

Eastway Care Limited

Eastway Silvertown

Inspection report

54A Railway Arches
North Woolwich Road
London
E16 2AA

Date of inspection visit:
09 January 2018

Date of publication:
21 February 2018

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?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 9 January 2018 and was announced. The provider was given 48 hours' notice to ensure people were available to speak to us during the inspection.

Eastway Silvertown is registered to provide personal care. They do this by providing care to one person in their own home and by supporting small groups of people to go on holidays. People who use the service have learning disabilities. They had supported a group of four people to go on holiday in April 2017.

Following the last inspection in October 2017 we asked the provider to complete an action plan to show what they would do by when to improve the key questions of effective and responsive to at least good. We found the provider had taken clear action to address our concerns about recording of consent and detail in care plans and have no further concerns in these areas.

The service had 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.

Relatives spoke very highly about the quality and nature of support received by their family members. Records confirmed care was planned and delivered in a highly personalised way which encouraged people's independence and celebrated their individuality. The service adhered to best practice guidance around supporting people with learning disabilities in the community and with their healthcare needs. The service was flexible and responded to changes in people's needs and circumstances. They worked well with other agencies to ensure people received a holistic service.

Relatives told us they trusted the service to keep their family members safe. Staff demonstrated they understood the importance of positive risk taking and encouraged people to try new things in a safe way. People were protected from abuse by systems and knowledgeable staff. People were supported to take medicines as prescribed and there were systems in place to ensure this was managed safely.

There were enough staff to meet people's needs. Relatives told us staff were given the time to get to know people and build up positive relationships with them. Staff spoke about the people they supported with kindness and compassion. Care plans contained clear information about how people expressed their emotional needs and guided staff in how to respond.

People's religious beliefs and cultural background were considered within care plans. People's sexual identity and expression was supported in a sensitive manner.

People were supported to eat and drink in line with their needs and preferences. People were encouraged to be involved in meal preparation.

The service applied the principles of the Mental Capacity Act 2005 and made information accessible to people in formats they could understand. There was clear information about how people communicated their needs and choices. Relatives told us their family member's choices were respected by the service.

The service had a clear and accessible complaints policy and procedure. There were different ways for people to give feedback, including meetings, surveys and reviews. People's feedback was listened to and acted upon.

Staff received the training and support they needed to perform their roles. The service ensured they complied with measures to be an equal opportunities employer and made appropriate reasonable adjustments for their staff.

Staff and relatives spoke highly of the registered manager who was described as "The mum of the whole service." She was approachable and staff and relatives told us she was an effective leader who ensured the values of the organisation were known and adhered to in practice.

There were clear systems in place which involved people, relatives and staff to improve and develop the quality of care. Where things had not gone to plan, or mistakes had been made, lessons had been learnt and future plans made more robust.

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 safe. People were protected from abuse by robust systems. Staff were knowledgeable about how to safeguard people from harm.

There were clear plans in place to ensure risks to people were mitigated against.

There were enough staff to support people safely.

People were supported to take medicines and this was managed effectively.

People were protected by the prevention and control of infection.

There were effective systems in place to learn from and respond to incidents.

Good 

Is the service effective?

The service was effective. People's needs were assessed and care planned in line with best practice guidance for supporting adults with learning disabilities.

Staff were given the training and support they needed to perform their roles.

People were supported to eat and drink in line with their needs and preferences.

The service worked with other organisations and healthcare services to ensure people received holistic care and their healthcare needs were met.

People were involved in making decisions about their care. The service followed the principles of the Mental Capacity Act 2005.

Good 

Is the service caring?

Good 

The service was caring. People and staff had developed positive, trusting relationship based on respect.

People were treated with kindness and compassion. Staff had information about how to identify and respond to people's emotional needs.

People's religious and cultural needs were considered by the service.

The service considered people's sexual identity and expression and ensured sensitive support was in place.

There was a focus on supporting people to develop their independence and staff supported people with this in mind at all times.

Is the service responsive?

Good ●

The service was responsive. People's care was planned and delivered in a person-centred flexible way.

People's feedback was listened to and acted upon to improve the quality of care.

People were supported to take part in wide range of activities of their choosing.

The service had systems in place to ensure people received sensitive support if they were bereaved.

Is the service well-led?

Outstanding ☆

The service was well led. The service had a clear vision and values which were well understood by staff. Relatives felt family members were supported in line with the organisation's value base.

Relatives and staff spoke highly of the registered manager. They felt supported and encouraged by her leadership.

There were clear systems in place to maintain and improve the quality of the service.

People, relatives and staff were involved in reviewing and developing the organisation.

The service worked well with other organisations to ensure people received holistic care.

Eastway Silvertown

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.

The inspection took place on 9 January 2018 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure someone was in.

The inspection was completed 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, what the service does well and improvements they plan to make.

During the inspection we spoke to the registered manager and the deputy manager. We reviewed the care records of four people who used the service including care plans, risk assessments, reviews and medicines records. We reviewed three staff supervision files and the training records of staff. We also reviewed various meeting minutes, policies, procedures and other records relevant to the running of the service. After the inspection we spoke with two relatives of people who used the service and two support workers. We were unable to speak to people directly as they were unable to communicate with them in a meaningful way over the telephone.

Is the service safe?

Our findings

Relatives told us they were confident their family members were safe while receiving care. One relative told us, "I was really confident in the staff. They know him really well. I didn't worry one bit while he was away." Another relative told us, "I trust the staff who work with my relative. I know they'll tell me and their managers if anything happens while they're supporting him."

Staff were knowledgeable about safeguarding adults from harm. Staff who supported people to go on holidays told us they were provided with local information in case of emergencies. This included local hospital and social services telephone numbers. They also told us the provider had an on-call service for both holidays and community services that meant they could seek support in the event of emergencies. One member of staff said, "There's good information about what to do in an emergency. That's something they [Eastway Silvertown] are very good at. There's an on-call and we can contact them every time."

The provider had robust systems in place to ensure staff knew how to respond to allegations of abuse. There was a clear policy and procedure with details of how to escalate concerns. The file staff took on the holidays included local safeguarding contact information should staff need to raise concerns while away. Records showed staff had completed training in safeguarding adults. The provider had robust systems in place regarding supporting people with money to reduce the risks of financial abuse. Records showed where staff had handled money on people's behalf robust processes had been followed to ensure safe handling of people's money.

There had been no safeguarding concerns with regard to the delivery of regulated activities since our last inspection. However, where there had been safeguarding concerns in relation to other aspects of service delivery the provider had appropriately escalated concerns to the local authority. This meant the provider continued to have effective systems in place to safeguard people from abuse.

A relative told us the service identified and mitigated risks faced by their family member. They said, "They are really up on health and safety. They know what they are doing." Another relative told us, "They know how to respond to him, how to keep him safe." Staff told us they took a positive approach to risk taking. They described how they worked to keep people safe while recognising their right to take risks. One support worker explained, "Eastway has ways of working that mean we have boundaries in place to keep people safe but we also sometimes have to take risks and try new things. We encourage people to try new things but make sure we use our judgement to keep them safe while they are doing it."

Since the last inspection in October 2017 the service had supported another group of people to go on holiday. Records showed risk assessments had been reviewed and updated to ensure they reflected the needs of the group attending the holiday. Individual risk assessments were in place where required. These included detailed instructions for staff on how to mitigate risks around different activities, mobility, use of transport, community access and, where necessary, behaviours which could cause harm to people and others.

The information for staff was clear and included de-escalation techniques. Where people received support in their own homes, the provider had carried out appropriate environmental risk assessments to ensure risks were mitigated against. Their individual risk assessments had been reviewed since the last inspection and updated to reflect any changes required. This meant people continued to be supported to stay safe through appropriate risk assessment and mitigation.

The provider continued to allocate staff to people receiving support in the community based on the support commissioned by the local authority which was agreed to be sufficient to meet their needs. There were allocated staff members who knew the person well and would provide cover for team member's planned and unplanned absence.

Staffing levels for the holiday service were calculated in order to ensure that there were sufficient staff to meet people's needs and ensure staff were able to have breaks as required. The service had supported people from another location to attend the same holiday and the staff team had been a mix of staff from the two locations. Although staffing levels had been sufficient, feedback from staff collected during and after the holidays was clear that for future holidays staff should be selected from the teams that knew people best. The registered manager told us they would not staff holidays with mixed staff teams again as this had not led to the joint working that had been envisaged. The registered manager was very clear that there had been no impact on the people who went on the holiday as their feedback had remained positive about the holiday staffing levels.

The provider had not recruited any new staff who were delivering the regulated activity since our last inspection. The provider's policy and procedure outlined safe recruitment practice. People who used the provider's services were involved in the recruitment process and sat on recruitment panels.

People were supported to take their medicines while on holiday. There was clear information about people's medicines with clear records regarding which medicines had been received by the provider, administered to people and returned at the end of the holiday. Care plans contained clear information about the nature and purpose of people's medicines and the support they needed to take their medicines. This included where people just needed reminding to take them and promoted people's independence.

People receiving support in the community were not supported to take medicines on a regular basis. However, there was clear information available to staff regarding emergency medication that may be required in the event of a healthcare related emergency. Records showed staff had received training in how to administer medicines safely. This meant the provider continued to ensure people's medicines were managed in a safe way.

Care plans contained details of how to ensure people were protected by the prevention and control of infection. For example, staff were instructed to adhere to good hand hygiene and use personal protective equipment when providing care to people. Some people behaved in ways which presented particular infection control risks and there was clear information within their risk assessments to inform staff how to mitigate these risks. This meant people were protected by the prevention and control of infection.

The registered manager told us there had been no incidents or accidents during the delivery of regulated activities. Records from other aspects of the service showed the provider responded to incidents in a constructive way, completing investigations and taking action to ensure incidents were not repeated. As part of the support in place during the holiday a director of the company had intervened to reduce the risk of incidents occurring due to staffing issues. This showed the provider had been proactive in taking steps to prevent incidents from occurring.

Is the service effective?

Our findings

At our last inspection in October 2017 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because consent had been sought from relatives who may not have had the legal authority to consent on people's behalf. The provider had taken action and was no longer in breach of the regulation.

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 interest 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. The application procedures for this in the community are via the Court of Protection. We checked whether the service was working within the principles of the MCA.

The provider had taken clear action to address our concerns that people's relatives were providing consent without lawful authority to do so. Records showed the provider had taken all reasonable steps to gain informed consent from people themselves. Information about the services had been made into formats that were accessible to them and the provider had clearly captured people's responses to this information. For example, one person was shown pictures of the previous holiday and their reaction to these pictures was captured. Another person's support worker provided feedback about how they had reacted to the previous holiday and how they communicated about it.

Records were clear that people, and their relatives where this was appropriate, were involved in making decisions about care and treatment. Where people were unable to consent to aspects of the service records showed the provider had involved appropriate representatives and followed the best interests process.

Relatives told us the service respected choices made by their family members. One relative said, "They respect his choices." Staff described how they offered people choices and demonstrated they understood the importance of communicating clearly to ensure people were making active choices. One support worker said, "It can be difficult to engage people and offer choices, but we have the tools to engage them. It's important where someone has expressed a choice we respect this. You can see the difference it makes when people feel they have been listened to." This meant the provider had followed the principles of the MCA in ensuring people were provided with information in a format they could understand and provide consent via alternative methods of communication

At the last inspection in October 2017 we made a recommendation regarding supervision for staff. This was because staff were not receiving supervision in line with the provider's policy. Records viewed at this inspection showed staff were receiving supervision. Supervision was used to discuss people being supported and any issues arising as well as the performance and development of staff members. Records

showed supervisors took action to support staff to develop in their roles or if staff were not performing as required. However, records were filed according to who completed the supervision, rather than by the staff member. This meant that if a staff member's supervisor changed, the location of their records changed and the new supervisor did not always have easy access to previous supervision records. We discussed the filing system with the registered manager who recognised that filing staff records by staff member would be better for the service and reduce the risk of information getting lost in the event that supervisors changed.

Records showed that staff had continued to receive training in areas relevant to their roles. This included moving and assisting, health and safety, first aid, approaches to supporting adults with learning disabilities, various health conditions that affected people and medication. This meant staff were supported to ensure they had the skills they needed to perform their roles.

Records showed the provider assessed and reviewed people's needs with a focus on the outcomes of support provided. Desired outcomes, such as increased community access and creative opportunities were clearly recorded and monitored through regular reviews. People's needs were considered in a holistic way which focussed on the provider's emphasis that adults with learning disabilities should be able to live a life the same as people without disabilities. People's care plan contained information about their circles of support and others who should be involved in supporting people to make complex decisions. A relative said, "The way they approach their support is totally different to other services we've used. They are totally focussed on him and it makes such a difference. He's getting so much out of it."

The registered manager explained the service used "active support" as a framework for assessing and planning to meet people's needs. Active support is a recognised approach to support people with learning disabilities to engage with the activities of daily living. In addition, the deputy manager was in the process of completing a positive behaviour support qualification that would enable them to cascade positive behaviour support approaches across the staff team. Positive behaviour support is a recognised approach to supporting people who may present with behaviours which may harm themselves or others. This meant the people's needs were assessed and care planned in line with standards and guidance for adults with learning disabilities.

Care plans captured people's dietary needs and preferences. These clearly included any specific religious or cultural needs. Records showed people had been involved in planning the menus for while they were on holiday and had been supported to complete the shopping. Records showed people were supported to eat meals that reflected their preferences. People were supported to be involved in preparing their meals. A support worker told us, "For example, when we were preparing breakfast, we showed them what there was and what to do to prepare it. We make sure it was safe, but encouraged them to do as much as they could themselves. We didn't serve meals, but made sure they did it. When we went to a restaurant they chose their meals, we wouldn't do it for them."

Records showed the service worked with other local organisations in providing care for people. The registered manager explained that through the day services they provided they had established good working relationships with various home care providers working with people they supported. In preparing for people's holidays they had sought information and feedback from these providers to ensure they provided high quality support to people. In addition, records showed the provider worked closely with the local authority learning disability team and health services to ensure people received holistic care.

People receiving a service experienced a range of long term and complex health conditions. Relatives told us they were offered support by the service in order to ensure people's healthcare needs were met. One relative said, "I'm confident they know how to manage any health emergencies. I've seen them do it now and I trust

them." Another relative told us the service always offered to support them to attend medical appointments. Where people had specific health conditions which they required support to manage there were clear guidelines in place. People had health action plans and hospital passports which were completed with a high level of detail to ensure healthcare professionals would have the information they needed to provide support to people in healthcare settings. Health action plans and hospital passports are recognised as good practice in supporting people with learning disabilities to have their healthcare needs met. This meant people were supported to access healthcare services as needed.

Is the service caring?

Our findings

Feedback about the attitude of care staff was positive. A relative told us, "The support workers care. I've seen a lot of carers over the years. These ones are genuine. They do really care for him. I can see from the way they interact." Another relative said, "I hand on heart think they really care about him. There's a couple who really go past their job description. They'll work late because he's enjoying himself and they don't want to make him come home just because their shift is about to finish. There's one worker who just knows him inside out. She made a book about him that was just perfect."

Staff spoke about the people they supported with kindness and compassion. One support worker said, "The way we work with people is all about demonstrating respect. We go with what makes people happy. As an organisation it's about making sure it's about people. It feels like part of my family. I see that everything we do should be designed for them." Another support worker told us, "We build up trust with people and their families. Trust is the most important thing. I encourage people to be themselves. That's the Eastway way of working. When you've got to know someone and they let you into their world, that's the best thing. I've never looked back since [one person I support] welcomed me in."

Relatives told us support workers were introduced to people in a way that facilitated building up strong relationships. A relative explained, "They introduce staff to the groups first, then once they've become familiar with each other they build up the one-to-one. I've never had a stranger turn up. They recognise [my relative] needs to know people to work with them." Staff who supported people to go on holidays already had long-established relationships with people so positive relationships could be developed. Staff described the benefits of supporting people in a different context. One staff member said, "It was really different supporting them on holiday. I was really impressed with how different one person was. They were [completing task] independently. I wouldn't normally see that and I was really impressed."

Care files contained detailed information about people's communication and how they expressed their emotions. There was clear guidance about behavioural indicators that might indicate the person was emotionally distressed or was over-stimulated and how staff should respond to ensure people's emotional needs were met. For example, one person's care file instructed support staff to use a specific sign to engage and distract the person if they were behaving in a specific way. The care files contained personal histories which included photographs of people doing activities and of key people who were important in their lives. This information was considered and reflected in circle of support meetings and reviews. These meetings reflected that the service sought additional information from people's families and other support networks to inform the person's support plan.

Care files contained information about people's religious beliefs and cultural background and the impact these had on people's support preferences. There was also clear information about people's relationships and how they should be supported to maintain them. For example, it was an agreed goal of one person's support plan that they have opportunities to spend time with named friends. There were photographs within their file showing them spending time with friends in various settings. This meant people were supported to form and maintain relationships.

People's sexual orientation and expression was also considered as part of their care plan. Where people needed support to ensure this was expressed in a way that did not put them or others at risk of harm this had been sensitively explored with appropriate guidance in place.

One of the organisation's core values was supporting people's independence and this was reflected in care plans and in staff feedback. Care plans emphasised that staff should support people with tasks and help them develop their skills rather than do things for them. A support worker explained, "We do things with people, not for them." The organisation's values also included dignity and respect. Another support worker explained how they put these values into action. They said, "I try to give him as much space as I can to do things himself. I'll wait the other side of the door so he can do things in private. There are risks, so we can't go too far away, but it's important he has privacy and the chance to make his own mistakes." This meant the service worked in a way that promoted people's independence, dignity and respect.

Is the service responsive?

Our findings

Relatives told us the service worked in a personalised and flexible way. One relative said, "They are really accommodating of our circumstances. We can make changes even if it's at the last minute." Another relative told us, "The organisation is different in their approach. They are always trying new things and developing how we do things. They're enthusiastic about supporting him well." Relatives confirmed they had regular meetings, at least annually, to review their family member's care. Records showed these meetings were person centred reviews where a holistic approach was taken to ensure the service was working with all the services involved in the person's life to achieve their goals.

Records showed people had been involved in planning their holidays and care files contained details of the support people needed to have their care needs met while on holiday. The provider had followed our recommendation from the last inspection in October 2016 and care plans now contained sufficient detail about how to meet people's personal care needs. The care plans were personalised and emphasised people's strengths in completing tasks independently and the role of support workers was clearly defined. For example, one person's care plan detailed which aspects of tasks people could complete but were sometimes reluctant to and how to support them to complete these tasks independently.

Both as part of the holiday scheme and community support the service was pro-active in identifying opportunities for different activities for people to take part in. Planning meetings for the holidays showed that people were offered choices of different activities. Records showed people were supported to take part in a range of activities, including various sports, meals out, parties and trips. A relative said, "They are all up on activities. They make sure people have the same opportunities as anyone else."

People, relatives and staff were given the opportunity to provide feedback about holidays in structured meetings. Records showed that the provider had taken on board this feedback and made changes in how holidays were planned. For example, the provider had now completed three holidays of different durations and had now agreed that five days was the best length of holiday based on feedback from people and staff.

There was a clear complaints policy in place with accessible versions available for people who used the service. The service had not received any complaints. Relatives we spoke with told us they knew how to make complaints. One relative said, "No complaints have ever arisen, but if they did I'd just call [registered manager]" Another relative said, "There have been little blips over the years but it was all ironed out easily." This meant people and their relatives were listened to and their views were used to improve the quality of the service.

At the time of this inspection the service was not supporting anyone who was at the end of their life. However, the provider had an end of life policy and experience of supporting people through bereavement through the aspects of the service that are outside the scope of our regulation. The provider recognised that many people were being supported by older relatives and sensitive support was in place to ensure people received appropriate support in the event of a loss. Records showed this was considered as part of the assessment, planning and review process.

Is the service well-led?

Our findings

The service had a clear vision and set of values based on ensuring that people with learning disabilities were supported to live full lives as valued and respected citizens. The values were well known and understood by staff. One support worker was asked how they demonstrated their respect to people and said, "It's just the way we work. It's the seven values of Eastway Care, choices, rights and privacy are key. We go with what makes people happy and fulfilled." Each person was given an accessible version of the values of the organisation and a document called "Charter of Rights" which explained in an accessible form the nature and type of support people should expect from the service. Feedback from relatives reflected that staff worked in positive, empowering way with their family members. One relative said, "It's from the top down to all the support workers. There's something about their approach they are positive and enthusiastic."

During the inspection we saw the registered manager was knowledgeable about the people who received a service and the circumstances of their families. She made adjustments to the way people could access the service to help people who required it. For example, a relative contacted the service about an issue which required them to complete a form. The registered manager and their deputy had a discussion about the unusual delay between this form being sent to the relative and it being completed. They identified that the relative may have difficulty in completing the paperwork and agreed to visit them to support them to complete it. This demonstrated the management team ensured that all people had equal access to their services and were provided with support to do so when this was needed.

Relatives and staff spoke highly of the registered manager and we saw people and staff approached her easily throughout the inspection. One relative told us, "[Registered manager] is on it. My relative couldn't cope with some of the groups so they've changed his service so it works for him." Another relative said, "[Registered manager] is really easy to talk to. She understands our family circumstances and that I might need to contact her out of hours. It's never a problem. I can just drop her a text and she'll sort things out."

A support worker told us, "[Registered manager] is like a mum to the whole service. She knows everyone here so well. We are all there because of her. She means it when she talks about driving up quality. She makes it easy for us to do our jobs." Another support worker said, "[Registered manager] is very positive in what we all do. Hand on heart she's an excellent manager. She listens, she's flexible and very supportive." We saw that some staff had reasonable adjustments in place to facilitate their employment. They told us this had been arranged through the registered manager who had been supportive to them in ensuring they had the support they needed to perform their roles. The registered manager told us the organisation was committed to equal opportunities for their staff and described how they had adjusted a job role and introduced a job sharing arrangement for staff in response to changes in their circumstances.

Supervision and review meeting records showed the management team had clear oversight of the quality of records in the service. The responsibilities of different staff to complete various records was clear and standards were explained and staff supported to adhere to them. Records of care delivered had been checked and were used to ensure people were being supported to achieve their goals.

The provider collated feedback from people and their relatives from surveys, review meetings and other communications to complete an annual review of the quality of the service which led to a development plan. This report showed that people felt they were involved and in control of their service and the best things about the service were activities, meeting people and trying new things. During the inspection one person who used the day services explained they were currently challenging the provider regarding budget allocations. The registered manager supported this person to escalate their concerns to the provider. The person had previously successfully achieved a change in the budget allocations.

Following the most recent holidays there had been meetings with people and their relatives to seek feedback and ensure future holidays met people's needs. There had also been meetings with staff. Records showed these meetings had uncovered a number of issues the staff had faced in the recent holiday around the delegation of responsibility and sharing of workload. It was clear from the meeting records that staff had spoken frankly about their experiences. The registered manager told us they had made changes following this feedback. They told us that in future they would plan holidays separately from other locations within the provider group. They said they would be clearer with staff about their roles and responsibilities while on holiday to prevent the perception of some staff that the delegation of duties had been unbalanced. Staff we spoke with were confident the same issues would not arise again. One support worker said, "The mistakes that happened couldn't have been avoided. It was about the individuals there. They definitely wouldn't make the same mistakes again. They took a step back and reviewed it." This meant the service ensured they continued to learn and develop.

The provider had continued to hold regular meetings with people, relatives and staff. There was a group called 'Driving Up Quality' which met to discuss future developments for the service and to ensure people were receiving a high quality service that met their needs. Meeting records showed people were involved in discussions around recruitment, holidays, training and liaison with health services. Records of these meetings showed the information was presented in an accessible way to people to ensure real involvement in decisions affecting the future of the service. These led to future plans for the service based on the needs and goals of people, their families and the staff working for the provider.

The registered manager told us, and records confirmed, they worked closely with other agencies involved in supporting people. As people who used the service had complex needs there was close partnership working with local healthcare teams who delivered training sessions to staff as well as supporting people with their healthcare needs. A relative told us they were confident staff communicated clearly with all the other professionals involved in their family member's care. As part of the day service provision the provider supported people to be active members of their local community.