Excel Support Services Ltd

Excel Support Services Limited - South East

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

This inspection took place on 22 and 23 March 2016 and was announced.

Excel Support Services Limited - South East offers a supported living service to people with learning and other difficulties which impact on their ability to live independently. The service assists people to live in their own homes with their own tenancies. It aims to support and encourage people to become as independent as possible, with only as much intervention from care staff as is necessary. The service, currently, supports 77 people in 51 premises.

The service is required to have a registered manager. 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. There is a registered manager running the service.

The service fully understood how to keep people, staff and others safe and was exceptional in that it positively supported people to learn how to keep themselves safe. The provider had a number of very effective ways to ensure the general and individual safety of people, staff and others. People were protected by staff who had received the appropriate training and received training themselves so everyone knew how to recognise and deal with any form of abuse. Staff had been safely recruited and were suitable to provide people with safe care. People were supported, by well trained staff, to take their medicines safely. All significant risks were identified and managed to keep people and staff as safe as possible.

People's rights were protected by staff who understood the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Care staff understood the importance of gaining people's consent and knew how to help them make decisions for themselves. People's capacity to make decisions was recorded, if appropriate, and relevant paperwork was included in care plans.

People needs were met by a well-trained, committed staff team who were exceptional at equipping people to attain as much independence as possible. They very positively supported people to gain knowledge and communication skills so they could express themselves more fully and understand relevant issues. The service was very good at making people feel they were involved and at building their confidence. People's diversity was recognised and they were treated with respect and dignity at all times.

People were supported to be part of the community and experienced a wide range of activities, including attending work and college.

The service was well managed by a registered manager and management team who were generally described as open and supportive, although this view was not held by all staff. The service had a number of

ways to made sure that they continually monitored and assessed the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was safe.

The service was very good at keeping people safe.

Staff and people were trained in and knew how to keep themselves and others safe from all types of abuse.

Staff were recruited in a way which meant that the service could be as sure as possible that the staff chosen were suitable and safe to work with vulnerable people.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Staff supported people to take the right amount of medicine at the right times.

Is the service effective?

Good ●

The service was effective.

Staff understood the importance of helping people to make their own decisions and seeking their consent before offering care.

Staff were well trained and most staff felt they were well supported to make sure they could provide good care. Some staff felt that were not very well supported but said they did not let this make any difference to people's good care.

Staff met people's needs in the way they preferred.

The service worked closely with other healthcare and well-being professionals to make sure people were offered the best care to meet their needs.

Is the service caring?

Outstanding ☆

The service was caring.

The service was very good at helping people to be as independent as possible.

People received care from a kind, respectful and caring staff team who were very good at making them feel confident and important.

People's needs were met by staff who were very committed to their work and the people they supported.

Is the service responsive?

Good

The service was responsive.

People were offered care which was designed to meet their individual needs.

People's needs were assessed and support plans were changed quickly, if necessary. People were involved in the assessment and care planning processes.

People were given information to make sure they knew how to make a complaint, if they needed to. They were confident to approach staff or the management team if they had any concerns or issues.

Is the service well-led?

Good

The service was well-led.

Most staff felt they were valued and well supported by the management team.

The registered manager and the staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were asked for their views on the quality of care the service offered. These were acted upon and the service tried to make things better for people.

Excel Support Services Limited - South East

Detailed findings

Background to this inspection

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

This inspection took place on 22 and 23 March 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We sent a questionnaire to 47 people who use the service, 27 staff, 47 relatives and friends and 27 community professionals. We received responses form 15 people who use the service, nine staff, two relatives and two community professionals.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visits we spoke with 16 people who use the service, the registered manager and deputy manager. After the day of the inspection we received information from five staff members. We contacted 14 local authority and other professionals and received written responses from two.

We looked at a sample of records relating to individual's care and the overall management of the service. These included eight people's care plans, a selection of policies and a sample of staff recruitment files and

training records. The registered manager sent us further information, to show the impact their service has on people who use it, after the inspection visit.

Outstanding ☆

Is the service safe?

Our findings

Some people were unable or unwilling to communicate with us verbally. However, the people we spoke with told us or indicated that they felt, ''safe'' with care staff and three people said that staff helped them to keep themselves safe.

The service was creative in seeking ways to enable people to keep themselves safe. They actively encouraged people to protect themselves at home and in the community. People were provided with information about what abuse was and what they should do if they felt they were being abused. This was provided in a format that people were able to understand and staff discussed with them at appropriate times. People were offered the opportunity to participate in training called, "keeping me safe" which helped them to understand how to protect themselves in all situations. This taught people how to keep themselves safe and enabled them to be more independent and integrated into the community. They told us they now felt much better about keeping themselves safe and knew what to do if they didn't feel safe. People participated in user forums where issues such as health and safety and safeguarding were discussed.

People told their families and care staff that they didn't always feel safe when out in the community alone. They had experienced teasing and discrimination and felt distressed and threatened by this. Staff and others recognised that respect for diversity and discrimination was an issue in the local community and as a result a person who uses the service had contributed to developing a safety scheme with the local authority. Staff encouraged and supported them with articulating their views, building their confidence or any other area where they required help. The person told us that staff always helped them to attend and participate in the meetings, if they needed it. Businesses who participated in the scheme, displayed a sign to tell vulnerable people it was a place of safety. The service ensured people could recognise the sign and understand that they were able to seek assistance in the community, at any of the places displaying the sign. People told us about the sign and gave some examples of when they might seek refuge. One person said if they were getting, "teased" or "bullied" in the community. They told us it had made a big difference to them, it gave them confidence and meant that they went out much more.

People were protected by care staff who were provided with up-to-date safeguarding training. Care staff were confident that the registered manager and other senior staff would respond immediately to any safeguarding concerns. The service had a whistleblowing policy, which staff had used, and they told us they would not hesitate to involve other agencies, if necessary. The four safeguarding concerns reported in the previous 12 months had been effectively and appropriately dealt with. Additionally, a whistleblowing issue had been fully investigated and relevant action had been taken.

There was a high level of understanding of the need to make sure people were kept as safe as possible. The provider had established a safeguarding board which met every three months to discuss any safeguarding referrals or incidents which had occurred. They encouraged staff to put forward any safeguarding issues or concerns for discussion, so that action could be taken to improve people's safety. Minutes were kept of the board meetings and the content of the latest meeting on 15 March 2016 included medicines training and the new safeguarding policy in relation to the Care Act.

A safeguarding analysis, across the organisation, was completed which identified areas that needed attention. An example included the identification of a high number of negative physical interactions between people. New methods (to the service) of behavioural support were being looked at to attempt to reduce these so that people would feel safer and happier. For example some services were focussing on the Recovery Star approach for people mental health issues. This method is designed to involve people in their recovery programme and show clearly what progress they had made to give them hope and confidence in the future. Additionally, current methods of behavioural support such as Positive Behaviour Support (PBS) were being reviewed to ensure it was working as well as it should for people. This work was not completed but showed that the service identified and learned from safety incidents and took positive action in response. Minutes also noted any investigations and discussions about safeguarding incidents which were available and open for all staff to read. Staff were able to use incidents as leaning points for their own day to day practice and avoid similar situations occurring. Any actions to be taken to reduce the risk of similar incidents occurring were 'rolled out' across all services. This meant that as many people as possible would benefit from any learning or improvements made. Examples included the "keeping me safe from abuse" training developed for people who used the service, after incidents which frightened people when in the community and at home and the provision of appropriate door alarm systems, depending on people's needs so that they were kept safe from unwanted intrusions.

The service had robust health and safety policies and procedures, which were followed to ensure people and staff, were kept as safe as possible. A health and safety committee audited and oversaw all health and safety matters. General and environmental risk assessments included cross infection, stress and injury due to unsafe environments. Staff were issued with appropriate safety equipment , quickly, if the need arose. For example clothing to protect them against bites was provided because a distressed person had bitten staff. The clothing was then issued across the service if there was a potential risk of people reacting in this way. This meant staff were able to manage distressed people more confidently and reduce the risk of staff getting bitten and people being distressed because they had behaved in this way. Since the special clothing had been issued no bites had been recorded. Aprons and gloves were issued to staff as standard to adhere to infection control procedures.

The service had developed a business continuity plan which instructed staff how to deal with emergencies. These included reduced staffing levels, emergency accommodation and loss of information technology systems. For example all vital information about people and the running of the service was 'backed up' on senior staff's laptops. This information was encrypted and held securely according to the requirements of the Data Protection Act.

The service worked closely with accommodation providers to ensure people's homes were safe. Managers and staff told us that the landlords they worked with responded quickly to any maintenance issues that caused safety risks.

All accidents and incidents were recorded in detail. Records included the investigation process and the actions to be taken to minimise the risk of recurrence. Examples of actions taken included the manager reviewing the care plan, the development of new risk assessments and the amendment of existing ones. All accidents and incidents were audited monthly by the provider.

People were kept as safe as possible because their care plans included risk assessments which clearly identified any significant risk to them. Risk management plans were incorporated into the daily support plans. Examples included staying safe in the kitchen, epilepsy, personal space and interaction with people. The risk assessments were totally person-centred and reviewed according to people's needs. Examples included enabling an individual to access the community independently. The risk assessment was very

detailed such as staff calling the person's mobile at set intervals. It was reviewed and amended when the person had met particular goals. This meant that the individual was given the opportunity to go out alone with acceptable risk being taken. Another risk assessment was put in place so the person could use hair removal cream safely. The person could, consequently, make their own choice about personal care and feel confident about the way they looked.

The service helped most people they supported to take their medicines safely, other people took their medicines independently. The help people needed with their medicines was clearly described on their plans of care which were supported by medication administration risk assessments. The service had recorded 10 medicine errors in the past 12 months. They had taken action and changed the monitored dosage system (MDS) they used. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The new system used, included easy read information and photographs of individuals, staff told us it was easier to use and more efficient. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked regularly. Exceptionally, people, who chose to administer their own medicines, participated in training, alongside staff. Their competency to take their own medicines safely was assessed regularly and a certificate to confirm they had met the requirements of the training was issued to them.

The service made sure that they had enough staff to offer people the amount of support noted in their plan of care. Staff told us they had enough staff to give people safe care although more one to one time would be, "nice". The service applied to the funding authorities if people needed enhanced staffing to meet changing needs. Additional staff could be made available, as necessary, for out of the ordinary events such as illness, other crises and special activities.

The service had a robust recruitment procedure to ensure that as far as possible they appointed staff who were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Taking up and verifying references and checks on people's identity prior to appointment. The application forms for the most recently recruited staff members were fully completed and any gaps in work histories were explained.

Good

Is the service effective?

Our findings

People told us that staff met all their needs or supported them to meet their own needs. One person said, "staff know exactly how to help me help myself ''.

People were supported effectively by a suitably organised staff team. Staffing was arranged in different ways depending on the accommodation and needs of people. For example people who lived in shared houses or housing schemes were often supported by an established staff team who worked in that particular house or scheme. These staff teams worked according to a twenty four hour rota system which provided consistent care. Additionally, there was a community support team who worked with people who lived in their own homes and received specific care packages. The community team used a scheduling system to meet the needs of people who use this part of the service. The community team provided the same carers wherever possible to ensure as much continuity of care, as possible. The community care team had recorded two missed calls in the previous 12 months. Each had been recorded in detail and fully investigated to minimise the risk of repetition.

Staff received appropriate training to ensure they could meet the diverse needs of the people they supported. Staff members told us they had good opportunities for training and mandatory courses were completed at the scheduled times. For example, moving and handling and first aid were refreshed every three years or when required. Specialised training was provided to meet people's individual needs. This included epilepsy and challenging behaviour training. Staff completed induction training developed to meet the standards of the care certificate. They described their induction as, ''very good" and told us it fully equipped them to meet the needs of people.

Four of the five staff we contacted told us they received regular supervision and the other staff member said they had not been supervised for some time. Staff told us they felt well supported by the management team. However, one person we contacted after the inspection and two of the nine staff who returned questionnaires to us told us that they did not feel well supported. The lack of management support felt by some staff was not reflected in the care offered to people who use the service.

People's health needs were met by care staff and other health professionals working together, as required, and according to individual's plans of care. Staff were alert to people's changing needs and took appropriate action if they had any concerns. The service worked closely with other professionals to ensure that people were kept as healthy, emotionally and physically, as possible. These included members of the community learning disability teams and mental health teams.

People's nutritional requirements were assessed and they were helped with their food, as necessary. Food and fluid intake records were kept in the daily recording booklet, as required. Care staff were trained in any areas which required specialist knowledge such as 'safe food' preparation. Dietitians and the speech and language team were referred to, as necessary and any advice given to staff was followed.

People's rights were upheld because the service understood issues of consent and decision making. Care

plans included information with regard to people's capacity and ability to make decisions about different areas of their care. People told us they are encouraged to make their own decisions. During visits to people's homes we saw that people were positively encouraged to think about issues and make decisions for themselves. For example a staff member was discussing with an individual that they would be moving soon. They discussed what the person was looking for and what was important to them. The person told us they were being helped to make decisions about where and with whom they wanted to live. It was clear that they were being supported to make informed decisions about their future accommodation.

People were involved in initial assessments and subsequent care planning. They signed to say they agreed with the content or staff described how people had demonstrated their agreement. Some care plans showed how young people had been supported to make decisions for themselves, even if their families were not in full agreement.

The service had a clear understanding of the Mental Capacity Act (2005). 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. We checked whether the service was working within the principles of the MCA. Staff had received mental capacity training and were able to describe, when best interests decisions could/should be taken.

Outstanding ☆

Is the service caring?

Our findings

People described the care they received as, ''very good''. One person said of staff, ''they are very helpful''. People told us that staff treated them with respect and preserved their dignity at all times. A family member told us told us that their relative's care worker always, "went the extra mile for them". They gave an example of how the staff member had completed an introduction to a new staff member.

People's needs were met by care staff who were aware of their needs and had established effective working relationships with them. Staff protected people's privacy and dignity at all times. They talked about respecting people's opinions, personalised care and listening to people. Staff were highly motivated to offer positive, respectful and dignified individualised care. They told us the service made a, " real contribution to increasing the wellbeing and quality of life of people. It can be seen by looking at my service users who are all happier, healthier and less challenging since being supported by Excel". They were proud of this and were committed to making a positive impact on people's lives. Another commented, "I feel privileged to be a part of Excel and the Choice Care Group as a whole, with its forward thinking and person centred approach to delivering the highest standards within care".

Throughout the inspection we saw staff treating people with the utmost respect. They spoke to people as equals and asked their permission to enter their homes. They interacted positively with people, using kindly facial expressions and humour to make people feel comfortable and at ease. They listened carefully to what people were saying and respected their wishes. For instance when a person changed their mind about talking with us, staff apologised to us but respected the person's wishes. The re-assured the person that there was not a problem and they had a right to talk to who they wished.

The service had a strong person centred culture. The service used creative ways to make sure that people were able to communicate and staff were able to understand their individual methods of communication. Care plans included an area entitled, "how I communicate with you and how you communicate with me" and guidelines regarding how to use people's individual communication system, including any guidance from speech and language professionals. For example some people. with behaviours that may cause harm or distress, said one thing but meant another. The psychology and staff team were involved in identifying facial expressions and body language that staff could interpret and therefore communicate more effectively with people. Some people who had displayed verbally and physically negative behaviours reduced or stopped behaviours such as destroying their furniture and shouting at staff and others. Staff were also able to forge stronger relationships with people so they could more easily identify their choices and preferences.

People's diversity was identified and respected. Care plans included any religious, cultural or lifestyle choices. They noted any support or help people might need to meet their diverse needs. These included sexual preferences and ethnicity. For example a staff member who spoke the same language and was of the same ethnicity as a person was 'matched' to them and generally provided their care. Physically fit staff were provided as care staff to those people who participated in sport and physical activities as part of their care package. This allowed them to get the most out of each activity by being fully supported and being able to

share the experience. Two people told us that they really enjoyed their football activities since their care staff joined in with them. One person told us they now attended much more often when care staff were able to play too.

The service, exceptionally, used people as trainers to train staff and other people who use the service in methods of communication. One person told us that they assisted the service in becoming more competent in the use of a communication system called 'Makaton'. This is a recognised sign language system widely used by people with communication difficulties. The person had been taught the system since childhood and was identified by the service as an 'expert'. They helped to train staff and other people in its use. They were very proud of this achievement and said it made them feel valued and they had gained great confidence from the experience of being a trainer. They said that staff and people who used the service were benefitting from being able to talk to and understand each other better.

People were provided with information to ensure they knew what to expect from the service and what their responsibilities were. This information was produced in formats designed to ensure people had the best opportunity to understand it. These included easy read, photographs, pictures and simple English. Other relevant policies and procedures, including a list of advocacy groups and individual advocates, were also produced in a variety of people friendly formats.

The service had invested in a number of innovative ways to make sure that people were as involved as possible in the overall planning and running of the individual service and the overall organisation. These included a service user committee, people being supported to be members of the local learning disabilities partnership board (organised by the local authority) and 'expert' auditors. The service user committee included people who had individual methods of communication. They were assisted by mentors to put forward their views. The committee had notably produced a list of characteristics they felt they needed to have in a care worker. This was used in the recruitment process, in which people were involved, as appropriate. Expert auditors were people who used one of the providers' services and visited others to gain the views of the people who lived in them. They were trained to undertake the work and presented a report (with support, if necessary) after their visit. An overall report of the experts' work was presented to the board to tell them what the experience of living in or receiving their services was like. People felt they were really listened to and involved in making changes to improve the service.

Care staff were exceptional at supporting people to maintain and increase their independence, as appropriate. Examples included people being able to retain their tenancies through mental health and behavioural crises. The service worked closely with the landlord, social work teams and families to support people and advocate for them, if necessary. This meant that people had a settled home they could continue to live in or return to and were able to resume a fulfilling lifestyle, after their crises. They worked over a prolonged period of time and persisted in seeking additional community support and developing new strategies to assist people. Some people were assisted throughout a crisis while they were not living in their home. Staff worked with the Community Mental Health Team, the social work team and others to try to ensure people were spoken with and kept as safe as possible wherever they were staying. Strategies included using IT equipment such as mobiles and E-mails and a strategy for each individual meeting with people. there were specific examples of people who had returned to their usual lifestyle and were making a full recovery.

Young people's aspirations for the future often included moving from the family home to live independently. The service positively assisted people to fulfil their future aspirations. People had very person centred, detailed plans of care which included developmental goals and ways to attain them. Some people's development was outstanding. They had developed from living at home being 'looked after' and playing

with children's toys to living independently, within a relatively short time frame. The service had achieved this by a variety of means including carefully matching the individual to care staff who could motivate them and using activities that they enjoyed doing. Recorded meetings with individuals and other professionals noted people's pride in having their own tenancy and in their achievements. They also showed that some people were becoming confident to make decisions independently of others and were thereby able to choose their preferred lifestyle. Whilst one family member commented that the service had not assisted their relative to develop this was not reflected by others. One person told us, "if it wasn't for the staff I wouldn't be living my own life and making my own decisions". Another said, "it's thanks to them I've got a home of my own". Other people had achieved independence in areas they particularly wanted to. These included training and development programmes to enable people to take their own medicines which had increased their privacy and control of their daily routine. Learning to use public transport and cross roads meant that people could access the community independently. This gave them the opportunity to go out and they could come and go as they chose, safely. Learning how to prepare their own meals meant that people had control over what they ate, their daily routine, attained more privacy and could reduce the number of people entering their home. The achievement of these goals gave people confidence, a feeling of self-worth and enhanced their lifestyle.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. A professional commented, ''[the area manager] is super-efficient at responding to me" and "I have suggested various actions in the past all of which have been completed in reasonable/agreed timescales".

People's needs were assessed and care was planned with them. The service worked with people and other professionals to plan and deliver care according to people's individual needs. The personalised care plans contained all the relevant information to enable staff to deliver the agreed amount of care in the way people preferred. Care plans were reviewed a minimum of annually and whenever needs changed. One care plan had been reviewed three times in 2015 because the person was developing and their needs were changing. People who were being offered a new service had regular reviews at eight weeks, 19 weeks and eight months. This ensured that the care plan was effective and relevant to the individual.

People's changing needs were communicated to staff by various means, depending on the nature of the service given. For example staff in the community team were kept up-to-date with any necessary information to meet the person's current needs by phone, texts and meetings. In shared houses and schemes with a permanent staff team information was shared by means such as daily notes, handover meetings and regular house meetings. Care plans were changed quickly, as necessary and senior staff would re-assess people's needs when requested to do so.

The service was fully aware of the negative effects of isolation, especially for those people who live alone and have a limited care package. They had developed a scheme called the, "smile buddy system" which helped people to form a relationship with another person who shared interests. Staff encouraged and supported the relationship to try to ensure people did not feel lonely or isolated.

Activities, work and learning opportunities formed part of some people's care package. The service provided a large variety of opportunities for people to access activities relevant to their needs. These included work experience, college courses and community facilities. Additionally activities and events that were not specifically part of care plans were provided by the service to enhance people's enjoyment and lifestyle. These included a "CHOICE (the provider) has got talent" competition and celebrations such as BBQs and seasonal parties. People told us they really enjoyed events and participated whenever they could. People assisted staff to plan events via the "service user party planner committee".

People knew how to make complaints if necessary. One person told us they had recently made a complaint to the registered manager who was in the process of investigating it. People said they knew who to tell if they were not happy or were worried in anyway. They named various people who worked in their service and more senior managers and confirmed that staff would assist them if they needed help. People behaved confidently in the presence of staff and were willing to approach them to discuss any issues. The service had a robust complaints policy and procedure which they followed when they received a complaint. The complaints procedure had been produced in an accessible version which included photographs pictures and simple English. The service had recorded four complaints and five compliments about the service in the

preceding 12 months. Complaints were managed and dealt with appropriately.

Good

Is the service well-led?

Our findings

People told us they liked their managers and they could always talk to them. However, when referring to their managers they were talking about the person who managed their specific accommodation. The registered manager supported eight service managers, with the assistance of a deputy operations manager. The care for the 77 people who used the service was directly managed by the service managers. The views of staff were variable. All staff told us that the service provided very good or excellent care to people. However, a minority said the service did not offer the staff teams enough support and did not always respect care staff. The majority of staff told us they felt well supported and valued.

The service had recognised that there was a high staff turnover and the impact this could have on people who they provided care to. They had developed a, "valuing staff strategy" and had initiated a, "Choice care group academy". The academy was an approach to recruitment and training to develop staff. The service recognised staff and staff team achievements. These were related to the impact staff had on the lives of people. They included awards for, "the most positive outcome for a service user", "expert auditor's award", "most improved service" and "made a difference". The service produced a publication called, "Choice News" which was provided to ensure everyone was kept up-to-date with all the activities, developments and projects that were underway or had been achieved. It reported on the staff award ceremonies and why they had won the awards. The expert auditors had given their award to a service that had a good atmosphere, had staff that positively engaged with people. Had good activities, had staff that were helpful, friendly, had a sense of humour and were caring and kind. Had a homely and tidy environment and offered nice food. The "most positive outcome" was awarded to a staff member who had helped a person realise their lifelong dream.

The views of people who use the service and staff who worked there were listened to. There were various ways people were encouraged to relay their views to the provider. These included service user committees, participation in development projects such as the "keeping safe" scheme and the "experts" involvement in the equality assurance process. The service held regular house meetings with people and their views were collected during care plan reviews. Area annual conferences were held for staff. Different groups of staff, such as service managers, had regular meetings for which were minutes were available to everyone. Each service manager set up staff meetings as appropriate to the type of service they managed.

The service made sure that the care delivered to people on a daily basis was of good quality and met their needs. There were robust quality assurance systems used throughout the organisation, which were completed by the service. These included annual questionnaires sent to people, relatives, staff and other relevant parties. Expert auditors visited one of the shared houses or schemes every month. A senior manager 'spot checked' people's homes and observed staff practices approximately once a month and at people's request. Service managers audited their own service one month and another service on the second month. Senior managers completed a random audit, with a few days' notice, of people's homes or the office every two months and additional six monthly 'spot checks' were completed by other senior managers. Night time 'spot checks' were completed where relevant. Reports for all Quality assurance visits were produced and any issues highlighted to the registered manager for action. Additionally landlords visited properties regularly to

ensure the environmental standards remained adequate.

A report was produced as a result of the quality assurance process and the views gained from people, staff and others. It included summaries of what various groups of people thought the service did well and what could be improved. An action plan was developed and identified all the actions to be taken, by whom and by when. Actions that had been completed from the December 2015 development plan included improving the frequency of team meetings to enhance communication, the improvement of training opportunities by staff and increasing people's opportunity to participate in the community and experience more varied activities.

The service worked closely with other agencies and was involved in projects to assist other groups of professionals to understand people's experience of living with a learning or mental health difficulty. For example they worked closely with housing providers to help them to understand people's complex needs so that people could keep their tenancies. They assisted in the training of student police officers to enable them to understand people's diversity. They supported initiatives such as the, "keeping safe" scheme and encouraged staff to be I CARE ambassadors, who promoted care work as a positive career option.

Highly individualised and well-kept records supported the quality of care provided to people who use the service. Additionally other records which were related to other aspects of running a regulated service were up-to-date and of good quality. Statutory notifications were sent to the Care Quality Commission when required and in the correct timescales. We received 16 notifications, which included four safeguarding incidents, in the past year. All had been appropriately dealt with.