taken professional advice for a person who had difficulties swallowing and were good at ensuring the person ate well and safely.

We looked at the care files and saw that people received suitable health care support. Where necessary people had appropriate support from psychiatrists and psychologists who were specialists in the care of people with mental health needs, autism or a learning disability. They also had regular contact with local GP's and community nurses, dentists, opticians and chiropodists when necessary. Nursing staff accompanied people to appointments with specialists and consultants. A relative praised the team who had, "Noticed really quickly that something was wrong. One member of staff was really on the ball...and got [my relative] admitted to hospital right away. They visited all the time to make sure they were coping."

The nurses employed in this service were trained in the care of people living with a learning disability or with autism. They had helped devise plans for people who might find it difficult to control their behaviour or

emotions. Restraint had not been used in the service. The team worked closely with consultants and other specialists so that people had the right support for their mental health, well being and physical care.

The senior team had working knowledge of the Mental Capacity Act. 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. We saw evidence of 'best interest' meetings being held and social workers contacted when the team felt they were restricting people's liberty. We found no evidence to show that this service was unfairly or illegally depriving people of their liberty.

The service has a secure office based in a NHS building. There is space for staff to meet and to use the paper and IT systems necessary to run the service. The administrator is based in this office and ensures the smooth running of systems related to staffing and to general care delivery. Staff worked with housing providers to ensure people live in suitable accommodation. A relative told us, "It is really good that [my relative] now has their own home back in Preston and is near me, our family and friends...very important. What a change this is for people with learning disability to be at home and have their own place".

We saw evidence of staff working well with health and social care providers. A social worker told us, "I have worked with the service on and off for the last 14 years. I have always found the service and staff working for the service to be professional and knowledgeable". An alternative therapist told us that they were happy with the way staff communicated, "I was provided medical history for all clients and communication is very good".

Good

Is the service caring?

Our findings

Not everyone in this service could talk at length about how caring staff were but several people could agree in the affirmative when asked about kindness, care and consideration. We measured how caring staff were by observing how people responded and by talking with professionals and with relatives.

When we visited people's homes and when we saw people in the office we saw people responding warmly to nurses and support staff. We could tell by body language and by the way people made eye contact that they had good relationships with staff. Staff interacted with people using the service in an affectionate but professional manner. We noted that people responded well to staff guiding and supporting them in tasks. We learned that staff understood people's preferences and routines. Staff talked people through things like moving and handling and making choices. Staff knew people well and could pre-empt needs and wishes when people found verbal communication difficult. Staff understood that following routines helped people feel comfortable and safe in their environment. We also noted that staff could avert behaviours that were not part of social norms. This was done with care and at a pace which people responded to.

People looked comfortable and well cared for. They had been helped with personal care and grooming. The people we met were relaxed and comfortable and we spent time with each of them, even when meeting new people was difficult for them. We judged that staff closely observed these meetings so that people felt comfortable interacting with the inspection team. We had read care plans which made us aware of how people were cared for and how to pick up cues where people were beginning to feel uncomfortable.

We saw in care plans and in daily records that staff encouraged people to be as independent as possible. Staff who had worked with individuals for many years told us that they were proud of, as one staff member said, "We work with people and we try to encourage skills and confidence to do more for themselves".

We also noted in records that staff were careful about treating people equitably and following their personal needs, preferences and cultural norms. A nurse told us, "It is just part of the care delivery to follow [dietary and other practices] for [one service user]. We have had training but we also consult the wider family who help us and remind us of their culture".

A relative told us, "I am very, very satisfied. They give choices, they are patient and conscientious. The staff are kind and caring. [My relative] is always well turned out, appropriately dressed and well looked after". This relative also said, "[My family member] is in a nice, loving household...".

Our visits to properties showed us that people were supported to have their own personal space and were treated as individuals. A visiting therapist who had been involved with the service for five years told us, "People are well cared for...the care is spot on here and all clients seem to be happy". We spoke with staff who could tell us how important it was to have patience and to help people gain or maintain their own personal dignity. People were treated respectfully and with kindness. One staff member said, "I have cared for [this person] for a lot of years and I know how their history [in institutions] has shaped them. We work to help them cope with their life in their own home and out in the community. They are so much more settled

now." This staff member showed understanding and compassion for the whole person.

We spoke with relatives who gave us very positive feedback. All of the relatives we spoke with described the caring nature of staff as being, "Like part of a family" and "The staff are part of our family now after all these years". One person said, " [A staff member] is like a second mother to my relative...so caring, so nice and kind. When they lived in an institution staff were told not to make relationships ...that was very cold. Now the staff have real affection and friendships without crossing any lines. They are professional but they care".

Another family member told us, "They are absolutely excellent...amazing. They go beyond the everyday job. [My relative] was admitted to hospital and they visited all the time to make sure they were cared for properly...The staff are magnificent". They also told us, "They are very patient and they explain everything to [my relative] and to us...nothing is done against their wishes". All the relatives we spoke with were keen to tell us how much they appreciated the caring approach. One relative said, "I have so much respect and regard for them...I was keen to tell you in person how amazing they are".

Some people had less contact with families than those whose relatives we engaged with. These people could have access to independent advocates and we had evidence to show that this would be brought into play for some matters of 'best interest'. The team would ask social workers to intervene if they felt people needed more specialised advocacy.

Good

Is the service responsive?

Our findings

We read a number of the care and support files for people who used the service. Each file had an up to date support plan, a health action plan and a hospital passport. We learned how the hospital passport helped when a person was admitted as an emergency. Where appropriate the file also contained a positive behavioural support plan. "Positive Behaviour Support" (PBS) was starting to be used in the service to optimise the support needed and to give as individual and positive an approach as possible. This system allowed the care planning to be easy to follow, whilst also including all the minute details of how to follow people's routines, behavioural and health care needs. These were all supported by initial and on-going assessment.

A relative told us, "Staff go out of their way to support [my relative]... they find things like mousses and sweets that they can eat safely...They helped get a specialist chair. They go on line to look for ways to improve things. It's all in the care plan and I can see how the planning progresses".

We also saw that care plans gave detailed guidance on moving and handling, social and psychological needs. We saw evidence to show that staff used equipment appropriately. We saw plans that detailed routines and needs for people with autism and with a dual diagnosis of a learning disability and a mental health need. We met people whose care plans we read and we saw that the plans reflected the positive abilities as well as the needs of the person. Relatives we spoke with told us they had been consulted and involved in the planning where appropriate. We also saw that other professionals were involved as necessary. One professional told us, "I have always found the...staff working for the service to be professional and knowledgeable. They are good at getting to know service users well and this helps them in providing person centred support. Such things as care plans and PBS plans are clear and detailed. In addition to using the expertise within their own service they also take on board the advice and guidance of other professionals who may be involved, and the input of family".

We met people who were used to participating in community activities, sports and social outings. People enjoyed swimming, attending day centres, socialising in clubs and simply going out for coffee, drinks or meals. One person was planning to go to the Blackpool illuminations. A relative told us, "[My family member] has a great life...staff drive them in their own car, go trampolining, go to music group and to discos...". People were encouraged to personalise their homes and to follow their own interests and hobbies. People were encouraged to be as independent as possible and to join in day-to-day activities around personal care, cooking and household chores. One person told us, " I am happy living here...I like my bedroom, I go out most days and I have my own garden shed".

We spoke with senior support workers and nurses about accessible information and they told us that they could support people who used Makaton and other sign language. They said they could access specialist support if people needed different communication tools if they had sensory issues or changes to their cognition.

The people we met showed us that they were used to having a range of choices and options in their lives.

One person told us about the café they preferred and what they liked to eat there. Another person let us know that they wanted to pursue a hobby where they chose images and created their own art work.

We saw a copy of the Trust's complaints procedures and relatives told us they could access this if necessary. They also told us they would only use this as a "last resort" because, as one person said, "I have every faith in the seniors and the nurses and they would deal with any complaint I had. I can't imagine having a complaint because we talk things through and I am kept well informed...". Another person said, "Never needed to in all the years they have been with them...I would talk to the office first."

Staff, professionals and relatives all spoke to us about the, as one person said, "open and honest" way the staff team approached the needs of people with learning disability. We also noted that people's cultural norms and preferences were met. We saw, for example that staff followed special diets and respected the approach needed to ensure people's religious needs were met. Translation services were available if needed.

Staff spoke about arrangements for end of life care. They spoke about the support they gave someone who had died in their own home with the staff giving them support. The nursing staff told us about the work they had done with community nurses and other health care providers. Staff could, and had, accessed end of life training. We saw evidence in files about how this outcome had been met to ensure the person's well being had been maintained to the end of life.

Good

Is the service well-led?

Our findings

This service is operated by Lancashire Care NHS Foundation Trust [The Trust] and therefore does not need a registered manager at each location. This service and another service operating in the West Lancashire area are managed by one nurse manager. We met with her during the inspection. She was suitably experienced and qualified in the management of staff and resources and in the care of people living with a learning disability or with autism. Staff were aware of her role and the roles of others in the organisation.

This service provides care and support to people with a learning disability, autism and related physical and psychological needs. Some people may also have a mental health diagnosis. The governance arrangements were detailed and well established as they were part of the wider Trust arrangements. We learned that each house was managed by a trained learning disability nurse and that each house had a senior support worker who took the lead in the day to day supervision of staff. These governance arrangements were simple and effective. One member of staff told us, "I would ask [the senior] about the daily housekeeping issues but we consult the nurses if it is a problem related to their health needs...". Relatives understood the arrangements. One relative told us, "I have a good relationship with the staff...the senior deals with any issues in the house and the nurse tells me if there are health problems".

The manager was aware of up to date good practice and had introduced things like positive behavioural support (PBS), which has is a new approach to giving the right kind of support to people who had many challenges to contend with. The training and development departments in the Trust ensured that nurses and support staff had access to up to date information on practice.

We spoke with staff about the values and behaviours that the provider expected of the staff. They could discuss these with us and we saw examples of adherence to these with staff talking positively about people and having a good understanding of autism, behavioural challenges and person centred care. They told us that the nurses and the manager took the lead in promoting positive values. Staff we spoke to were happy in their work. One person said, "I have worked for them for a lot of years and it is a great place to work...". Another person said, "I have only been here for a few months but its a great job...I have learned so much."

The Trust had a suitable quality monitoring system in place. We learned that improvements were made as a result of on-going quality monitoring in the service. We noted that quality monitoring of medicines management had improved the way people received their medicines. There were regular internal and external audits of quality in place. We saw audits of care planning, records of medicines management and suitable records of things like accident analysis, maintenance of equipment and personnel records' reviews. Some of these were completed by the "Safety and Quality Governance Department" of the Trust ensuring that an objective analysis of the service was in place.

We looked at a variety of records kept both electronically and in paper form. These were kept securely but were easy to access and to follow. Support staff kept detailed records of people's daily lives and the nurses employed by the Trust kept detailed clinical records. Records, guidance and information could all be given in different formats and different languages. We saw some easy read care records and people confirmed

they had daily planners, care plans and other documents which they could access.

We had evidence to show that people were supported to access all the community resources available for people with a learning disability. We also noted that staff encouraged people to be part of the wider community. Two relatives told us, "[My relative] is well known in the area..." and "[My family member] is accepted in the community...such a change from the past. The staff take people out and they help the community to accept the fact they have rights."

Health and social care professionals told us that they were happy working in tandem with the service. We were told, "In addition to using the expertise within their own service they also take on board the advice and guidance of other professionals who may be involved, and the input of family. I have at times been involved with the service when service users are going through particularly difficult times and staff have remained committed to supporting individuals despite the challenges". Another professional told us the service communicated well with them and that the service was, "Well structured...".