

The Driving Up Quality Code is a code for providers and commissioners. Signing up is a commitment to driving up quality in services for people with learning disabilities.



DRIVING UP QUALITY IN  
LEARNING DISABILITY  
SERVICES

Learning Disability England

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## The Code

### About the Code

Everyone was shocked about the abuse of people with learning disabilities at **Winterbourne View**. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again. We found out as a result of Winterbourne View that the problems were not just about one organisation that abused people. We found out that other organisations supporting people with challenging behaviour were not meeting minimum standards. We found out that too many people are sent away from their communities for too long and we found out that the professionals and organisations responsible for organising, paying for and checking people are doing well, were not doing their jobs properly. We think that all providers need to take responsibility for making the services we provide better.

Providers need to make a commitment to listen to the people they support and support them to build lives that have meaning for them. We have developed a Code and we will invite all providers that support people with learning disabilities to sign up to this Code. This Code is part of what we have promised to do under the Winterbourne View Concordat and action plan.

The Code has a particular focus on people with challenging behaviour who have longstanding and complex support needs but can be applied to all people with learning disabilities, including those who have autism. The Code has been developed by the Driving Up Quality Alliance: *Housing & Support Alliance, English Community Care Association, Voluntary Organisations Disability Group, Sitra, Association for Real Change, National Care Association, National Care Forum, Adults with Learning Disability Services Forum, Shared Lives Plus and the Independent Healthcare Advisory Services.*

For more information about who developed the Code see: [Who developed the Driving Up Quality Code?](#)

### What we want the Code to achieve

The aim of the Code is to avoid what happened at Winterbourne View ever happening again. To achieve this, much change is needed in the care sector if good organisations are to flourish, and poor providers be driven out.

#### **Specifically we want to achieve the following:**

- Drive up quality in services for people with learning disabilities that goes beyond minimum standards
- Create and build a passion in the learning disability sector to provide high quality, values-led services
- Provide a clear message to the sector and the wider population about what is and what is not acceptable practice
- Promote a culture of openness and honesty in organisations
- Promote the celebration and sharing of the good work that is already out there.

### How the Code works

The Driving Up Quality Code outlines good fundamental practices and behaviour that organisations that support people with learning disabilities need to be committed to. Signing up to the Code is a public commitment from organisations that they believe in these good practices and are achieving or actively working towards them. Signing up to the Code is also a commitment from organisations to be transparent about how they operate.



## What the Code isn't

The Code is not intended as a quality measurement tool or to replace other codes and frameworks but is a process that can enable organisations to think more deeply about what they are trying to achieve and how their behaviour impacts on this.

## Features of the Code

### Sign up ...

The Code is voluntary. Providers will be asked by umbrella organisations to sign up publicly to the Code and evidence how they meet, or are working towards meeting, the Code. For some membership organisations, this will be a requirement of membership.

### Self Assessment

Providers will be encouraged to carry out a self- assessment and report how they are working towards meeting the code.

### Independent Verification

Providers will also be encouraged to use Experts by Experience and/or other mechanisms to independently verify self assessments.

### Commissioner Sign Up

Commissioners will be asked to sign up to the Code and commit to actively using the Code through their commissioning processes to improve quality in learning disability services.

### Being Transparent

Information about who has signed up to the Code and how organisations are working towards meeting the Code is publicly available.

### Being Accountable

Service users, families, staff, commissioners, and members of the public will be invited to challenge any provider self- assessment if their experience of the service differs from what the provider has stated.

## The code is complementary with:

### Challenging Behaviour Charter



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

The Challenging Behaviour Charter was developed by the Challenging Behaviour National Strategy Group to encourage organisations to sign up and make a public commitment to its principles. The Charter says that people with learning disabilities who challenge, and their families, should have access to the same rights, opportunities, and support as everyone else. The Challenging Behaviour Charter has a focus on the rights of the individual while the Driving Up Quality Code has a focus on how organisations should behave so that the people, they support have their rights and needs met.

### Making it Real markers towards personalisation

Making it Real is marking progress towards personalised, community-based support. Think Local Act Personal (TLAP) is the sector wide commitment to transform adult social care through personalisation and community-based support. Making it Real is a citizen-led programme that checks how organisations are going with making their services personalised, based on what people who use those services say they want. TLAP welcomes the Driving Up Quality Code for Learning Disability Services. TLAP will be working closely with the Housing & Support Alliance and the Winterbourne View Joint Improvement Programme to ensure the maximum alignment with Making it Real.

### Care Quality Commission National Minimum Standards

The Driving Up Quality Alliance and the Care Quality Commission (CQC) are working together to identify how CQC can assess whether providers are signed up to the code and are demonstrably implementing it. CQC are moving away from a compliance-based model of regulation. To get to the heart of people's experience of care and support they are going to ask a new set of 5 questions. These questions are about the quality of services, based on the things that matter to people. They will ask the following five questions of every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions are a really good 'fit' with the 5 areas of the Driving Up Quality Code and will enhance the process through which the provider organisation and regulator can understand how effectively the organisation operates.

### NHS Choices Provider Quality Profiles

NHS Choices and the Driving Up Quality Alliance are working together to define how the Driving Up Quality Code will relate to Provider Quality Profiles.

### The Social Care Commitment



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

The Social Care Commitment is a voluntary agreement about workforce quality between all parts of the adult social care sector in England that has been developed by Skills for Care as part of the response to Winterbourne View Joint Improvement Programme. Its primary purpose is to ensure that the general public are confident that they/their families will always be supported by skilled people who treat them with dignity and respect.

Employers and employees will be asked to sign-up to 7 statements that describe their commitments to ensuring workforce quality. The 7 statements totally align with the principles of the Driving Up Quality Code and in particular with area 3 *Care and support focuses on people being happy and having a good quality of life.*

### 1. Support is focused on the person

- Planning and support is focussed on the person's needs and wishes.
- The person is treated as a whole person, not just treated for their behaviour.
- The person and family are fully involved in making decisions about what happens in their life, in line with the Mental Capacity Act.
- Where the person lives is based on the person's wishes and needs.
- Care and support is based on dignity and human rights and people's rights are protected.

### 2. The person is supported to have an ordinary and meaningful life

- Services are provided within the person's community, and they have the same opportunities as other citizens.
- The person has the maximum freedom possible and is supported to feel safe and manage risks.
- The person is supported to have an independent life that includes friends, relationships, meaningful activity, work, and education.
- If the person does need to go into hospital, planning to return home or find somewhere to live starts from day one of admission to hospital.

### 3. Care and support focuses on people being happy and having a good quality of life

- Care and support workers have the right guidance, knowledge, and skills to support people well and work in positive ways to manage behaviour.
- Recruitment is focussed on getting the right workers with the right attitude.
- Processes are in place to check how workers are doing and to deal quickly with those workers who are not doing a good job.
- The organisation values workers by providing the right training, support, mentoring and development.

- Workers have the confidence, skills, and authority to make decisions with and for people on a day-to-day basis, including situations where physical or medical interventions are needed.

#### 4. A good culture is important to the organisation

- The organisation listens to people, families and workers and makes changes because of what they say.
- The organisation respects the people it supports, families, workers and other professionals and treats people well.
- The organisation encourages whistleblowing, complaints, and suggestions for improvement within.
- The organisation takes responsibility to speak out about bad practice and abuse for all people with learning disabilities, not just the people it is paid to support.
- Independent advocacy is a central part of the support people get.

#### 5. Managers and board members lead and run the organisation well

- The board and senior management team demonstrate that getting it right for people who use the service is their most important job.
- The board and senior management team involve people who use the service, families, and advocates in making decisions about how the service is run.
- The board and senior management team are open about how the organisation is run, money is spent and how decisions are made.
- The board and senior management team make it their business to know about and take responsibility for the good and not so good things that happen in the organisation.

#### Who developed the code

This page lists the people and organisations who have worked with The Driving Up Quality Alliance to develop the Code. The Driving Up Quality Alliance is an alliance of provider umbrella groups that includes: Housing and Support Alliance, English Community Care Association, Voluntary Organisations Disability Group, Sitra, Association for Real Change, National Care Association, National Care Forum, Adults with Learning Disability Services Forum, Shared Lives Plus and the Independent Healthcare Advisory Services.

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#### Chairs of the steering group

Paul Hayes, HOUSING AND SUPPORT ALLIANCE, ECCA and Kim Foo: HOUSING AND SUPPORT ALLIANCE and NATIONAL CARE FORUM.

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#### Steering Group members



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

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Stephen, MANCHESTER PEOPLE FIRST  
David Blacklock, PEOPLE FIRST INDEPENDENT ADVOCACY

## The poster and booklet

On this page you will find the Driving Up Quality Code poster. It is divided into 2 sides - side one, the booklet, has 6 panels of text and side two, the poster.

[Side one – the booklet](#)

[Side two – the poster](#)

[Print your own poster](#)

Below is a press-ready version of both sides of the poster. It has non-printing folding guides and is designed for a concertina fold. If you want a single sided poster, please just print page 1.

## How the Code is funded

The Driving Up Quality Code has been funded by members of the Driving Up Quality Alliance and the Department of Health.

We would like to thank the Department of Health and the following organisations for funding the Driving Up Quality Code.

### **ARC**

<http://arcuk.org.uk/>

### **ECCA**

<http://www.ecca.org.uk/>

### **ALDS**

<http://www.alds.org.uk/>

### **Housing and Support Alliance**

[www.housingandsupport.org.uk](http://www.housingandsupport.org.uk)

### **Swanton Care**

[www.barchester.com](http://www.barchester.com)

**VODG**

[www.vodg.org.uk](http://www.vodg.org.uk)

**Shared Lives Plus**

[www.sharedlivesplus.org.uk](http://www.sharedlivesplus.org.uk)

Frequently Asked Questions

Consult this area to find out the answers to any questions you might have concerning the Driving Up Quality Code.

Q. Why should I sign up to the Driving Up Quality Code?

A. The Code is the provider sector's action in response to the horrors of Winterbourne View. What we saw happen there was inexcusable, and represented a very poor quality of care, support, and therefore of life for the individuals that lived there. What provider would ever want to condone that quality of service? So what provider would not want to commit to something that aims to give people quality of life beyond the minimum standards? There is no subscription fee, only a commitment to drive up the quality of life experienced by individuals who use care and support services. Surely all good providers want this.

Q. I've recently received an email saying my account may be marked as "suspended". Why has this happened?

A. This has happened because your organization signed up to the Code at least 12 months ago, and you have not linked any reports of activity related to the Code to your sign-up page on the Driving Up Quality website. The commitment that providers make when they sign up is to report on a self-assessment process at least once every 12 months.

Q. I've been asked to add a link to our report by the end of the month to avoid a suspension notice but we are a large organisation, and our report is still being pulled together and written up and won't be ready by then. What can I do?

A. You can write a brief update, outlining what you have done, and who was involved, along with when you will have your full report posted up, and post that on your website in the area you have allocated to the Driving Up Quality Code. Then link that to your account on our website against the heading "self-assessment" and your account will not have a suspension notice added. We understand that it takes time to undertake a good self-assessment process in a large organisation, but we need to see some activity being reported to meet the 12-month reporting commitment.

Q. What should my self-assessment report look like?

A. There are a whole range of styles to be found amongst the large number of reports now linked to the sign up pages on our website. They range from minutes of meetings to easy read versions. There is no right or wrong way of reporting, but it is worth asking yourself a few questions:

(1) Does it describe who we involved in the process? (Those using the service, family members, commissioners, front line staff, trustees/board members, managers)

(2) Does it describe how we carried out the self-assessment? (Face to face meeting, surveys, interviews)

(3) Are your findings presented as though someone has sat down and used the self-assessment tool as a checklist, evidencing how you meet each statement? (This can make it seem as though you have not consulted all stakeholders or sought a range of views about the quality of your service.)

(4) Have you included some quotes from the stakeholders involved in the process? (Good or bad, quotes make your report more interesting to read, and convince the reader that you have undertaken an inclusive process. Use a range.)

(5) Have you included an action plan, with timescales, for the areas that are still challenging you? (No provider is perfect, so a report without identified challenges is not very convincing and can suggest that you haven't looked too closely at what you do. Or you haven't listened to all stakeholders' views)

Q. We have discovered that we have a number of areas where our service is not as good as we had hoped. Do we have to include these findings in our report?

A. One of the fundamental principles of the Code commitment is transparency. No provider can offer the perfect service to everyone all of the time. Families and commissioners realise this, so are not very convinced by a provider who claims that everything is perfect. They have more trust in providers who are open and honest about the challenges, because it means they have bothered to take a serious look at what they offer, from everyone's perspective, and are willing to strive to improve.

Q. What are the benefits to the provider of signing up to the Code?

A. We are beginning to see examples where the use of the Code has been a contributing factor to achieving an "outstanding" rating from CQC.

The Fundamental Standards and regulations now use Quality as a measure of improvement, and inspectors are looking for providers to show they are strong in listening to, responding to, and changing services according to the service user's voice. The Code, if used effectively, can demonstrate this well. The open and transparent reporting commitment can demonstrate a Duty of Candour that is soon to be a requirement for all providers.

## Sign Up

Please use the forms linked below to sign up to the code. In a short time, organisations will be able to sign up and log in to amend their entries. We will let you know when this feature becomes available.

By signing up to the Driving Up Quality Code we make a commitment to the principles of the Code and to be transparent about how we are adopting these principles within the work of our organisation.

By signing up to the Driving Up Quality Code, we commit to actively using the Code through our commissioning processes to improve quality in learning disability services.

By signing up to the Driving Up Quality Code, we commit to actively using the Code through our commissioning processes to improve quality in learning disability services.

## Sign up as a Provider organisation

Signing up to the Driving Up Quality Code is a public commitment from your organisation that you believe in the principles of the code and are achieving or actively working towards them. Signing up to the Code is also a commitment from your organisation to be transparent about what you do to work towards the principles of the Code by assessing yourself every year and sharing what you find publicly on this website.

If you have questions about signing up please get in touch.

Here's a brief summary of the commitment each organisation will be making:

1. On signing up, each organisation should make a short statement about the Driving Up Quality Code somewhere on their website. Once done, a link to this statement should be added to the organisation's sign-up page on the Driving Up Quality website (this will be done using a password that will be provided by us);
2. Every signed up organisation should report on self-assessment against the Code once every 12 months, as a minimum; and
3. If the Driving Up Quality website receives any comments about your services from third parties, we will pass these on, and the organisation concerned should post a reply within 4 weeks on the DUQ area of the provider's website.

Please be aware that from May 2016, organisations that sign up to the Code will be charged a small annual fee to cover the cost of administration. For further details please see [this page](#)

### Links to external reports

You can provide these links as you undertake the self-assessment process. The links to external reports are not a prerequisite to your initial sign-up. Some of these web pages will be from your own website, where you have your Driving Up Quality page, and where you are documenting the self-assessment process. The other web pages will come from external organisations such as the Care Quality Commission, NHS Choices or Making it Real. If you have questions about these links, please get in touch.

### Local Authority Sign-up form

Enter your details and we will contact you.

### Clinical Commissioning Groups Sign-up form

Enter your details and we will contact you.

### Sign up for the newsletter

Sign up to receive a regular newsletter about who has signed up to Driving Up Quality, what organisations are doing to drive up quality, and new good practice materials.

## Good Practice

### Examples of good practice

In this section of the web site you will find examples of good practice. There are examples of organisations who have improved the way they support people and operate in line with the 5 areas of the code.





## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

1. Support focussed on the person.
2. An ordinary and meaningful life.
3. Being happy and quality of life.
4. Good culture and the organisation.
5. Lead and run the organisation well.

### Good practice 1. Support focussed on the person

Examples of good practice which support part 1 of the code include:

- A service is built around an individual, or a group of people designed with them in mind.
- All staff have training that is centred on the person, and everyone supported has a plan that is centred on them.
- People choose where they live and who they live with.
- People choose their staff.
- Individuals have a network of people in their lives who are not paid.
- Training is co-produced with the people being supported and their families.

Below are examples of good practice which centre on part one of the code

**Support is focussed on the person.** Click on one of the titles below to read a description, download related documents or watch related videos.

The list below is organised by date with the most recent at the top.

#### Zena's Case – an example of Good Practice 1

An example from the Driving Up Quality Code to demonstrate when support is properly focused on the person.

##### Zena's Case – an example of when support is focused on the person.

Zena has finally got control of her life! How do we know? She uses few words. Her behaviour speaks volumes.

We know from a multitude of sources; she smiles more. Her challenging behaviour – hitting, self-abuse, vomiting, screaming just a few examples, has really reduced, and stayed reduced. We know because we measure it and adjust her support when it increases – it's her telling us it's not right. We know it because the people around her tell us. Not just us, but other people who work with her. Not just people who work with her, but her sister and her sister's children, her neighbours, her friends.

We know that she loves her flat as she spent a year looking at flats before she bought a share in this one with a shared ownership mortgage that we found out about, and her screaming and vomiting have disappeared now. We know that she challenges less than when she lived with Helen, but she still enjoys seeing her because she smiles, calls her name and doesn't need to challenge when she's with her because she comes home to her own place. We wish we'd got her a flat of her own earlier but leaving her service with a void would have been very hard for us.



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

We know because when she broke her leg recently, she coped really well with a plaster and a wheelchair, and it hasn't stopped her doing things. In the past illness would be traumatic and sometimes mean she was sectioned.

We know she controls who her support staff are. We see when she challenges and who she does most things with, and her family helps her and us to work out the best staff matches for her. As a result, her staff stick with her and don't reject her. They know what works for her and we see her more connected with her neighbours, her family, and her friends.

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### Active Support at United Response

United Response has used Active Support, Person Centred Planning, and Positive Behaviour Support Planning to give individuals the confidence to take control of their lives.

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#### Active Support and Person Centred Planning at United Response

**United Response has used Active Support, Person Centred Planning, and Positive Behaviour Support Planning to give individuals the confidence to take control of their lives.**

See [Maximising Lucy's Choice and Control.pdf](#) to see how United Response helped Lucy, a 25 year old, become the independent person she had strived to be through Active Support.

See [Planning with Paul.pdf](#) to see how United Response helped Paul have a more happy and fulfilling life, through the creation of an effective Person Centred Plan and Positive Behaviour Support Plan.

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### PCAS Initiative at CMG

CMG has implemented Person Centred Active Support (PCAS) in all of its services; a structured approach to supporting people with learning disabilities.

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#### Person Centred Active Support Initiative

CMG has implemented Person Centred Active Support (PCAS) in all of its services. PCAS is a structured approach to supporting people with learning disabilities to maximise their engagement in meaningful activity. This might range from domestic activities at home to educational, employment and leisure activities in the community.

See [Person Centred Active Support Initiative cmg.pdf](#) to understand more about the initiative.

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### Listening at Milestones Trust

An example of when listening carefully to people really gets results.

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#### Listening at Milestones Trust

Listening to people is key to the work of the Milestones Trust.

When a resident moved into their small community home in Hesding Close, staff noticed he would occasionally say he



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

had a twin brother. They spent over two years searching with him to find his family, using online agencies and other sources, and as a result he was reunited with his brother after 70 years apart.

See their website [here](#)

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### Heritage Care's Personalised Support

Case studies to demonstrate how Heritage Care provides personalised support with an individualised package to each person and their family.

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#### Heritage Care's Personalised Support

Heritage Care's aim is to provide personalised support with an individualised package to each person and their family, with a belief that every individual can live in their own home supported by their own support team.

Two case studies (Robert and John) were profiled in a publication produced by the Association for Supported Living 'There is an Alternative', a copy of which is available here: [There is an Alternative.pdf](#)

In addition, see [Heritage Care.pdf](#) for details of other projects demonstrating their good practice.

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### Housing Brokerage Service in Essex

Dimension's housing brokerage service in Essex works with people with learning disabilities and physical impairments to find a home that is right for them.

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#### Housing brokerage service in Essex

[Dimensions](#) housing brokerage service in Essex works with people with learning disabilities and physical impairments to find a home that is right for them. Dimensions is working in partnership with [Essex County Council](#) and the National Development Team for Inclusion (NDTi). The housing brokerage service helps people with learning disabilities have more choice and control over where they live.

The Housing Brokers meet with individuals and their families to discuss what they need and want from a new home. They provide advice and guidance to estate agents and landlords who are considering letting to individuals with a learning disability. They play an important role as mediator between all relevant parties, ensuring everyone is comfortable and understands each step along the way. They meet with estate agents and landlords to discuss any anxieties they may have, including agreeing to a tenant in receipt of housing benefit. They support individuals with viewings, ensuring relevant paperwork is completed, and support is in place when moving. They will provide support (sometimes remotely) until the time of moving in, and occasionally this advice will remain on-going.

For further information about the service see [this link](#), and see the evaluation report which is available [here](#).

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### Holly Lodge in Kent

Holly Lodge is a new supported living scheme in Kent for adults with learning disabilities, formed through partnership between Kent County Council, mcch and Avenues Group.

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#### Holly Lodge



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Holly Lodge is a new supported living scheme in Kent for adults with learning disabilities. The scheme is a partnership between Kent County Council, mcch and Avenues Group.

Holly Lodge opened on 17 April 2013, combining innovative bespoke design, technology, and environmentally friendly features to make it one of a kind. It is a new-build supported living scheme which will house and support 5 adults with behaviours that challenge services. The aim was to create state-of-the-art premises that maximised comfort, security, and the personal development of the tenants. The need to demolish and build from new has offered unique opportunities to ensure the development of flexible accommodation which will suit the housing and supports needs of the current and future tenants.

A great deal of thought has been given to every design aspect of the site to ensure that it is robust but aesthetically pleasing. The aim was to create an environment which would be conducive to calm behaviour, assist staff to deliver less intrusive support and increase the tenants' independence and confidence; in other words, to "design-out" some challenging behaviour. Packed with assistive technologies, this state of the art building includes unique design features that have been chosen to promote the safety of the tenants and to limit damage to the property.

The Project has involved co-production with future service users and their families, community building (and moving towards community-based support), a capabilities approach to disability (looking at people's strengths and promoting what they can do), integrated services and Personalisation (as a foundation on which other strategies build).

For further information about the scheme, please see mcch's blog: [Holly Lodge](#)

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### Beyond Limits in Plymouth

Beyond Limits is facilitating person-centred planning and implementing delivery of support to 20 people in Plymouth.

#### Beyond Limits

Beyond Limits is facilitating person-centred planning and implementing delivery of support to 20 people with learning disabilities and mental health needs who all originated in Plymouth but are currently in Specialist Hospitals and Assessment & Treatment Units miles away from their homes and families. The aims of the project are: to change health commissioning in Plymouth to be person-centred; to develop indicative health budgets; to change the culture of provision for people who are perceived to challenge services; to provide person-centred support through detailed planning; and to completely stop the commissioning culture of placing people out of area and in specialist services.

See this link for further information about Beyond Limits, including real life examples. Alternatively view the project's details and one person's story here: [Beyond Limits.pdf](#)

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### MacIntyre's On Track service

Adults with learning disabilities who have offended or are at risk of offending are supported to live in their own homes, with intensive support from MacIntyre staff.

#### On Track



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

MacIntyre's On Track service is for adults with learning disabilities who have offended or are at risk of offending. People live in their own homes with support from experienced and skilled staff. The project was developed for the Bury PCT, and individuals are supported to live in their own homes, with intensive support from MacIntyre staff. The service is innovative in that the people supported in this way would otherwise be detained in secure hospitals or assessment units. Each person is supported in a person-centred way to learn new skills, live as independently as possible whilst monitoring and controlling the risk they pose to themselves and the public.

See [On Track Case Study - December 2012.pdf](#) for a project overview, outlining how the project focused on co-production, community building, a capabilities approach to disability, integrated services, and personalisation.

See [Accessible Case Study - On Track - Final \(2\).pdf](#) for an accessible case study review prepared for the Department of Health

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### StRong Culture of Member Involvement at KeyRing

#### Strong Culture of Member Involvement at KeyRing

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##### Strong culture of Member involvement at KeyRing

KeyRing has a strong culture of Member involvement. Whilst the things they do always come from discussions with Members, they wanted to make sure they were spending a finite amount of money in a way which everyone agreed was going to give Members the loudest voice and best outcomes.

Keyring wanted to get staff, volunteers, and Members round the same table to talk about how they spend the money and to increase transparency.

They held a working group which looked at how things like their Complaints Officer, Members' Paper and National Forum came about. They asked the group if they were doing the right things, if they were spending the right amounts, what was missing and if anything was no longer needed.

The group validated the current structure, challenged where things weren't working well and moved money around to enable ideas to be strengthened. The Communication and Engagement Director had actions to take away and report back on with a clear deadline.

The meeting minutes will be summarized in the Members' Paper and sent to the KeyRing National and Area Forums.

The outcome is that Member Involvement will be strengthened next year. Member, staff and volunteer hopes and concerns have been heard and acted upon. KeyRing can move forward with confidence, knowing they are doing the right things. Having spoken to staff, volunteers, and Members, they know that they have addressed the concerns of each group, resulting in greater commitment from all involved.

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### 'Just Enough Support' at Options for Supported Living

#### Case study about Malcolm's independence.

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##### 'Just Enough Support' at Options for Supported Living

Malcolm has seen a real increase in his independence recently, as staff have supported him to spend more time alone. We all need space to chill out and relax, and most of us get plenty. Sometimes for the people we support this is not the



case. Malcolm was only getting time to himself, and away from his support staff when he was anxious, sometimes using challenging behaviour as a way of getting some space.

If Malcolm became anxious or upset, staff would give him the time to gather his thoughts. So, staff looked to enable Malcolm to spend time on his own and enjoy it, without him having to become anxious. The relationship that Malcolm and his dedicated support staff have built meant that Malcolm feels comfortable and confident so that when he wants some space, he can just ask his staff, without becoming agitated or anxious. This empowered Malcolm to take ownership of his home and has increased his self-awareness.

This difference is a small change which has had a big impact on Malcolm's life, giving Malcolm control. This became most clear when a friend arrived unannounced at Malcolm's home. The visitor pulled up outside of the kitchen window while Malcolm was making a cup of tea. Malcolm waved and went to the front door to let them in. Malcolm and his friend sat down and chatted. It was only later that the visitor realised that Malcolm's support staff were upstairs, having retreated to give Malcolm some space. This was one of the most relaxed visits that the pair had ever had.

The staff team continue to support Malcolm in this way, listening to what he wants, and finding ways to make it happen. We believe that all people should take responsibility for what we can and ought to do for ourselves, as a way of increasing independence for the people we support. To achieve this, we have a Lead on 'Just Enough Support' who has the responsibility of promoting and increasing independence for the people we support. They look to introduce new ideas on how best we can support someone to be as independent as possible and develop a culture within Options which promotes independence.

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## Creative risk management at Hft

Sam's decision to go camping without any support.

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### Creative risk management at Hft

Sam is 48 and has recently needed paid support as his mother, his rock and inspiration, had died. One favoured memory was the great camping trips they took. Sam decided that he would return to one of their favourite haunts for a two-week holiday; he was adamant he would be going alone. This raised concerns as Sam has type 1 Diabetes and does not always manage this well.

The team worked with Sam to find ways of achieving his trip and remaining healthy, safe, and well.

It was important for Sam to know he was in control. The service manager supported him to visit his G.P and diabetes nurse who explained to him the importance of checking his sugar levels and taking his insulin. Sam was communicated with in a way he understood; he knows the dangers of not keeping his sugar levels within the limits. He had been supported to prepare questions so he could find solutions to some of the potential problems of being away.

Sam felt it would be OK to keep his insulin in the tent, the nurse explained to Sam that this would mean the medication would not work as it would get too hot. By working through the dangers with Sam at a level and pace he could understand, he was able to work out compromises that gave him the independence he wanted but also kept him safe.

Sam was supported to get an additional phone so he could be sure he had one charged at all times. His support team set alarms to remind him to check his sugar levels and inject himself with insulin. Sam agreed that he would phone in the levels so his team could advise him if the results meant he was at risk and support him to take action. He agreed



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

that he would use a cool box for his insulin pens and that support staff would visit every two days to change them over. This meant his insulin remained active and he could check in with the team rather than them contacting him; something he did not want.

The team supported Sam to write a communication passport that he kept in his rucksack just in case he needed help. This included important phone numbers and what to do if Sam was experiencing ill health.

On the first day of the holiday Sam was supported at the campsite. He enjoyed teaching his staff member how to put up a tent and organise a campsite. The team member used the opportunity to support him to find his way around the site and introduce himself to the site staff just in case he needed help.

Sam had a great holiday; he met new people and experienced new things. He has taken time to think about his holiday and decided that a static caravan might be better next year; he is planning for this now.

Sam has experienced immense loss recently, his life has changed, and for the first time he is receiving paid support. He does struggle managing his health needs, and he also does not like the demands this places on him to maintain contact with his support team.

By finding creative ways to achieve Sam's holiday, the team put him at the centre - risk assessments were positive, and the very real risks managed creatively.

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### Holywell's tenant focused interview procedure

How Holywell Care Services enabled their tenants to 'be themselves'.

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#### Holywell's tenant focused interview procedure

Two modern residential homes which can accommodate up to three people per house were deregistered to Supported Living. The previous model of care could be described as mainly institutional with a "parental" approach. Only three full-time members of staff worked in these houses and packages did not reflect the individual needs of residents, which meant that most of the clients' activities were group activities.

From the day Holywell Care Services took over as a supported living provider, the management team prepared fresh, person-centred plans, care plans and support plans. These were completed in close consultation with the tenants, their families, and commissioners. Once these were agreed, Holywell advertised for staff. The initial interviews were completed at the office and a short list of potential staff was produced. Shortlisted candidates were invited to a second interview, and they were asked to bring with them a one-page profile (pen picture) with a photograph to assist the tenants to remember who they had interviewed. Tenants were supported by Managers to prepare for the interviews: they were asked their views about what was important to them; what they expected from staff; and, how they would like to be supported. These points were typed up.

A local community hall was hired in a location that was convenient for tenants' families to attend at a date and time suitable for all. In this second round of interviews, tenants and their families adopted an 'X factor'-style of interviewing. The families and tenants were seated with their previously prepared questions and one by one the candidates were brought into the hall and interviewed. At the end of interviews, all pen pictures were displayed, and discussions took place. Tenants, supported by their families, were confident in choosing who they wanted to recruit to the support team.



Tenants now appear confident to speak to staff and other professionals about any concerns they have. For example, one tenant, who has limited communication, kept saying “I don’t want to get into trouble”. Now the tenant has sufficient confidence to make his needs known: the sympathetic approach of staff was crucial in building this tenant’s confidence in reporting any concerns. Now that the tenant has been able confidently to express his wishes, Holywell were able to quickly seek help from outside agencies to provide specialist support. This has led to several multidisciplinary meetings, which identified actions that have had positive outcomes. One tenant has been moved out of one of the houses and now lives independently.

A social worker who had been involved with these tenants over several years gave an opinion and described the tenants as now ‘being themselves’. In the past, the houses were often quiet and very orderly: now, they resemble homes that look ‘lived in’ and personal effects are visible, such as tenants’ favourite pictures hanging on the walls. One tenant can now be heard singing happily, which apparently didn’t happen when residential care had been provided. Behaviours that had been suppressed have now surfaced, which has sometimes challenged the support team. Overall, the feedback from social workers, tenants and families has been very positive.

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### Flexible support; Tom's story at Bridgeway

A case study about Tom at Bridgeway Care Home.

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#### Flexible Support; Tom's story at Bridgeway

Gail Howard, Home Manager at Bridgeway Care Home, has provided Driving Up Quality with an example of good practice when **Support is focussed on the person**. Gail told us the following:

Just before I started working at Bridgeway a gentleman called Tom Hamilton had just left. He had been with Bridgeway for several weeks following a stroke. When he initially came to Bridgeway, he was unable to walk and was very low in mood, hardly communicating with the staff. Before Tom’s stroke he had worked as a Prison officer.

Tom couldn't express his thanks enough before returning back home. He completed a customer survey document stating, "that all staff are fantastic." He went on to say that his dignity and strength to motivate himself had been reinforced by all the staff at Bridgeway. Within 6 weeks Tom was walking, talking, and laughing with staff.

Once Tom went back home, his family noticed that his mood was deteriorating, so his Social Worker asked if Tom could come to Bridgeway a couple of days a week to interact with the other service users and help them. This was agreed and now Tom attends Bridgeway every Tuesday and Friday.

Within the first week of re-joining us, he came to me with his list. Click [Toms activities-rotated \(1\).pdf](#) to see Tom’s list.

As you can see he has been very busy. He asked if he could become part of the activities team and helped organise events and activities. Tom is now one of my activity co-ordinators and his love, dedication and passion for Bridgeway beams out of him.

Tom says the home shouldn't be called Bridgeway; it should be called "Bestway"

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### Creative Support: Supporting people to lead better lives – Tony’s story





Tony's story - a case study.

### Creative Support: Supporting people to lead better lives – Tony's story

Tony had lived in a long stay institution for many years. Subsequently he lived in a shared supported living model that was decommissioned as part of Lancashire remodelling its services. When this service closed, it was important to Tony's mother that he lived in his own house. Due to his history and complex needs, it was important to ensure a specialised package of support was put in place so that Tony could succeed in maintaining this tenancy. Tony was assessed as lacking capacity to decide on his future living arrangements, so a best interest process took place involving Creative Support, Tony's mother, Tony's social worker and other specialist health professionals involved in Tony's care. It was agreed that the best course of action was to support Tony to move into his own home. Creative Support bought a property that was suitable for Tony and met his needs. It was also close to his mother which was very important, so she could visit regularly and maintain contact.

A specific programme of support was agreed with all parties and training was given to the staff team who were to work with Tony. These staff had been through a very careful selection process to ensure they met the particular needs of Tony. One of the things that was identified as very important was the consistency of staff and the ways in which they supported Tony, so detailed support guidelines were put in place which were reviewed regularly to ensure they were still working. Since moving in, there have been adjustments made to the property (such as in the garden) which have been tailored to meet Tony's needs and ensure he can maintain his tenancy.

### Creative Support: Involving people in their own reviews – Adam's story

Adam's study at Creative Support.

### Creative Support: Involving people in their own reviews – Adam's story

Adam wanted to be involved in his own reviews of his support but found it difficult to attend the meetings as the large group of people in a room distressed him. So Creative Support supported Adam to record the questions he wanted to ask and comments he wanted to make about what he thought of his current support package. This recording was then taken and played at the meeting and at the same time the meeting was recorded in order that it could be taken back to Adam and played to him so that he knew what had been said. This process successfully removed the stress of the group situation whilst still allowing Adam to be at the centre of his review meetings.

### Working toward a positive behaviour support model of care

Mary's story at Creative Support.

### Working toward a positive behaviour support model of care; Mary's story at Creative Support

When Mary first moved into one of Creative Support's services, she had been commissioned a very extensive package of care that was felt necessary in order to manage the behaviours she presented. As part of her transition into the service, Creative Support worked very closely with the local behavioural intervention team, as well as its own internal support teams to work positively with Mary and ensure there were appropriate and detailed support guidelines in



place. Staff were given training by the behavioural intervention team in order to provide consistent support to Mary. Due to these efforts, Mary's behaviours have reduced to such an extent that she no longer needs such a high level of support, and she is able to have time on her own. She now has her own flat but also chooses to interact with other tenants in the other flats that share communal areas.

## Use of Daily Diary Sheets at Spire Preston

Ensuring support is focused on the person.

### Use of Daily Diary Sheets at Spire Preston

#### Ensuring support is focused on the person

**Spire Preston uses individualised Daily Diary Sheets to ensure that support is truly focused on the person each day, every day.**

Annual reviews and Person-Centred Plans (PCP's) are great but how can we translate their outcomes into day to day practice? At Spire Preston, staff complete daily diaries with each person they support and detail how they have supported achieving their desired outcomes in the following areas that day:

- Activities, leisure and work
- Relationships
- Communication and decision making
- Staying safe
- Help around the house
- Help with personal care
- Help with health and diet
- Help around finances

This ensures staff are continually documenting and reviewing the support for each person, capturing individual achievements and monitoring outcomes. Any change, no matter how small, can be flagged via this process so that achievements can be celebrated, and any areas of concern addressed immediately, and support plans amended accordingly.

Each person supported is encouraged to review, and if appropriate, fill in, their own daily diary answering questions such as:

- What activities have you done today?
- What have you enjoyed or not enjoyed? Is there anything new you would like to try?



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

- How are you feeling today?
- Is there anything in particular that's bothering you that you would like to share with your support worker?
- Is there anything else you would like to write about?
- Any specific issues regarding their personalised care and routine.

The daily diaries are collated monthly and uploaded onto the "People Planner" system, providing an electronic record and a truly personalised audit of how the support plan is working in practice.

Daily diary sheets are one of the tools that help Spire Preston ensure a truly individualised and creative service with the person receiving the service, at the centre and in the driving seat.

### Share your good practice...

Please use our contact form to get in touch and let us share your examples of good practice on the site. Visit the contact form page.

### Good practice 2: An ordinary and meaningful life

Examples demonstrating an ordinary and meaningful life:

- people have friends and intimate relationships.
- people don't need to live in hospitals/secure settings to have their needs met.
- people have opportunities for employment.
- people contribute to their local communities to the benefit of others. This means mainstream communities, rather than segregated/isolated services designed for people with disabilities; and people are happy and healthy.

Below are examples of good practice which centre on part two of the code, **An ordinary and meaningful life**. Click on one of the titles below to read a description, download related documents or watch related videos.

The list below is organised by date with the most recent at the top.

### Independent Travel training, Choice Support

Joint project between British Transport Police and Choice Support to provide Independent Travel training to vulnerable adults.

#### Independent Travel training, Choice Support and BTP

British Transport Police is to join forces with Choice Support to provide Independent Travel training to vulnerable adults. The aim of the project is to protect vulnerable people on the railway network and work with the rail industry and other partners to reduce their impact on the network.

See [Independent Travel Training.pdf](#) for more information about the scheme.



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## Milestones Trust “Nostalgic Pub”

In one of their nursing homes, the Milestones Trust has recently installed a fully working "nostalgic pub".

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### Milestones Trust “Nostalgic Pub”

At Humphry Repton House, a dementia nursing home, the [Milestones Trust](#) has recently installed a fully working nostalgic pub. This has been designed to blur the line between a nursing home and ordinary life. It means residents can socialise at the pub with friends and family as they may have done all their lives.

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## Community Catalysts Innovative Services

Details of a Community Interest Company which works to support the development of local enterprises delivering services that people can buy to live their lives.

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### Community Catalysts

Community Catalysts is a Community Interest Company which works through local partners to support the development of local enterprises delivering services that people can buy to live their lives. The aim is to enable individuals and communities to use their gifts, skills and imagination to provide real choice of small scale, local, personalised and high-quality services (for local people who need care and support).

See [Community Catalysts Innovative Services.pdf](#) for more information

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## Choice Support Voting System

An initiative whereby Choice Support helped the people they supported think about whether they wanted to use their right to vote.

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### Choice Support Voting System

Choice Support helped the people they supported think about whether they wanted to use their right to vote. Their role was to enable people to have a good understanding about what, as a citizen, having the right to vote involved.

See [CHOICE SUPPORT VOTING SUPPORT.pdf](#) for information supplied to Choice Support staff in preparation for the forthcoming elections.

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## ‘Taking Positive Risks’ at Options for Supported Living

How Options for Supported Living encourage their staff to take positive risks, and how it is a part of their Working Values.

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### ‘Taking Positive Risks’ at Options for Supported Living



Jeannie is an intelligent, articulate, funny and independent woman. She lives in her own home with her best friend Marie. Jeannie loves to try new things, cook, entertain guests, art, animals, and spending time with her brother. Nothing outrageous or different about that. Jeannie lives an ordinary life doing ordinary things. But what makes Jeannie stand out, is that she hasn't always had the opportunity to have a full and ordinary life. Last year Jeannie decided to move into her own home. Jeannie is now getting used to and enjoying the independence and experience of living in her own home. Jeannie had never had the opportunity to shop for her own food before, meaning she had limited choice over what she wanted to eat. She is now embracing food shopping and everything that goes with it, saying 'The best bit is pushing the trolley round - I thought I was going to knock everything over!'. A full life is made up of both the big things and the small things, and great support should enable people to live a full life, in the way that they want to live it.

Our Mission is to support, empower and enable people with disabilities to live their lives to the full. We recognise that a full life can sometimes be more difficult for the people we support to achieve. Because of this, we constantly strive to remove barriers and support people to be active and valued members of their own communities. The role of our Inclusion Co-ordinator is to ensure that a key focus of people we support, and our staff is being a valued member of our communities.

Taking positive risks is not only an important part of great support, but an essential part. We encourage our staff to take positive risks, and it is a part of our Working Values. To do so they will complete a MOST (Maximising Opportunities Safely Together) – which identifies positive outcomes for the person we support, risks inherent in achieving those outcomes, and both pro-active and reactive means of managing those risks. We do not want the fear of failure to stop the people we support to try new things, and we believe that new experiences, making mistakes and learning from them are all part of a full life. As an organisation we take positive risks, and we will never not support someone because their support needs are too complex, or their behaviour is too challenging.

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### Peter's ordinary and meaningful life at Holywell Care Services

How one person now enjoys undertaking everyday tasks.

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#### Peter's ordinary and meaningful life at Holywell Care Services

Peter was assessed as being someone who could not go out on his own. When he came to stay with Holywell Care Services, he required two people to support him at any given time. Several agencies were involved in his care and support. Peter lived in a single tenancy out of town with only his staff as friends. He displayed extremely challenging behaviours that resulted in him being sectioned. When he returned to the community, he categorically refused to return to his single tenancy, but he did agree to move into a residential home that was in a central location (walking distance to town, shops, library, and cinemas). Here, he interacted with other people and enjoyed an ordinary social life. His challenging behaviours subsided, although he still had occasional outbursts.

It became apparent that Peter viewed the police as people he often wanted to challenge. Staff spoke to community police, and we arranged for officers to visit the home from time to time just to chat to Peter and have a cup of tea with him and other residents. This helped tremendously because Peter became relaxed in their presence. On the few occasions when he did present with challenging behaviours, the police had to be called; they came into the home, sat down with him and, for example, explained to him the importance of him taking his medication. Peter would listen to



them and then agree to take it. The police would shake his hand as they left. He really enjoyed their company, and his life became visibly much happier.

Peter expressed his wish to go out in the community on his own as other people did. The staff team completed a risk assessment and put in place a system to facilitate this activity. The staff used a positive risk-taking approach, which has had really positive results. Peter remained on one-to-one support and really enjoyed his time in the home. He often told staff "This is my home, and I love it." He appreciated being part of a community and made new friends.

Peter enjoys taking the letters that require posting, walking up the road on his own to the letter box, posting the letters and walking back to the home. Peter can now leave the home on his own and walk up the road to visit one of Holywell's offices. Staff at the home 'phone the office to advise the staff there when Peter is on his way. When he arrives at the office, Peter is handed the 'phone so that he can tell staff at the home that he has arrived. He enjoys filing papers, tidying up and making himself a cup of coffee before heading back to the home on his own. He also enjoys going out with fellow residents for a coffee, getting on the bus and just being a part of his community.

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## Creative Support: Making holidays a reality

Creative Support's holiday cottage.

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### Creative Support: Making holidays a reality

Creative Support emphasises the importance of the people they support being able to plan and take holidays, so have comprehensive processes in place to allow people to plan, budget, and access appropriate support for the holiday of their choice. The process is detailed in Creative Support's 'Planning Service User Holidays' policy. Support is offered from its Client Finance Team, where needed, to ensure all relevant practicalities have been covered so that the holiday arrangements run smoothly.

Creative Support owns a holiday cottage in the Lake District, called Howe Top, which can be booked by any individuals receiving support from the organisation for short or long breaks. To make it accessible to people, whatever their budget, their first visit to Howe Top is free! The ground floor is fully wheelchair accessible along with a bathroom which is fully adapted.

Between April 1, 2013, and 31 March 2014, 422 people stayed at Howe Top. In addition to this, Creative Support also welcomed over 100 people to its August Open Days, which provides a good insight into the opportunities available at Howe Top.

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## Creative Support: A positive approach to risk

Case studies from Creative Support.

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### Creative Support: A positive approach to risk

Creative Support has supplied two examples of how it looks to give people opportunities to lead the life they want whilst keeping them safe.

Trudy has developed a relationship with a man who lives in a separate supported service. Creative Support has established shared guidelines between the two services so that everyone knows how to manage situations should they arise. Support is arranged so that Trudy can be visited by her boyfriend each week.

Jack has a girlfriend who he goes to visit. Due to the risks of Jack being out unaccompanied, Creative Support has ensured that he has all relevant numbers to call should he need to (such as the service and on call) and he agrees with Creative Support what times he is going to visit his girlfriend and what times he can be expected to return to the service.

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## From institutional indifference to community presence and paid work

Mr. D's case at Spire Preston.

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### From institutional indifference to community presence and paid work

#### **Mr. D's case at Spire Preston**

At Spire Preston, staff receive extensive training in different communication techniques such as Makaton, sign language and picture boards, and how to utilise these to effectively provide guidance and advice in a simple and understandable way.

In 2009 Mr D came from a residential service to one of Spire Preston's supported living houses in the community. He had little access to the community and very little one-to-one support during his time in residential care. He spent a great deal of time isolated in a room, moving jigsaw pieces from one box to another.

Mr D has excellent comprehension and understanding but was unable to talk back. He did use a small amount of Makaton but had actually developed his own code and sign language.

By spending time with him, being patient and getting to understand him and his method of communication better, staff at Spire Preston were able, over time, to prepare a booklet of his sign language, and then train all his support workers to be fully competent in its use.

Spire Preston then worked with him to enhance his verbal skills by referring to the personal signs in his booklet and initially linking them to individuals names for him to repeat- for instance the sign "S" was for Sarah a friend, and the "tick" symbol was for the Registered Manager who he enjoyed watching carry out her tick-lists during spot-checks.

By training staff to support Mr D. with his personal sign booklet, over a period of 6 years Spire Preston helped him develop his speech and last year he introduced Spire's service user drama production of Robin Hood over a microphone to a live audience.

Mr D can also now write his own name, and his increased communication skills have been accompanied by an increase in confidence in general and his quality of life has changed enormously. Mr D now accesses ordinary community services on a daily basis, has a real presence in his local community, and has a paid job.



KeyRing's 'Network Model' links people to the community and encourages people to look out for each other.

#### KeyRing's Network Model - a case study; Matt.

Matt is a gentleman with learning disabilities who is in his late 40s. He lived with his parents until they sadly died, his father being the last to go. Matt then lived alone for a while. This was a difficult experience for him and his home was broken into ten times in three months. Matt then joined KeyRing.

KeyRing's support is provided through a Network model which links people to the community and encourages people to look out for each other.

When Matt joined KeyRing, staff did a relationship map with him. At this point, the only people that Matt could place in his intimacy circle were support workers. Matt had no real friends; the only people he knew were those who were paid to spend time with him. A few years later, Matt and another KeyRing Member held a joint birthday party at which there were 30 well-wishers. He has been named Volunteer of the Year by his local BCTV group several times, and his intimacy circle now features true friends.

The Network of people which Matt met when he joined KeyRing gave him a group of people who would look out for him and also rely on him. Gradually Matt's confidence began to grow as he felt safe and valued. The community map identified that Matt's 'green fingers' could be well-used in the neighbourhood and KeyRing's volunteer supported him to make contact with BCTV. Other Network Members decided they wanted an allotment, so Matt was able to help here too.

It is difficult to provide a full overview of Matt's life because much of what he now does is organic and spontaneous, and KeyRing only hears how valued he is within the community when someone stops the volunteer or worker to say what he's recently done for them. What we do know is that someone will return home following a stay in hospital to find their garden in bloom because Matt planted it for them, and that he has recently carried a lady's heavy shopping bags up a steep hill.

We also know that Matt has been on holiday with a friend from his Network, that a number of Members and others in the community, including Matt, get together on a regular basis to share a meal and that Matt now feels secure enough in his home to consider buying it.

This case study was submitted by KeyRing on 30/10/2013. KeyRing are signed up to the Code.

#### Sandra's Case – an example of Good Practice 2

An example from the Driving Up Quality Code to demonstrate when people have an ordinary and meaningful life.

#### Sandra's Case – an example of an ordinary and meaningful life

Sandra spent most of her life being referred to as 'the one who smashes things'. Her life was empty, dull, and frustrating. All it took to change things was a dedicated team of supporters who believed she was capable of so much more. They worked alongside Sandra and an employment agency to think of ways they could turn her 'smashing up' into a positive. They found Sandra a job at a local pub/restaurant where she was initially paid to sort out all of the glass from the pub into the recycling bins.





## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Breaking things in this context was a skill she was being paid for. Sandra held this job down for over 10 years and in that time, she worked in the kitchen and then clearing tables in the pub. Sandra proved to be an exemplary employee and was no longer the woman with autism who smashes things up.

Stories like Sandra's made our Senior Management Team and Board of Trustees think of other ways they could help create more employment opportunities. They decided to use some of its reserves to find ways to help invest in local communities through micro-enterprises. Micro Enterprise has been a very effective way of creating jobs; helping people generate income and enhance their talents and skills, with successful examples like 'The Big Issue' and Jamie Oliver's restaurant 'Fifteen'. Micro enterprises have a social purpose at the heart of what they do and focus on the community they serve by re-invest their profits back into the business. With such a good 'fit' with personalising services we thought why not try this ourselves? We offered an option to people with learning disabilities to set up and run their own micro enterprise or to staff currently working for us to change their role to set up and run a micro enterprise that is complementary to our work.

With help from 'Community Catalysts' we designed and delivered a 2 day workshop and gave each person a named mentor, who informed, advised and guided people through the process from a business idea to a business plan. All we had to do was to remove obstacles and offer a 'start up', interest free loan that they would pay back once their enterprise was up and running.

The first successful enterprise was launched last year by a member of staff. She got the idea for her enterprise from her friend, who has a profound learning disability. Cuts to funding are making it increasingly difficult for many people to use the places that we all take for granted. She wanted to find a sustainable way to create opportunities for people. Following support through the Business Planning process she launched the 'Peoples Lottery' licensed with Lambeth Council and registered with Unity Lottery. All of the money raised by the lottery goes back into a 'New Opportunities Fund' that local people with disabilities can apply to fund to try new activities or places – photography courses; day spa; fine dining; allotment equipment.

Many people have a great idea for a small business or want to turn their passion into a way of making a living. Micro Enterprise offers real employment opportunities for those who are at most risk of exclusion to build a business that is centred on them. By offering business planning support and start up, interest free loans, provider organisations can help people achieve a sense of purpose; make new friends and earn money that helps them control more of their life.

### Share your good practice...

Please use our contact form to get in touch and let us share your examples of good practice on the site. Visit the contact form page.

### Good practice 3: Being happy and quality of life

Examples demonstrating when care and support focuses on people being happy and having a good quality of life:

- people are in control of their lives
- people are happy for much of their lives
- staff feel valued and the organisation quickly deals with staff who are not living up to organisational values



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

- support plans truly reflect an individual's preferences, fears, and dreams
- staff are recruited, trained, and developed to understand the value of getting to know the person being supported and recognise that small things are important.
- staff creativity is valued and encouraged.
- staff have the confidence, skills, and authority to make decisions, and
- there is evidence that individual staff make a big difference.

Below are examples of good practice which centre on part three of the code, **Being happy and quality of life**. Click on one of the titles below to read a description, download related documents or watch related videos.

The list below is organised by date with the most recent at the top.

### Jane's Case - an example of Good Practice 3

An example from the Driving Up Quality Code to demonstrate people being happy and having a good quality of life.

#### Jane's Case - an example of when care and support focuses on people being happy and having a good quality of life

Jane heard some people on her local radio station talking about their loves of photography and hiking. They were saying that they needed some staff to support them and that their staff must love these activities. Although Jane had no experience in working with people with learning disabilities, she was excited about the prospect of combining her passion and qualifications in photography by sharing these with people who needed her support. She applied for the job and the two men decided to employ her. She's now helping them to improve their photography skills whilst enjoying long hikes together.

Staff are recruited on the basis of matching what people we support say that they want to do with their life, what they want to achieve, and the type of characteristics they want in those around them. From all applications, shortlists are created by the people we support and their families (if the person we support wants them involved). Then we start interviewing. Interviews take place wherever is most comfortable for the customer. This has ranged from interviews involving painting nails with nail polish, playing netball/bowling/football, meals out, and interviews over a game of darts in the local pub with the whole family. This process helps the person requiring support to determine if the candidate is right for them in a real-life setting, and also gives the candidate a true picture of what the job can entail so that they can make the best decision for themselves as well.

Following recruitment, there are many opportunities for staff to have their say over how things are done and input into their career development. Training is co-produced with the people we support and their families, who help to design and deliver training courses based on their individual characteristics. People we support and families also contribute to a staff member's development through probation reviews and annual appraisals. The most important thing we can do as an organisation is not get in the way of the relationship between the person we support and their staff. That



relationship is key to them achieving their goals, living a good quality of life, and ultimately being happy. Every decision we take as an organisation needs to keep this in mind and be made in order to further enhance this relationship.

Ensuring our customers are happy is done in a variety of ways. This includes regular meetings with the senior management team to discuss what's working/what's not working. This also includes meetings of people we support who speak directly to our board about their thoughts on the service they get from us. They tell it like it is and everybody listens and responds to what they say! For some people we support, we listen to them in a different way other than formal meetings and person-centred reviews. This might be through their behaviour, through the use of assistive technology, and/or through their family members. Our families speak directly to our Senior management team through regular meetings, as well as to our board via an elected Chair.

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## The Power of Positive Thinking, Choice Support

A Choice Support programme, focusing on individualised care and alternatives to physical restraint.

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### The Power of Positive Thinking

A Choice Support programme, focusing on individualised care and alternatives to physical restraint, for Britain's growing population of people with severe learning disabilities and autistic spectrum disorders who have challenging behaviour.

See [The Power of Positive Thinking img.pdf](#) for a copy of a Guardian article published in September 2006.

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## Job Opportunities at Choice Support

Pete's Facebook advertisement puts greater emphasis on attitude than any qualifications or experience.

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### Job Opportunities at Choice Support

Choice Support recently advertised on Facebook a job advert for a Support Worker. The advert demonstrates how Choice Support are putting greater emphasis on attitude than any qualifications or experience.

See [Pete's Facebook Ad.pdf](#) for the job advertisement.

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## The Positive Behavioural Support Team

Choice Support demonstrates how their Positive Behavioural Support Team has been able to help people.

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### The Positive Behavioural Support Team at Choice Support

Choice Support has provided examples of how their Positive Behavioural Support Team has been able to help John and Jenny. Key parts of the process have included: really getting to know the individual concerned; design of bespoke services with the focus on enablement and empowerment; implementation on behaviour plans; and community involvement.



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

See [Stories of change PBST.pdf](#) to get the full stories about Jenny and John.

### Positive Behavioural Support Manager

The Milestones Trust employ a dedicated Positive Behavioural Support Manager, to support people with behaviours that challenge.

#### Positive Behavioural Support Manager at Milestones Trust

The [Milestones Trust](#) employ a dedicated Positive Behavioural Support Manager, to support people with behaviours that challenge using PBS plans to enable them to live as independently as possible. One individual has recently gone from having 24 hour support, to getting his own house and being left alone for periods. Now he goes to college and has a job, and enjoys the life he has wanted to live for a long time.

### Becoming a trainer at Choice Support

Project involving delivery of training by people supported by Choice Support.

#### Becoming a Trainer at Choice Support

Choice Support are already involving several of the people they support in the delivery of training.

Here is Mark's story of how he became a trainer: [Becoming a trainer.pdf](#)

### Focusing on Outcomes at New Prospects

New Prospects devise an Outcomes Framework.

#### Focusing on Outcomes at New Prospects

At New Prospects they have used the best 'Outcomes Frameworks' - John O'Brien's 5 Accomplishments and Simon Duffy's Keys to Citizenship, in the creation of their own Outcomes Framework.

New Prospects worked on this together with the people they support, their families and staff, bringing the 5 Accomplishments and the Keys to Citizenship to the table, resulting in the following Outcomes: **Having Friends and Relationships; Making Choices – Being in Control; Sharing my Gifts and Talents; Sharing Ordinary Places; Being Respected for Who I am; and Being Healthy – Staying Safe.**

New Prospects are keen to share the rationale behind their framework.

### Volunteers at Options for Supported Living

Volunteers play a crucial role to the work that Options for Supported Living undertakes.

#### Volunteers at Options for Supported Living



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Irene had been struggling with debt and money management. So, Irene was matched with Martin, an ex-accountant. Martin supported Irene to get a better grasp of her own finances, which in turn has given her more control and choice in her own life. What was different about Martin? He's a volunteer who was matched with Irene to give her guidance in an area that was his strength.

Rob loves the freedom that being in the water brings. To go swimming, Rob needs 2 support staff in the water with him, but only gets 1:1 support. Options looked to its volunteers and paired him up with Stuart, an energetic guy who loves sport and exercise. Rob, his Support Worker and Stuart now go to the pool every week, and really enjoy it.

Volunteers play a crucial role to the work that we do and enhance the support we are able to provide. Volunteers, just like staff are matched with people we support on an individual basis, matching people based on their interests and hobbies, personalities, and personal skills. Volunteers can sometimes have a different perspective and background to other staff, helping us to provide support which is as diverse in its nature as the people we support.

Great support comes from having a dedicated staff team, who have been matched with the person they support. People we support are invited to attend recruitment workshops where they are able to point out any 'stars', anyone who they believe they would get on well with and would like as a member of their teams. We use activity-based workshops to try and get a better sense of people's values and see how they interact with those around them. Once recruited, staff will receive training to give them the best foundation to be able to provide great person-centred support. Staff work together as a dedicated team with the person they support, building a Team Action Plan (TAP), which is a plan of actions which help to achieve the goals and aspirations in a person's Essential Lifestyle Plan (ELP). The TAP is important in providing great support as it ensures the team is working as a whole, working towards the same outcomes and supporting a person to work towards their own goals.

Our Values and Beliefs drive everything we do and are regularly reinforced throughout training, supervisions, and meetings. By having a clear understanding of the Mission, Values and Beliefs, staff are empowered to make more confident decisions and recognise the importance of person-centred support.

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### Improving quality of life at Quality Care (EM) Ltd

A case study about Lucy.

Improving quality of life at Quality Care (EM) Ltd

#### A case study about Lucy

On starting work in the bungalow, Lucy wasn't going into the community due to the risk of hers and others safety. Staff stripped routines and planners back to basics and Lucy was given small short tasks, on a daily basis and given time to process them for either the afternoon or the morning, as it was established that Lucy was unable to deal with a lot of information at once.

This new approach worked well and was used by all staff in the bungalow for a number of weeks. Staff then slowly introduced outings into the community each week by trying a new activity. Staff would inform Lucy the day before about what would be happening the following day. Lucy would sit and process the information. More activities were added to a new planner that was written, introducing a new activity each week.



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

To begin with it was a food shop for the bungalow and then over the weeks other activities were introduced and Lucy progressed onto Country Walks, Dove Dance, Bowling, Pub Visit and a trip to the hairdressers which Lucy had not visited for 10 years.

The last activity added to Lucy's planner was swimming. Lucy went swimming and enjoyed every minute of it. Lucy went on the flumes and splashed in the waves. Lucy was smiling, laughing, and interacting with staff and staying in the pool for an hour. This was a massive achievement for Lucy and her entire staff team, because from not accessing the community, Lucy is now accessing the community on a daily basis.

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### Positive Risk Taking at Holywell - Tom's experience

Support to work and using the 'phone.

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#### Positive Risk Taking at Holywell - Tom's experience

Tom began working for a fast-food chain before Holywell Care Services became involved in supporting him. He visits his family from time to time, but they are not involved in his care and support. Tom is in paid employment and has told his staff that his job is important to him: he enjoys going to work. However, during discussions with him about his job, staff became concerned that Tom's colleagues at work might be giving him the worst jobs that no one else wanted to do. The staff thought that it was important for someone from the team to visit Tom regularly at his workplace, to speak to his supervisor to confirm that he was still enjoying his work, and make sure he could remain in paid employment.

Tom was very happy when he was told that he would have this type of support from his staff team. Staff visited Tom's workplace and discussed his work with the supervisor, who gave an assurance that Tom would be supported to do the work he enjoyed. Tom enjoys his independence and is encouraged to engage in activities of his choice. In planning his activities staff carry out risk assessments and ensure that Tom's mobile phone is charged up before he goes out on his own. This approach to positive risk taking provides Tom with a sense of fulfilment and allows staff to contact him to check that he is safe; similarly, if Tom becomes concerned at any time, he can telephone staff for immediate support. Tom goes out to places such as Blackpool and Liverpool on his own, but he feels reassured knowing that he can always 'phone a friend'.

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### Tony's story - Holywell Care Services

How one person was able to take up cycling.

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#### Tony's story - Holywell Care Services

"When I first moved to my new flat in a new town, I was quite lonely. John one of my support workers was coming to see me on a bike. I said I would like to ride a bike; I tried but I couldn't balance.

I was disappointed but my support workers and their manager found out about a special day where I could ride a bike with three wheels, they told me about it, and I said I would like to go and try. I wasn't sure about going on the bus, but it was too far to walk, and I had my staff from Holywell with me and they made sure I was alright. When we got there, I was given a bike to ride and John helped me get started, he had to help me steer at first, but I can ride it on my own now. It is inside and it doesn't matter if it is raining - I can still ride my bike. I go every week and I enjoy it"



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Tony is typical of many people that Holywell Care Services Support; he expressed an interest to his support staff, and they found a way to make it happen through local knowledge and shared interests.

Tony enjoys his cycling and now attends sessions every week, and it is great to see him ride past staff with a big grin on his face.

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### Effective, person-centred rota planning at Creative Support

In Lancashire, Creative Support has created a detailed 'rota guidance' document.

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#### Effective, person-centred rota planning at Creative Support

In Lancashire, Creative Support has created a detailed 'rota guidance' document. This includes detail on how the rota reflects each person's particular support needs. This is established by completing a person centred support plan pinpointing how the organisation will meet the needs identified in an individual's statutory assessment. This leads to an agreed quantity of hours to be rota'd for each week, with a breakdown of what they are used for – e.g. activities, personal care, appointments, maintaining their home, etc. Rotas are person centred in this way and should change to reflect any changes in the person's assessed needs that affect how support should be delivered and when.

When setting rotas, managers look to cover any important appointments someone may need to attend, (e.g. hospital appointments) with regular staff members that the person feels comfortable with. When appointments are made at short notice, we look to make necessary adjustments to the rota so that this consistency of support can still be provided.

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### Creative Support: Supporting people in times of distress

Bereavement at Creative Support.

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#### Creative Support: Supporting people in times of distress

When an individual supported by Creative Support passed away at a service, it was a difficult time for all concerned. The organisation offered counselling and extra key working sessions to support each individual at the service with their grieving. It also facilitated a practical session to help people grieve and move on. Individuals were given balloons to write messages to the person who had died and released them into the air. This was a cathartic process for both the people supported and the staff and helped to bring a certain amount of closure to the passing of the individual concerned. All individuals were also supported to attend the funeral.

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### Miss C's story at Spire (Preston)

The importance of choosing where, and with whom, to live with.

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#### Miss C's story at Spire (Preston)

Miss C's story shows how people choosing where, and who they live with, is critical to happiness and quality of life.



Miss C is a young woman who until recently was living at home with her mum. She had no friends, no social life, and her relationship with her mother had broken down. She spent most of the time from 7pm onwards each evening on her own, in her room.

Miss C was referred to Spire Preston's supported living service where they worked carefully with her to identify where, and with who, she wanted to live, and to check that they wanted to live with her too.

Miss C moved into an ordinary house in the community with two other young women of a similar age. She now has friends and enjoys regular social activities, including attending a drama group and karaoke disco each week as well as going bowling and to the cinema. She tells the staff who support her that she enjoys her 'girly' time with women of her own age.

As the social care funding crisis grows pressure to fill voids with "the next service user available" will grow. It is vital that values-based services resist such pressures if happiness and real quality of life are to be a reality for more people with learning disabilities in the future.

### Share your good practice...

Please use our contact form to get in touch and let us share your examples of good practice on the site. Visit the contact form page.

## Good practice 4: Good culture and the organisation

Examples demonstrating when good culture is important to the organisation:

- people with disabilities and their family have involvement in checking the quality of support.
- all levels throughout the organisation consider and involve people being supported and families.
- the organisation can evidence how change has resulted from the voice of people being supported and their families at all levels.
- staff feel respected and able to voice their thoughts and contribute to organisational development; and,
- the organisation speaks out about bad practice.

Below are examples of good practice which centre on part four of the code, **Good culture and the organisation**. Click on one of the titles below to read a description, download related documents or watch related videos.

The list below is organised by date with the most recent at the top.

### Case Study - an example of Good Practice 4

An example from the Driving Up Quality Code to demonstrate when good culture is important to the organisation:

#### Case Study – when good culture is important to the organisation



Staff are encouraged to speak up about concerns and potential solutions. We believe that nobody individually has the answers, but if we work together between us, we can figure it out. Staff throughout the organisation can speak to the Senior Management Team at any time, but we also set aside specific time for this to happen in a more structured way each month. These sessions involve conducting a review of What's Working/Not working from people we support, support workers, and service managers, as well as sessions where staff tell us what they want us to stop doing as an organisation to make their jobs better and to more effectively make a difference to the lives of people we support. This has resulted in several changes throughout the organisation from training courses, better paperwork, adjustments to IT systems, and even the way our offices look.

Families and people, we support are also listened to through elected representations on our board. They tell the board exactly what is being experienced in terms of service delivery and tell it exactly like it is! We all listen when those two members speak up and hold our breath in anticipation about what they might say!

People with learning disabilities, as experts by experience, are paid to conduct audits to ensure that we really get to the heart of any issues for the people we're supporting. Family members also contribute to our audit process. We have also audited other organisations on their request and been able to share quality checkers. This has enabled us to be a critical friend to other organisations and we all benefit by sharing ideas about how to make things better.

To make sure that staff, families, and people we support feel comfortable in letting us know about any concerns they have, we have employed an external company to manage a 'Whistleblowing Hotline' for us. People can report issues in a variety of ways, but this is an additional method that allows anonymous calls to be made

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## The Outcomes Star

The Outcomes Star both measures and supports progress for service users towards self-reliance or other goals.

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### The Outcomes Star

The Outcomes Star was developed and is supported by Triangle Consulting Social Enterprise, which is led by Triangle directors Joy MacKeith and Sara Burns and supported by a core team of 14 associates, trainers and other professionals.

The Outcomes Star™ both measures and supports progress for service users towards self-reliance or other goals. The Stars are designed to be completed collaboratively as an integral part of keywork.

There are 19 versions of the Outcomes Star carefully adapted for different client groups and services, including older people, mental health, families, work and more.

It is widely used and endorsed. Over 50 collaborators include the Department of Health, Big Lottery Fund, Camden Council, NESTA and NHS Trusts.

To see the star (and to download it) please see the following website: <http://www.outcomesstar.org.uk/>

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## Annual User Survey, Choice Support

Choice Support has enhanced its annual user survey to highlight good practice, identify concerns, evidence trends, and influence future plans.



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### Annual User Survey, Choice Support

Getting feedback from people who require support, their families and staff, is important for assessing and improving a service, but the data needs to be valuable. Choice Support has enhanced its annual user survey. Now the information they receive highlights good practice, identifies concerns and evidences trends, and influences future plans; all factors that are beneficial to cost efficiency and quality of life for staff, families and people using the services.

See [Beyond the 'Tickbox'.pdf](#) for further details about their work.

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### Service User Parliament at CMG

CMG has established a Service User Parliament which involves service user MPs being elected by their peers.

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#### Service User Parliament at CMG

CMG has established a Service User Parliament which involves service user MPs being elected by their peers to represent specific geographical constituencies within CMG. People with learning disabilities take the lead on this project.

CMG believe this is an innovative approach to involving service users in the delivery of services. Service users get the opportunity to give feedback to CMG's Board via their peers, and the service user MPs themselves feel a real sense of responsibility and achievement which comes with the role.

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### CMG's Relative Quality Checkers

Relative Quality Checkers are family members or relatives of service users who volunteer to monitor quality in all of CMG's services.

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#### CMG's Relative Quality Checkers

CMG has established a team of Relative Quality Checkers who volunteer to monitor quality in all of their services. These are family members or relatives of service users who live within CMG residential or supported living services. The Relative Quality Checkers were involved in designing quality audits and they now undertake audits and random spot checks in CMG services. They feed back their findings to CMG's Board, with all feedback analysed by their Quality Support Team.

See [Relative Quality Checkers CMG.pdf](#) for further information about the initiative.

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### The Audit Process at Choice support

Details regarding the internal quality audit process at Choice Support.

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#### The Audit Process at Choice Support



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

The internal quality audit process at Choice Support brings together information about the services each Services Manager is responsible for. It highlights what is working well and what could be better.

The process comprises: Pre audit information; Paperwork Audit; Meeting with the Services Manager and Service Visit; Quality Checkers Audit; Completion of the audit report and recommendations; and Service Development Planning.

To better understand the audit process at Choice Support, please see [New audit process.pdf](#)

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### Staff Awards at Milestones Trust

In 2011 the Milestones Trust created a new set of awards for staff to recognise outstanding performance.

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#### Staff Awards at Milestones Trust

In 2011, [Milestones Trust](#) created a new set of awards for staff to recognise 'going the extra mile', something considered important to them in making a difference as a charity.

Staff can now nominate colleagues who have striven to make life better for service users, and their good practice is recognised and rewarded.

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### Observation Supervisions at United Response

At United Response, adopting 'observational' supervisions has created a positive and continual learning environment.

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#### Observation Supervisions at United Response

At United Response, adopting 'observational' supervisions has created a positive and continual learning environment that's not only improving the way staff work, but providing them with the real-time advice they need to become more confident support workers. One of the advantages of an observational supervision is that it can be done flexibly as part of the normal routine, but the biggest reason to use them is that they shine a light on the little things being done at United Response which, if changed, could make a big difference to the people they are supporting.

See [Observational Supervisions.pdf](#) for more information about the project

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### CMG's Quality Ratings Framework

The Care Management Group (CMG) has created its own internal rating scheme to assess quality above and beyond CQC's 'compliant' and 'non-compliant' criteria.

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#### CMG's Quality Ratings Framework

Following the loss of the Care Quality Commission's star rating system, the Care Management Group (CMG) created its own internal rating scheme to assess quality above and beyond CQC's 'compliant' and 'non-compliant' criteria. The underlying aim is to ensure that service users are ultimately the judges and the beneficiaries of all improvements.



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

See [CMG quality ratings.pdf](#) for further details about their framework

### Quality Checkers at Choice Support

At Choice Support those being supported can visit other people in their homes to check if they are happy.

#### Quality Checkers at Choice Support

At Choice Support, there are opportunities for those being supported to visit other people in their homes to check if they are happy with the level of support they are receiving. They use REACH standards and find out if individuals are happy with their level of care. Training and on-going support is provided.

See [Being A QUALITY CHECKER.pdf](#) to see a typical advertisement for a Quality Checker.

### Values and attitudes in recruitment, Choice Support

#### Values and Attitudes in recruitment, Choice Support

Choice Support have carefully explored the values and attitudes they look for when they recruit staff.

See the following links to understand the values and attitudes Choice Support are seeking, and also to appreciate the importance of building relationships with the people they support. Please see the clips below:

Tony

<https://www.youtube.com/watch?v=6hJ5CGarPcl&list=UUDHYB4P5JGzgoWdFPJ3eQyA>

Laura and Paul

<https://www.youtube.com/watch?v=v-VXIEIjpo&index=10&list=UUDHYB4P5JGzgoWdFPJ3eQyA>

Paul and Neval

<https://www.youtube.com/watch?v=fcaJ5HmNh5Q&list=UUDHYB4P5JGzgoWdFPJ3eQyA&index=9>

### Helping staff to support people with behaviour that challenges, at KCBN

Details about the Kent Challenging Behaviour Network's annual conference.

#### Helping staff to support people with behaviour that challenges, at KCBN

The KCBN 2013 Annual conference focused on improving services for people through better leadership and establishing a positive culture.

See [link](#) to view the conference outline



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## Strong Culture of Member Involvement at KeyRing

Strong Culture of Member Involvement at KeyRing.

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### Strong culture of Member involvement at KeyRing

KeyRing has a strong culture of Member involvement. Whilst the things they do always come from discussions with Members, they wanted to make sure they were spending a finite amount of money in a way which everyone agreed was going to give Members the loudest voice and best outcomes.

Keyring wanted to get staff, volunteers and Members round the same table to talk about how they spend the money and to increase transparency.

They held a working group which looked at how things like their Complaints Officer, Members' Paper and National Forum came about. They asked the group if they were doing the right things, if they were spending the right amounts, what was missing and if anything was no longer needed.

The group validated the current structure, challenged where things weren't working well and moved money around to enable ideas to be strengthened. The Communication and Engagement Director had actions to take away and report back on with a clear deadlines.

The meeting minutes will be summarized in the Members' Paper, and sent to the KeyRing National and Area Forums.

The outcome is that Member Involvement will be strengthened next year. Member, staff and volunteer hopes and concerns have been heard and acted upon. KeyRing can move forward with confidence, knowing they are doing the right things. Having spoken to staff, volunteers, and Members, they know that they have addressed the concerns of each group, resulting in greater commitment from all involved.

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## Keeping Promises at New Propsects

Five promises made to everyone who is involved with New Prospects.

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### Keeping Promises at New Prospects

At New Prospects, they got together the people they support, their families, staff and the Board of Trustees to create their new vision statement and to work on the five promises they make to everyone who is involved with New Prospects.

These promises are:

- To always try to be the best we can be.
- To listen to what you want and act upon it.
- To support and encourage friendships.
- To work together to achieve more.
- To respect you and your rights.

To see how their support is affected by these promises, see this link on The Centre for Welfare Reform website.



## Beliefs and training at Options for Supported Living

The core beliefs at Options for Supported Living, and their training requirements.

### Beliefs and training at Options for Supported Living

What do you enjoy? What do you want to say 'no' to? What are you looking forward to? Think about your own life, and how you would answer these questions. We regularly put these questions to the people we support via an independently facilitated self-advocacy group called Voices R Us. The casual relaxed and open conversations which are had by members minuted and feedback is then given directly to our Chief Executive, Richard and the board of Trustees, to review, change, action or resolve. Richard takes an active role in getting to know and build relationships with the people who we support. Every month, Richard calls and visits people we support and their families when they are at home. Richard has also taken part in indoor climbing sessions, going to Tranmere Rovers football matches and, when invited, has been a guest at birthday parties of the people we support. Many people we support regularly pop into the office to say hello, have a cuppa and find out about what is going on in Options, such as recruitment dates and social events.

Our Beliefs begin with the line 'we believe that all people should live a meaningful and fulfilled life'. Our Beliefs apply not only to the people we support but our staff too, as having happy staff is essential in providing great support. This goes hand in hand with our Working Values, which are 12 values that all staff must follow. They are Integrity, Commitment, Enabling, Confidentiality, Challenge, Listening, Recognition and Encouragement, Rigour, Teamwork, Learning, Vision and Risk taking. These values are for staff as individuals and for the organisation as a whole. In line with this, staff are given the opportunity to attend a Staff Consultation Meeting every quarter where they are able to find out what changes are happening within the organisation and ask any new questions or issues which staff would like to raise on behalf of themselves or their teams. Any issues raised are then explained or actioned to look in to and get an appropriate response as quickly as possible. Staff views and opinions are also welcomed in a more informal context during Philosophy Night, where over dinner, staff are asked their opinions on what's working well or not working in Options, discussions on social care as a whole and other issues affecting the lives of the people we support.

We believe that training is really important, so we go above and beyond the minimum level of training required. As well as standard and person specific training, we offer two courses: Certificate of Inclusion (COI) and Person Centred Leadership course (PCL). The COI is key in developing our staff to focus support on enabling, independence and outcomes. The PCL aims to develop potential leadership skills for Support Workers who are looking to become Team Leaders.

## Holywell's ethical approach to the provision of services

Paying attention to clients' needs and their families' requirements.

### Holywell's ethical approach to the provision of services

Holywell's ethical approach to the provision of services to its clients is aligned to this key area of driving up standards. As a relatively young organisation, Holywell has easily adopted modern principles of social care and operates on the lines of a learning organisation. That means that Holywell values feedback that received from clients,



their families and staff at all levels. Holywell is proud to be an accredited Investor in People and was most recently assessed in February 2015.

In terms of matching care packages to people's individual needs, Holywell pays attention to clients' needs and their families' requirements. For example, recently, one family asked Holywell to provide carers of the same religious faith as them so that the carers would immediately understand the client's cultural context and requirements. The company was able to supply suitable carers to deliver this care package and recruited additional staff to provide adequate cover. This practice is evidence that they embrace equality and diversity.

Another issue often encountered is the great concern that ageing parents have for their siblings who have learning disabilities, who might themselves be adults. When Mrs X could no longer cope on her own to look after her adult daughter, she asked Holywell to provide support. She was very concerned about having carers in her home, which she viewed as an intrusion. Senior management and the care coordinator visited Mrs X and discussed with her at length her daughter's requirements and her concerns. An assessment was completed and together they drafted a person-centred care plan. Subsequently, all parties who were to be involved in the care of the daughter met and the care plan was ratified. Following this dedicated staff team, approved by Mrs X, was identified to deliver the care package.

Mrs X is hands on and available when staff visit her home. By providing her with people that she feels happy with, to care and support her daughter, it was agreed by Mrs X, the Social Worker and Holywell that Holywell would support Mrs X to recruit and train staff. A weekly rota would be sent to Mrs X each week from Holywell and Mrs X would be responsible for managing the staff supporting her daughter with the activities she chooses.

Holywell's company motto is "Enabling you to enjoy an independent lifestyle" and this is achieved by meeting with clients and their families: taking into account clients' cultural background, religious beliefs and social care needs. Holywell actively encourages input from outside agencies to ensure clients receive the best possible support.

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## Creative Support is working in collaboration with families

A case study about Jack.

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### Creative Support is working in collaboration with families

Creative Support currently offer regular respite to Jack who requires a high level of support.

Jack currently resides full time at home with his family, his parents being the main carers. During one of his stays at Creative Support's respite service, Jack's father mentioned his son's desire to go swimming once a week. Although they wanted to meet Jack's wishes, the family had concerns about whether they could safely support Jack to access the pool.

Jack's father asked about whether Jack could make use of the outreach programme in order to be supported to go swimming safely. Creative Support guided the family through the funding process offered by the relevant authority and a specific package of support was agreed. Jack now attends a weekly swimming session, supported by staff, at his local leisure centre with his father.

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## Share your good practice...



Please use our contact form to get in touch and let us share your examples of good practice on the site. Visit the contact form page.

## Good practice 5: Lead and run the organisation well

Examples of when managers and board members lead and run the organisation well:

- leadership utilises the skills within the organisation and inspires those around them.
- leaders encourage open and honest conversations about what is and is not working.
- decision making is based on the principle of ‘how will this benefit those we support? And,
- there is transparency where there are areas of improvement required and these are shared internally and externally to benefit others.

Below are examples of good practice which centre on part five of the code, **Lead and run the organisation well**. Click on one of the titles below to read a description, download related documents or watch related videos.

The list below is organised by date with the most recent at the top.

### Case study - an example of Good Practice 5

#### Case Study - Managers and board members lead and run the organisation well (leadership and governance)

Our organisation states clearly why it exists and what impact we aim to have with the people we work with. We review our Mission and our aims every three years in an exercise involving our Board and lots of other people. Our aims are about the impact we hope to make for those we support, and we aim to evidence how we achieve those aims. We have a plan that states how we do that, and we involve the people we work with in developing that plan. The plan is straightforward easy to understand, and we present it on our website, and in other formats for people.

The people we support are at the centre of the plan and everything we do links back to them. It’s our promise to them and we measure our progress to ensure we’ve delivered it. This helps us know whether we’re meeting those aims.

We look outside our organisation a lot so that we keep up with the best way of doing things. We belong to organisations like the Housing and Support Alliance and VODG. This means that we talk to people about what we are doing so we can compare what we do with others and we’re transparent about what we do.

Our leaders are people who work hard, know a lot but understand what they don’t know. All leaders spend time with customers and in services to see what it’s like and to be approachable for people. We tried customer involvement in our Board but found it really hard, resulting in two customers leaving the Board because they wouldn’t provide the right support, so we tried again this year with much more success and we can now say things have changed because of customers on the Board. This included customers being very involved in choosing our new Chair of the Board and our Chief Executive. We’re expanding this to have customer groups and networks but we’re working with them to work out what they look like and how they will work, and we’re providing financial support to help that happen. We’re building up a record of “You said, we did” to see where our customers are able to get things changed.





## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

We like to celebrate but it's important that we learn from our mistakes and we're setting up a Safeguarding Panel to review the things that go wrong so we don't make the same mistakes twice.

### Management and Governance at the Milestones Trust

The Milestones Trust's managers and board members apply due focus on leadership and governance.

#### Management and Governance of the Milestones Trust

At the Milestones Trust, managers, and board members endeavour to lead and run the organisation well.

For example, when redeveloping the organisation's brand, the most extensive research was carried out with people who use the Trust's services. This included everything from values to visual identity and the choosing of the logo.

Service users were consulted at every stage of the process.

See [link](#) to find out more about the Milestones Trust.

### Organisational structure and management at Options for Supported Living

Details about the Board of Trustees and their flat hierarchical structure at Options for Supported Living.

#### Organisational structure and management at Options for Supported Living

We believe that a key strength of our organisation is having a flat organisational structure, minimalising the distance between the people we support, support staff and senior managers. This helps to create better communication between the levels of structure, meaning decisions can be acted on quickly and effectively, and decisions can be fast and responsive to situations. Key to this is that Team Leaders continues to provide direct support, helping them to have a better awareness and understanding of what is going on within their teams. We recognise that for an organisation to work well and provide great support, each member of staff should be given great support and be suitably led at all levels to get the best out of people. All staff within Options, no matter what their role, have supervision once a month to ensure staff have regular time with their manager. Each team also has a monthly Team Meeting to discuss how they are going to support a person to achieve the outcomes set out in the PCP of the person they support.

Board of Trustee meetings are held every two months and cover issues from across the whole organisation, from strategic decision making to specific person related information. All decisions are made based upon our Mission, Values and Beliefs. Each Trustee was appointed based on their different backgrounds and experiences, but all share the Values and Beliefs of the organisation. The different backgrounds of the Trustees mean that they are able to challenge and discuss information before decisions are made. Trustees are actively involved in Options and are regular faces at big and small events. Nikki joined the team of 20 from Options who completed the Liverpool Santa Dash, running with the people we support and staff to complete the 5km race. Louise has an interest in self-advocacy and has attended Voices R Us meetings. Julia's passion is empowering families, so she attended the Families Event, catching up with the people we support and their families and finding out some of the great outcomes that they have achieved.

### Pooling knowledge and sharing experiences at Holywell



'Hands on' approach by management.

### Pooling knowledge and sharing experiences at Holywell

The management of Holywell Care Services has a 'hands on' approach. The director has frequent telephone contact with all members of the management structure to discuss issues that have arisen, changes that are to be made and to monitor aspects of the service.

The monthly management meetings provide an opportunity for managers, care coordinators and team leaders to review progress, discuss problems, identify solutions and plan the next steps. The 5 key areas of the Driving Up Quality code are discussed in management meetings so that they will be addressed systematically and progressively in the course of routine work.

Managers often support clients on calls so that they can experience the level of support and care offered at first hand and gain valuable feedback.

One of Holywell's staff clearly remembers being on a walking round and being picked up by a senior manager and driven to her next two calls, with the manager providing a taxi service. This gave the manager the opportunity to gain valuable insight into work on the frontline and reinforced staff supervision routine.

The management team includes a wide range of experience, and they pool their expertise to provide the best care solutions for clients. By pooling its knowledge and sharing experiences, the team provides a rich support network and a community of practice that staff and people Holywell supports can access at any time.

### Share your good practice...

Please use our contact form to get in touch and let us share your examples of good practice on the site. Visit the contact form page.

### All examples of good practice

Below is a list of all examples of good practice. They show how organisations are working towards the five areas of the code. The examples are categorised under each area of the code though some of the examples cover more than one area.

The list is organised by date descending. click on a title to view the example.

### Share your good practice...

Please use our contact form to get in touch and let us share your examples of good practice on the site. Visit the contact form page.

### Resources

This page signposts and provides useful resources for anyone to use and pass on to others.

### Commissioners Reference Paper

## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

See this document to understand the Driving Up Quality Code from the perspective of a commissioner: [Useful reference for commissioners.pdf](#)

### Easy Read handout for service users and carers

See this document: [DUQA handout for service users and carers.pdf](#)

### Five videos

Below are videos created to illustrate the five areas of the code.

1. **Support focussed on the person.**
2. **An ordinary and meaningful life.**
3. **Being happy and quality of life.**
4. **Good culture and the organisation.**
5. **Lead and run the organisation well.**

### Self Assessment

Organisations that sign up to the Driving Up Quality Code are expected to assess themselves annually and publish what they find.

The self-assessment guide below is to help organisations assess themselves against the Driving Up Quality Code. The self-assessment guide includes what 'good' and 'bad' looks like in each area of the Code. It has real examples of what 'good' looks like and questions for organisations to ask themselves about the areas of the code.

### The Self Assessment Guide

Use the link below to download the self assessment guide as a PDF or read the document online.

[DUQ-Self-assessment-web.pdf](#)

### Who's signed up

Use the search options below to find Providers, Local Authorities and Clinical Commissioning Groups in England.

### Provider Results

Below are providers who have signed up to the code. The list is based on the regions of England you have searched for.

Active Pathways	North West	02.07.2015
Primelife Acorn Close Care Centre	Midlands East	04.02.2016
Fulfilled Living Limited	Midlands East, North West	27.05.2015
Ordinary Lifestyles	North West	26.03.2014

Pendle Support and Care Services	North West	03.03.2015
AFFINIA HEALTHCARE	London, South East	07.08.2015
Fox Elms Care Ltd	South West	09.03.2016
Accord Group	Midlands West	08.06.2016
SCASS Ltd. at Blossom House	London	19.11.2013
Lyndridge Care and Support	South West	28.10.2013
Salopian Care Limited	Midlands West	17.12.2013
Choice Support	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	20.08.2013
Bellis Care and Support	North West	01.04.2014
Sahara House	London, South East	16.09.2016
Real Life Options	London, Midlands East, Midlands West, North East, South East, Yorkshire & Humber	11.11.2013
L'Arche	East of England, London, North West, South East	13.04.2015
St Vincents and St Georges Association	Midlands West, South West	17.07.2014
Embrace Group	London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	13.08.2015
Thera East Anglia	East of England	27.01.2014
United Response	East of England, London, North East, North West, South East, South West, Yorkshire & Humber	16.09.2013
Style Acre	South East	18.11.2015
Solutions Social Care	London	16.05.2018
MiLife Care Services	Midlands East	27.04.2016
ACL Disability Services and Gig Buddies Sydney		05.07.2017
ECO Work-Shop CIC	Midlands West	17.02.2016
Living with Autism Ltd	East of England	19.04.2015
Fylde Community Link	North West	19.02.2014
care management group	South East	17.04.2018
CMG 22a Carden Avenue	South East	20.03.2019
The Edward Lloyd Trust	North East	01.11.2013
3 The Droveaway, Care Management Group	South East	02.03.2017
COMMUNITY LIVING PROJECT	Midlands East	11.03.2016
The Grace Eyre Foundation	London, South East	12.03.2014
3 Farm Way	South East	06.10.2018
Phoenix Support	South East	21.10.2015
Linkability	North West	11.06.2014
Aspirations Care Ltd	London, Midlands East, Midlands West, North East, North West, South East, South West	14.06.2016
Positive Support for You CIC	North East	06.11.2013
Willowdene Short Breaks and Day Opportunities	East of England	16.06.2015
78 Stubbington Lane - Care Management Group (CMG) Ltd	South East	24.03.2015
Willowdene Short Breaks and day opportunities	East of England	26.05.2015
Community Support Services	Yorkshire & Humber	30.10.2014
Careline Lifestyles (UK) LTD	North East	28.04.2016

Egalite	South East	20.02.2016
Autism Hampshire	South East	27.02.2014
Castle Supported Living Ltd	North West	22.10.2014
Freeways	South West	12.12.2013
Frontier Support Services Limited	London, South East	23.07.2015
car management group	South East	21.08.2018
Positive Individual Proactive Support (PIPS)	North East, Yorkshire & Humber	29.04.2016
The Ormerod Group	North West	27.01.2014
CARE UK	East of England, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	30.01.2014
The Lifeways Group	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	15.05.2014
Royal Mencap Society	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	11.03.2014
New Directions Rugby Ltd	Midlands West	22.10.2014
LIFE OPPORTUNITIES TRUST	London, South East	14.01.2016
Thera East	East of England	01.12.2013
Choice Care Group	Midlands West, South East, South West	25.03.2014
New Prospects Association	North East	10.10.2013
Annicare	South East, Yorkshire & Humber	28.03.2016
South Essex Partnership NHS Foundation Trust	East of England	04.11.2013
Thera South West	South West	08.12.2016
MacIntyre	East of England, London, Midlands East, Midlands West, North West, South East	09.10.2013
Stockdales	North West	06.12.2013
Thera West	Midlands West	08.01.2014
Dimensions	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	25.09.2013
KeyRing Living Support Networks	London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	11.09.2013
The Lady Verdin Trust	Midlands West, North West	12.09.2013
ubu	East of England, Midlands East, North East, North West, Yorkshire & Humber	27.03.2014
West Lancs Positive Living Ltd	North West	12.12.2014
KINGWOOD	South East	23.12.2015
BNR Agency Ltd	North West	08.08.2016
Southview Care Home Ltd	South West	06.10.2015
Bridgeway Care Home	North West	08.06.2015
Aurora Options	London	19.09.2013
1st Enable Ltd	North East, North West, Yorkshire & Humber	20.09.2016
MyLife Supported Living	North East, South East, South West	28.07.2015
Heritage Care	East of England, London, Midlands East, Midlands West, South East	30.09.2013
Jigsaw Creative Care	South East	25.08.2016

Liase Loddon Limited	South East	06.12.2013
The Brothers of Charity Services, Lancashire	North West	19.12.2013
Haven Group	North West	24.04.2014
Crossroads Care North West	North West	26.03.2015
Centre 404	London	27.06.2017
A test provider	North East, Yorkshire & Humber	13.11.2013
hft	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	01.10.2013
Honeysuckle Farm	Midlands East	05.04.2016
Care And Support Shop Limited	London	29.05.2015
Care Management Group (CMG) Ltd	East of England, London, Midlands East, South East, South West	09.09.2013
Enham Trust	East of England, London, Midlands East, South East, South West	02.03.2016
KEAS VALUING LIVES	London	07.03.2016
The Anthony Toby Homes Trust	South East	17.09.2013
Turning Point	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	12.09.2013
GS Social Care Solutions	North West	21.05.2014
Aster	South West	17.10.2013
New Horizons Care	Midlands East	04.03.2015
The Priory Group -	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	19.09.2013
Hesley Group	Yorkshire & Humber	03.12.2013
The Stable Family Home Trust	South West	28.07.2014
Radian Support	South East, South West	11.11.2013
Outward	London	27.01.2014
Three Cs	London	06.03.2014
PSS (Person Shaped Support)	Midlands West, North West, Yorkshire & Humber	09.05.2017
Crossroads Care East Lancashire	North West	08.04.2015
Affinity Trust	East of England, Midlands East, Midlands West, North West, South East, South West, Yorkshire & Humber	17.09.2014
Thera South Midlands	East of England, Midlands East	26.01.2014
Brandon Trust	London, Midlands West, South West	12.12.2013
Access Community Services Ltd	North West	05.03.2014
Specialist Care Team Ltd	North West	17.05.2016
The Avalon Group	North East, Yorkshire & Humber	19.02.2014
St Annes Community Services	North East, Yorkshire & Humber	13.11.2013
mcch	London, South East	17.10.2013
Cloverleaf Advocacy	Yorkshire & Humber	13.02.2014
Carlisle Mencap	North West	01.12.2014
Voyage Care	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	09.11.2018
This is a test page for Kate & Macfarlane's House	East of England	30.08.2013

Walsingham Support	East of England, London, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	23.10.2013
Thera East Midlands	Midlands East	27.01.2014
Nugent Community Choices	North West	12.10.2017
Gofal Cymru Care Ltd	East of England, South West	18.03.2016
Thera North	North East, North West	20.12.2013
Care Management Group	South West	24.05.2018
The Bridgewood Trust	Yorkshire & Humber	01.07.2014
Livability	London, Midlands East, Midlands West, South East, South West, Yorkshire & Humber	14.04.2016
SeeAbility	London, South East, South West	19.04.2017
HIGHFIELD SERVICES	North West	24.01.2014
Expect Limited	North East	01.03.2016
287 Dyke Road-care management group	South East	22.06.2018
Glenelg Support Limited	North West	14.11.2013
Holmleigh Care Homes Limited	Midlands West, South West	27.03.2015
Education and Services for People with Autism Ltd (ESPA)	North East	24.10.2018
Acorn Supported Living Scheme Ltd	North West	30.05.2014
The Fremantle Trust	London, Midlands East, South East	16.06.2014
Care Management Group	South East	07.07.2017
Creative Support Limited	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	22.11.2013
Littlecroft Residential Homes Ltd	South West	08.02.2016
Park View Resource Centre	North West	12.08.2015
Freedom Care and Support	North West	19.05.2014
Dalesview Partnership	North West	21.11.2014
Centra	East of England, London, South East	22.10.2014
Caritas Care Limited	North West	12.11.2013
4 Vallance gardens - Care Management Group (CMG) Ltd	South East	29.06.2017
Care Avenues Ltd	Midlands West	01.06.2016
The Westminster Society for people with learning disabilities	London	26.01.2017
Pepenbury	South East	07.10.2013
Premier Care (Plymouth) Ltd	South West	09.09.2016
Certitude	London	30.09.2013
Community Integrated Care	Midlands East, North East, North West, South East, Yorkshire & Humber	01.11.2013
Newfield View Supported Living	Yorkshire & Humber	03.02.2016
Diverse Abilities	South West	19.08.2014
iDirect Independent Living	South West	08.03.2016
Potensial Ltd (trading as POTENS)	North West	18.03.2015
Hunters Lodge Care and Support Ltd	Midlands East	27.11.2015
Positive Steps Shropshire Ltd	Midlands West	22.12.2015
LODGE GROUP CARE UK	London	21.03.2016
Elevation Care Services	East of England	09.09.2015

DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Parkhouses ILS	North West	22.05.2014
Swanton Care and Community	East of England, London, Midlands East, Midlands West, North East, North West, Yorkshire & Humber	09.10.2013
Comfort Call Ltd	North West	02.04.2015
The Pembury Care Home	Midlands West	11.08.2015
Eastway Care Limited	London, South East	03.12.2013
Glebe House	Midlands East	17.02.2015
Action on Hearing Loss	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	12.11.2013
The Grange Centre	South East	12.09.2013
Making Space	East of England, Midlands East, Midlands West, North East, North West, Yorkshire & Humber	08.12.2016
PossAbilities CIC	North West	23.06.2015
Yarrow	London	07.07.2017
Inmind community support services	London, Midlands East, Midlands West, Yorkshire & Humber	06.08.2015
St Loye's Foundation	South West	13.01.2014
Rebecca Homes Ltd	Midlands West	19.07.2016
Bournville Village Trust	Midlands West	20.12.2013
Quality Care (EM) Ltd - Independent Living Services (EM) Ltd	Midlands East, Midlands West	01.11.2013
Support-Ed Limited	South West	13.01.2016
Kaleidoscope South Hams Limited	South West	25.01.2016
Eastbank Residential Home	Midlands West	16.12.2015
The Care Division Ltd	South East, South West	06.02.2014
Holywell Care Services	North West	16.02.2014
PLUS (Providence Linc United Services)	London	29.05.2018
Blue Ribbon Health and Wellbeing	North West	10.07.2017
Beyond Limits	South West	16.09.2014
Future Directions Community Interest Company	North West	09.04.2015
Outlook Care	East of England, London, South East	30.10.2014
Kaleidoscope brokerage Ltd	North West	10.12.2013
North West Community Services	North West	05.03.2014
Care Management Group	South East	20.08.2018
Precious Homes Ltd	East of England, London, Midlands East, Midlands West, South East, South West	18.03.2016
Bidna House and Lycette Care	South West	10.03.2016
Landau Limited	Midlands West	27.07.2015
Benell Care services Ltd. (Drayton Wood)	East of England	11.05.2016
16 Kings Road - Care Management Group (CMG) Ltd	South East	20.03.2014
Your Lifestyle Nationwide Limited	South West	28.04.2017
Moorcroft Care Homes Limited	Yorkshire & Humber	03.04.2014
Affinity Supporting People	North West	04.04.2014
Spire (Preston) Ltd	North West	13.01.2015
Woodland Grove, Wycar Leys	Midlands East	20.02.2016



FitzRoy	East of England, London, Midlands East, Midlands West, North West, South East, South West	02.10.2013
Avenues Group	East of England, London, Midlands West, South East	13.09.2013
Emerald Care Services	Yorkshire & Humber	28.07.2015
Hazelwood Lodge	London	08.03.2016
Sefton New Directions Limited	North West	29.03.2016
The National Autistic Society	East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber	10.04.2017
Integrate (Preston & Chorley) Ltd.	North West	08.09.2014
Sunnyfield Support Services	North West	20.06.2014
Advance Housing and Support	East of England, London, Midlands East, Midlands West, South East, South West	15.11.2013
UK Supported Living Services	South West	19.10.2016
Care Management Group	South East	02.01.2019
Supported Homes	Midlands West, North West	20.03.2015
The Specialised Supported Living Service, Leeds and York Partnership Foundation Trust	Yorkshire & Humber	22.09.2014
ategi	East of England, Midlands West	09.06.2016
New Bridges Care Ltd	South West	16.07.2014
290 Dyke Road - Care Management Group (CMG) Ltd	South East	04.04.2014
Cartref Homes UK Ltd	South East	29.01.2014
TQtwentyone (Division of Southern Health NHS Foundation Trust) COMMENT RECEIVED AND RESPONSE PROVIDED	South East	12.09.2013
RiseUP Healthcare Ltd	East of England	13.10.2015
Care Management Group (CMG) 3a The Droveaway	South East	10.07.2015
Shared Approach Limited	North West	07.04.2015
YF Testing	Midlands East	19.11.2013
Autism Initiatives	North East, North West, Yorkshire & Humber	26.03.2015

## Comment on a provider

Thanks for using the feedback form to send us your views on a provider listed on the Driving Up Quality web site. In addition to your comments please make sure to give us the name of the provider and what period of time this relates to.

We will follow up your comments and may contact you and the provider. **We will not disclose your name or email address** to the provider or any other agency.

## Visit commissioner pages

We have divided Commissioners into two groups:

### Clinical Commissioning Groups

## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Below is a list of Clinical Commissioning Groups. To find the one in your area type its name in the search box or scroll down through the list. Those with a tick against their name have signed up to the Code. The date they signed up is on the right opposite their name.

If you are a Clinical Commissioning Group wishing to sign up to the Code, please see this page.

NHS Ashford CCG	
NHS Aylesbury Vale CCG	
NHS Barking & Dagenham CCG	
NHS Barnet CCG	
NHS Barnsley CCG	
NHS Basildon and Brentwood CCG	
NHS Bassetlaw CCG	
NHS Bath and North East Somerset CCG	
NHS Bedfordshire CCG	
NHS Bexley CCG	
NHS Birmingham CrossCity CCG	
NHS Birmingham South and Central CCG	
NHS Blackburn with Darwen CCG	
NHS Blackpool CCG	
NHS Bolton CCG	
NHS Bracknell and Ascot CCG	
NHS Bradford City CCG	
NHS Bradford Districts CCG	
NHS Brent CCG	
NHS Brighton & Hove CCG	
NHS Bristol CCG	
NHS Bromley CCG	
NHS Bury CCG	
NHS Calderdale CCG	
NHS Cambridgeshire and Peterborough CCG	
NHS Camden CCG	
NHS Cannock Chase CCG	
NHS Canterbury and Coastal CCG	
NHS Castle Point, Rayleigh and Rochford CCG	
NHS Central London (Westminster) CCG	
NHS Central Manchester CCG	
NHS Chiltern CCG	
NHS Chorley and South Ribble CCG	
NHS City and Hackney CCG	
NHS Coastal West Sussex CCG	
NHS Corby CCG	21/01/2014
NHS Coventry and Rugby CCG	
NHS Crawley CCG	
NHS Croydon CCG	
NHS Cumbria CCG	
NHS Darlington CCG	
NHS Dartford, Gravesham and Swanley CCG	
NHS Doncaster CCG	

NHS Dorset CCG	
NHS Dudley CCG	
NHS Durham Dales, Easington and Sedgfield CCG	
NHS Ealing CCG	
NHS East and North Hertfordshire CCG	
NHS East Lancashire CCG	
NHS East Leicestershire and Rutland CCG	
NHS East Riding of Yorkshire CCG	
NHS East Staffordshire CCG	
NHS East Surrey CCG	
NHS Eastbourne, Hailsham and Seaford CCG	
NHS Eastern Cheshire CCG	
NHS Enfield CCG	
NHS Erewash CCG	
NHS Fareham and Gosport CCG	
NHS Fylde & Wyre CCG	
NHS Gateshead CCG	
NHS Gloucestershire CCG	20/02/2014
NHS Great Yarmouth & Waveney CCG	
NHS Greater Huddersfield CCG	
NHS Greater Preston CCG	
NHS Greenwich CCG	
NHS Guildford and Waverley CCG	
NHS Halton CCG	
NHS Hambleton, Richmondshire and Whitby CCG	
NHS Hammersmith and Fulham CCG	
NHS Hardwick CCG	
NHS Haringey CCG	
NHS Harrogate and Rural District CCG	
NHS Harrow CCG	
NHS Hartlepool and Stockton-on-Tees CCG	
NHS Hastings & Rother CCG	
NHS Havering CCG	
NHS Herefordshire CCG	
NHS Herts Valleys CCG	
NHS Heywood, Middleton & Rochdale CCG	
NHS High Weald Lewes Havens CCG	
NHS Hillingdon CCG	
NHS Horsham and Mid Sussex CCG	
NHS Hounslow CCG	
NHS Hull CCG	
NHS Ipswich and East Suffolk CCG	
NHS Isle of Wight CCG	
NHS Islington CCG	
NHS Kernow CCG	
NHS Kingston CCG	
NHS Knowsley CCG	
NHS Lambeth CCG	
NHS Lancashire North CCG	

NHS Leeds North CCG	
NHS Leeds South and East CCG	
NHS Leeds West CCG	
NHS Leicester City CCG	
NHS Lewisham CCG	
NHS Lincolnshire East CCG	
NHS Lincolnshire West CCG	
NHS Liverpool CCG	
NHS Luton CCG	
NHS Mansfield & Ashfield CCG	
NHS Medway CCG	
NHS Merton CCG	
NHS Mid Essex CCG	
NHS Milton Keynes CCG	
NHS Nene CCG	21/01/2014
NHS Newark & Sherwood CCG	
NHS Newbury and District CCG	
NHS Newcastle North and East CCG	
NHS Newcastle West CCG	
NHS Newham CCG	21/11/2013
NHS North & West Reading CCG	
NHS North Derbyshire CCG	
NHS North Durham CCG	
NHS North East Essex CCG	
NHS North East Hampshire and Farnham CCG	
NHS North East Lincolnshire CCG	
NHS North Hampshire CCG	
NHS North Kirklees CCG	
NHS North Lincolnshire CCG	
NHS North Manchester CCG	
NHS North Norfolk CCG	
NHS North Somerset CCG	
NHS North Staffordshire CCG	
NHS North Tyneside CCG	
NHS North West Surrey CCG	
NHS North, East, West Devon CCG	
NHS Northumberland CCG	
NHS Norwich CCG	
NHS Nottingham City CCG	
NHS Nottingham North & East CCG	
NHS Nottingham West CCG	
NHS Oldham CCG	
NHS Oxfordshire CCG	
NHS Portsmouth CCG	
NHS Redbridge CCG	
NHS Redditch and Bromsgrove CCG	
NHS Richmond CCG	
NHS Rotherham CCG	
NHS Rushcliffe CCG	

NHS Salford CCG	
NHS Sandwell and West Birmingham CCG	
NHS Scarborough and Ryedale CCG	
NHS Sheffield CCG	
NHS Shropshire CCG	
NHS Slough CCG	
NHS Solihull CCG	
NHS Somerset CCG	
NHS South Cheshire CCG	
NHS South Devon and Torbay CCG	
NHS South East Staffs and Seisdon and Peninsular CCG	
NHS South Eastern Hampshire CCG	
NHS South Gloucestershire CCG	
NHS South Kent Coast CCG	
NHS South Lincolnshire CCG	
NHS South Manchester CCG	
NHS South Norfolk CCG	
NHS South Reading CCG	
NHS South Sefton CCG	
NHS South Tees CCG	
NHS South Tyneside CCG	
NHS South Warwickshire CCG	
NHS South West Lincolnshire CCG	
NHS South Worcestershire CCG	
NHS Southampton CCG	
NHS Southend CCG	
NHS Southern Derbyshire CCG	
NHS Southport and Formby CCG	
NHS Southwark CCG	
NHS St Helens CCG	
NHS Stafford and Surrounds CCG	
NHS Stockport CCG	
NHS Stoke on Trent CCG	
NHS Sunderland CCG	07/02/2014
NHS Surrey Downs CCG	
NHS Surrey Heath CCG	
NHS Sutton CCG	
NHS Swale CCG	
NHS Swindon CCG	
NHS Thameside and Glossop CCG	
NHS Telford & Wrekin CCG	
NHS Thanet CCG	
NHS Thurrock CCG	
NHS Tower Hamlets CCG	
NHS Trafford CCG	
NHS Vale of York CCG	
NHS Vale Royal CCG	
NHS Wakefield CCG	
NHS Walsall CCG	

NHS Waltham Forest CCG	
NHS Wandsworth CCG	
NHS Warrington CCG	
NHS Warwickshire North CCG	
NHS West Cheshire CCG	
NHS West Essex CCG	
NHS West Hampshire CCG	
NHS West Kent CCG	
NHS West Lancashire CCG	
NHS West Leicestershire CCG	
NHS West London (K&C & QPP) CCG	
NHS West Norfolk CCG	
NHS West Suffolk CCG	
NHS Wigan Borough CCG	
NHS Wiltshire CCG	
NHS Windsor, Ascot and Maidenhead CCG	
NHS Wirral CCG	
NHS Wokingham CCG	
NHS Wolverhampton CCG	
NHS Wyre Forest CCG	

### Local Authority Commissioners

Below is a list of English Local Authority Commissioners. To find the one in your area type its name in the search box or scroll down through the list. Those with a tick against their name have signed up to the Code. The date they signed up is on the right opposite their name.

If you are a Local Authority Commissioner wishing to sign up to the Code, please see this page.

City of London LB	
Barking and Dagenham LB	
Barnet LB	
Bexley LB	
Brent LB	
Bromley LB	
Camden LB	
Croydon LB	
Ealing LB	
Enfield LB	
Greenwich LB	
Hackney LB	09/06/2014
Hammersmith and Fulham LB	
Haringey LB	
Harrow LB	
Havering LB	
Hillingdon LB	
Hounslow LB	
Islington LB	01/11/2017
Kensington and Chelsea LB	

Kingston upon Thames LB	
Lambeth LB	
Lewisham LB	
Merton LB	
Newham LB	30/10/2013
Redbridge LB	
Richmond upon Thames LB	
Southwark LB	23/05/2016
Sutton LB	
Tower Hamlets LB	
Waltham Forest LB	
Wandsworth LB	
Westminster, City of LB	
Bolton MCD	
Bury MCD	
Manchester MCD	
Oldham MCD	
Rochdale MCD	
Salford MCD	29/11/2018
Stockport MCD	
Tameside MCD	
Trafford MCD	06/11/2013
Wigan MCD	
Knowsley MCD	
Liverpool MCD	
St Helens MCD	
Sefton MCD	
Wirral MCD	
Barnsley MCD	
Doncaster MCD	
Rotherham MCD	
Sheffield MCD	
Gateshead MCD	
Newcastle upon Tyne MCD	
North Tyneside MCD	
South Tyneside MCD	14/02/2014
Sunderland MCD	04/03/2014
Birmingham MCD	14/02/2014
Coventry MCD	
Dudley MCD	10/12/2013
Sandwell MCD	
Solihull MCD	
Walsall MCD	
Wolverhampton MCD	
Bradford MCD	
Calderdale MCD	12/05/2014
Kirklees MCD	
Leeds MCD	
Wakefield MCD	



DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Hartlepool UA	
Middlesbrough UA	
Redcar and Cleveland UA	
Stockton-on-Tees UA	
Darlington UA	
County Durham UA	
Northumberland UA	
Cheshire East UA	
Halton UA	
Warrington UA	
Cheshire West and Chester UA	
Blackburn with Darwen UA	
Blackpool UA	
Kingston upon Hull, City of UA	
East Riding of Yorkshire UA	
North East Lincolnshire UA	
North Lincolnshire UA	
York UA	
Derby UA	
Leicester UA	
Rutland UA	
Nottingham UA	
Herefordshire, County of UA	
Telford and Wrekin UA	
Shropshire UA	
Stoke-on-Trent UA	
Bath and North East Somerset UA	24/10/2013
Bristol UA	
North Somerset UA	
South Gloucestershire UA	
Cornwall UA	
Isles of Scilly UA	
Plymouth UA	
Torbay UA	
Bournemouth UA	
Poole UA	
Swindon UA	
Wiltshire UA	
Peterborough UA	
Luton UA	
Bedford UA	
Central Bedfordshire UA	
Southend-on-Sea UA	
Thurrock UA	
Medway Towns UA	
Bracknell Forest UA	
West Berkshire UA	
Reading UA	
Slough UA	



Windsor and Maidenhead UA	
Wokingham UA	
Milton Keynes UA	
Brighton and Hove UA	07.01.2019
Portsmouth UA	
Southampton UA	
Isle of Wight UA	
Buckinghamshire CC	
Cambridgeshire CC	
Cumbria CC	
Derbyshire CC	
Devon CC	
Dorset CC	
East Sussex CC	
Essex CC	
Gloucestershire CC	10/12/2013
Hampshire CC	
Hertfordshire CC	
Kent CC	
Lancashire CC	21/10/2013
Leicestershire CC	25/06/2014
Lincolnshire CC	
Norfolk CC	
Northamptonshire CC	
North Yorkshire CC	
Nottinghamshire CC	
Oxfordshire CC	
Somerset CC	
Staffordshire CC	
Suffolk CC	
Surrey CC	
Warwickshire CC	
West Sussex CC	
Worcestershire CC	16/05/2016

## News

This page lists the latest relevant news stories, articles and features relating to the Driving Up Quality Code, quality and standards in services for people with learning disabilities. Click on a link to get the full story.

Stories organised by date descending.

### The Social Care Commitment, Skills for Care

To view the new interactive graphic.

05.12.2014: The Social Care Commitment, Skills for Care



The Social Care Commitment is a sector led initiative that focuses on improving workforce quality, instilling shared values, and driving the highest standards of professional, compassionate behaviour across adult social care. One of the major benefits of signing up to the Social Care Commitment is that it can be used as a tool to support the achievement of other key initiatives and standards throughout adult social care.

To help employers understand how the Social Care Commitment can be used this way, Skills for Care has produced an interactive graphic, which illustrates how the Social Care Commitment fits within social care. The graphic explains how the commitment can benefit your business, the wider social care sector and the general public; as well as showing that it can be used to provide evidence to help you with the Driving up Quality Code.

For more information and to download the graphic visit <http://www.skillsforcare.org.uk/buildingconfidence>

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## Update on Driving up Quality Self Assessments

04/04/2014: How organisations are tackling the self-assessment process and where to begin.

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### 04/04/2014: Update on Driving Up Quality Self Assessments

Here's the latest news on the self-assessment process.

Many of the organisations that signed up to the Driving Up Quality Code before Christmas will have already received a reminder about reporting on your self-assessments.

Some providers have already carried out a self-assessment and are working on improving the areas that presented them with some challenges. Others are not sure how to tackle it and where to begin. The Self-Assessment Toolkit itself has lots of ideas and guidance in the back, a small amount of which I have reproduced here as a taster. Do print off the Toolkit and look at the guidance for yourself; I'm sure you will find it helpful.

#### **Ongoing improvement**

Meeting the Driving Up Quality Code is not a pass or fail. It is recognising that the areas of the Code are fundamental to good services and that for organisations in the care sector, there will always be room for improvement and change.

Think about what you want to get out of the process as an organisation. Different organisations will choose to use the self-assessment in different ways. Some of its uses may include the following:

- Reflect on practice – why do we do what we do?
- Mature, established organisations could review their practice and strive to improve.
- An individual service that is struggling could use it to reflect on current performance, ask key questions and develop an action plan.
- As a way to get service users and families involved in reviewing their service.
- When setting up new services, the tool can be used to establish high quality support.
- The Code can be useful in the development of an organisational strategy.



### **Creativity**

The self-assessment process should be designed in a way that is positive, enjoyable, and motivating, rather than a tick box exercise. In particular, organisations should explore creative ways of meaningfully involving the people they support, which could include, for example, using video, social stories or drama to help people make a meaningful contribution.

### **Constructive Challenge**

The organisation should rigorously challenge itself and actively encourage constructive challenge by the people they support, families, front-line staff, and external colleagues to avoid the potential for complacency in assessing performance. Make it ok to be open about what obviously isn't working but also to question practice that is more commonly accepted but shouldn't be.

### **Reporting your self-assessment**

It is up to providers exactly how they choose to report, but we ask that organisations make a public statement on their website and share the link on the Driving Up Quality website. To demonstrate that the code is owned at the highest levels of the organisation, it may be helpful to have a declaration explicitly made by the Chairperson or Chief Executive. There is an example declaration at the back of the Self-Assessment Toolkit.

Your organisation's commitment to transparency means sharing what you are doing to work towards the code. It is important to keep the self-assessments reports as brief and easy to read as possible for the general public, avoiding jargon, acronyms and other professional language. Try to make it as interesting as possible by including quotes that gave you some new insights or were passionate about some part of the services you offer.

We want to encourage organisations to use experts by experience, peers and other independent people and organisations to say what they think about your self-assessments and give their views on what they see. Independent verification of self-assessments should be published on the organisations website and a link posted on the Driving Up Quality website.

So, what's stopping you? There's a lot more guidance in the back of the Toolkit, so take the plunge, and, at the very least, tell us what you plan to do and when you plan to do it. We are waiting to hear from you.

Enjoy the process!

Yvonne

*Yvonne Furze*

*Driving Up Quality Alliance*

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**Forthcoming Events: Driving Up Quality in Social Care post Winterbourne View.**

04/12/2013: Events Announced: Driving Up Quality in Social Care post Winterbourne View.

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**Events Announced: Driving Up Quality in Social Care post Winterbourne View.**

Date updated: 14/01/2014

## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

This series of workshops sponsored by Capita CARE will:

launch the Driving Up Quality Code for Providers and Commissioners,

explain Positive Outcomes, Capita CARE's new scheme to reward and reduce insurance premiums and improve risk management for Providers and provide a briefing for Providers and Commissioners on developing Advocacy in more effective and sustainable ways.

These events will take place in Bristol, Birmingham, London, Manchester, and Newcastle. You can choose between a 10am session and a 2pm session. Tea and coffee facilities will be available, and all locations have disabled access. This event is free to everyone. Below are details of the venues, dates, and times for each workshop, to register click on the link, the event password is quality:

### **Bristol**

Choose 10am or 2pm

Jan 23rd 2014	Bristol	morning session 10:00 to 12:00
Jan 23rd 2014	Bristol	afternoon session 14:00 to 16:00

### **London**

Choose 10am or 2pm

Jan 30th 2014	London	morning session 10:00 to 12:00
Jan 30th 2014	London	afternoon session 14:00 to 16:00

### **Newcastle**

Choose 10am or 2pm

Feb 6th 2014	Newcastle	morning session 10:00 to 12:00
Feb 6th 2014	Newcastle	afternoon session 14:00 to 16:00

### **Birmingham**

Choose 10am or 2pm

Feb 13th 2014	Birmingham	morning session 10:00 to 12:00
Feb 13th 2014	Birmingham	afternoon session 14:00 to 16:00

### **Manchester**

Choose 10am or 2pm

Feb 18th 2014	Manchester	morning session 10:00 to 12:00
Feb 18th 2014	Manchester	afternoon session 14:00 to 16:00



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

### 05/11/2013: London Borough of Newham on the Driving Up Quality Code

Facebook posting on what the Driving Up Quality Code means for Newham:

Providers' updates on the self-assessment process.

### 04/12/2013: Providers' updates on the self-assessment process

Here's the latest news from providers signed up to the Code on the self-assessment process.

**CMG** are having stakeholder meetings that include people who use their services, families, staff and managers to decide on the best way to approach the self-assessment.

**Choice Support** held three self-assessment days with operational and back office sharing how they felt about the organisation with commissioners, families, advocates and housing partners. The events were chaired by Trustees, who led by example and shared their thoughts on the quality of what we do. This encouraged everyone to be honest and open about how they feel about the support provided. The self-assessment tool proved to be a great success as it helped people, who don't often get a change to sit down and talk, to listen to each other; to think about the support offered, both good and bad, from their own unique perspective and for everyone to be 'heard'. A report on the events is being compiled and will be posted very soon.

**Martha Trust** aims to use the self-assessment tool as a realistic measure of the support that is currently provided to the individuals who use their service. It will be an honest and transparent account of the level of service provided and allow them to identify either areas that need improving or good practice that they can share with other services. The tool will facilitate clarity of expectations to staff and allow Martha Trust to celebrate current good practice or any improvements realised as a result of the assessment. The tool dovetails into the Department of Health project they are currently taking part in; "creating an ordinary life", it will be useful to assess how successful they have been in achieving a meaningful and ordinary life centred around each of the individuals supported. Martha Trust aims to have the assessment externally verified by another provider of similar services.

If your organisation has anything it wishes to report on undertaking the self-assessment process, please let us know.

## Events in May

07/04/2014: The DUQ Alliance will be at two key events next month.

### 07/04/2014: Events in May

The Driving Up Quality Alliance will be at two important events next month. Click on the flyers below to get more information.

**Learning Disability Today Sheffield, Hillsborough Football Stadium, Sheffield: Thursday 1 May 2014**

See this flyer for more information: [LDT Sheffield 2014 Visitor Flyer.pdf](#)

Delegates can also book and find out more here: [further details](#)

**The National Learning Disabilities Show, Edgbaston Stadium, Birmingham, 16th May 2014**

See this flyer for more information: [LD-Awards-Exhibitor-Flyer.pdf](#)

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## Article in the Chartered Society of Physiotherapy

06.06.2014: "Help to improve services for people with learning disabilities".

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### 05.06.2014: Article in the Chartered Society of Physiotherapy

#### **Help to improve services for people with learning disabilities, says Sarah Maguire**

See article: [Viewpoint - quality mark](#) to read Sarah Maguire's article on how signing up to the Driving Up Quality Code helps to create a culture of openness and transparency.

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## Implementing the Driving Up Quality Code - a service point of view

Article from CMG.

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### 04.07.2014: Implementing the Driving Up Quality Code - a service point of view

An article from CMG by Sophie Hare (Deputy Manager) of CMG's Kings Road service in Hampshire

We were first introduced to the Driving Up Quality code through company training. John (Manager of Kings Road) and I were already passionate about the quality of the service and day-to-day, as a team, make every effort to evaluate and provide an outstanding service as a result the self-assessment was defiantly something we were considering. We received a visit from our CEO Peter Kinsey who likes to visit the service and speak with the people we support, I mentioned that we were interested in looking at doing our self-assessment soon and Peter was pleased to hear this and asked how soon we could do it!

#### **The beginning and completing a self-assessment**

We used the information provided on the Driving Up Quality website to start thinking about how to complete our self-assessment. We had a look at some of the other self-assessments that had been completed and picked out things that we liked and those we were not so keen on. We then made a bullet point list of things we wanted to include.

We were certain that we wanted to make the assessment engaging, using photographs and evidence that currently fill our bright and homely service and that we all enjoy looking at and remembering.

We decided to focus on one area of the Code and explore it in as much detail as possible using as much evidence as we could find, with a view to do this for each of the areas over time.

Firstly, we sat down and had a meeting with the people we support and some of the staff that support them; we asked for their thoughts and comments on some of the areas we had initially made bullet points on. You will see throughout our self-assessment quotations from a number of people, and which arose during this time.

Stakeholder and parent's views are also important to us. We included comments from our recent CQC inspection to support areas we were looking at and this included thoughts from parents and external care services that we work with.



We thoroughly enjoyed completing the self-assessment. We are proud to tell people about the support we offer at Kings Road and the things we all work together to achieve. To be honest, the areas we felt required improvement were not new to us, they been things that we have discussed and were already thinking about ways to improve on them. What was beneficial from the process however was to put the improvements into an 'action plan' and for us, to now be able to measure the outcome and publish the changes as they happen.

We worked closely with Tom, who is CMG's marketing assistant, throughout the process. He has provided us with great support getting our document up and running and overcoming some of the technical hitches of getting the document 'web-ready'. Tom is currently in the process of designing an optional 'self-assessment template' to make this process easier for other services wishing to do the same.

#### **Self-Assessments Workshop – You can do it too!**

Following the completion and publication of our self-assessment we were delighted to be asked to host a workshop at our annual Registered Mangers Conference. It was important to us to emphasise to the Mangers that attended the workshop that 'actually' carrying out the self-assessment was generally what we do as good practice in our own internal annual quality audits.

Within the workshop, candidates had time to choose a key area and honestly reflect (with their own service in mind) on things that they are proud about and things that they could improve on. People were very open about improvements they would like make and with good initiatives combined candidates came away with many ideas to move forward with.

We wanted people to go away from the workshop feeling that this was something that was achievable, knowing the constraints that managers face. We explained that the work they had carried out in the workshop on the day was actually the building blocks of their own self-assessment. As part of the process Managers were invited to make an optional 'pledge' to complete a self-assessment in their service, in total the workshops generated 32 'optional' pledges.

We hope that the 32 pledges will develop into more self-assessments being completed within CMG services. John and I are keen, where possible, to keep in touch with people in the process and offer support and guidance if necessary.

#### **Moving forward**

Moving forward for Kings Road we will continue to work on the actions established from our self-assessment on area 1 'support is focused on the person' and look forward to completing a second key area by the end of the year. We have considered looking at key area 2 considering 'ordinary and meaningful lives' especially in light of rolling out new changes at Kings Road by dramatically reviewing and removing restrictions within the service.

We are delighted with the outcomes of having completed our self-assessment and look forward to providing updates on the areas that we considered requiring improvements following our self-reflection. We also look forward to developing our assessment further by increasing and evolving more existing and new staff members, views of the people we support and of course further family and stakeholder involvement.

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Think Local Act Personal welcomes the Driving Up Quality Code

11/10/2013: Think Local Act Personal welcomes the Driving Up Quality Code

Dr Sam Bennett, Director of Think Local Act Personal, says:

"Today we are sending a clear message about what is and what is not acceptable practice in supporting people with challenging needs. By working together, sharing learning and understanding different perspectives, we can maximise the impact of the Driving Up Quality Code and Making it Real to ensure the best use of public resources and better outcomes for all people with learning disabilities."

For the full article [see link](#)

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## Capita CARE announce support of Driving up Quality Code

Published: 9/10/2013

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### 9/10/2013: Capita CARE announce support of Driving up Quality Code

Date: 9/10/2013

"We are proud to support the launch of the Driving up Quality Code and are confident this framework will raise awareness and make both providers and employees alike re-evaluate the way they are delivering care"

See full article in Capita's news stories here: [Support for Driving Up Quality](#)

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## Care Management Matters - article on the Code

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### 1/10/2013: Care Management Matters - article on the Code

Feature article in October's edition of Care Management Matters, referring to the Driving Up Quality Alliance, and the development of the Code.

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## Choice Support becomes the first provider to sign up to the Code

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### 1/10/2013: Choice Support becomes the first provider to sign up to the Code

Choice Support's Director of Quality, Sarah Maguire, helped to develop the code, co-facilitating workshops across the country with Alicia Wood (H&SA).

Sarah says:

"The Driving Up Quality Alliance designed a process that brought together the collected voices of those who use services and their families with those who provide, commission, and regulate. This has resulted in a code that goes beyond minimum expectations to one that challenges provider organisations to re-think what they do and how they do it. It invites us all to examine our own values and ask ourselves what would it really take to drive up quality, and create and build passion in our sector within a culture that promotes openness and honesty."

For the full article [see link](#)

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## Article in the Guardian welcoming the launch of the Code

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### 11/09/2013: Article in The Guardian welcomes the launch of the Code



"The launch of a quality code three years after the Winterbourne revelations means some good has come out of the scandal" says David Brindle.

See the link for the full article: Winterbourne View: learning disability providers have learned a crucial lesson, The Guardian 11/09/2013

## Driving Up Quality Provider Code is Launched

The Launch of the Driving Up Quality Code was held in the Churchill Dining Room in the House of Commons.

### 1/10/2013: Driving Up Quality Provider Code is Launched

If you developed an important new national initiative, what would be on your wish list for a successful launch event?

- High profile venue?
- Celebrity host?
- The backing of key politicians?
- The support of those who will benefit from the initiative.
- The support of other stakeholders?
- Commitment from those who will implement the new initiative.
- The support of 'critical friends'?

The Launch of the Driving Up Quality Code was held in the Churchill Dining Room in the House of Commons, and the **Rt. Hon. Paul Burstow** was the host (*yes to high profile venue and host*). As the former Minister of State for Care Services he was in office when the Winterbourne View scandal was uncovered, and since this Code is the providers' response to Winterbourne View, it was fitting that he should host this launch.

He spoke about how impressed he was that the provider sector had "stepped up and done something in response to Winterbourne View. A meaningful life is a fun life, a life with laughter which means setting the climate (in service provision) to develop the right culture". He welcomed the fact that management and board members' accountability was focused upon in the Code, and said he was very impressed with this piece of work (*yes to support from politicians*).

He finished by reminding us that care is about relationships.

**Kim Foo and Paul Hayes**, joint Chairs of the Driving Up Quality Alliance, spoke briefly about the outrage experienced by many providers when the abuse at Winterbourne View was revealed, and how this had driven representatives of 80% of the sector to come together to develop the Code, being launched here today.

**Alicia Wood**, CEO of the Housing and Support Alliance, and **Sarah Maguire**, Director of Quality at Choice Support, led the delegates through a whistle stop tour of the Code. Alicia spoke passionately about the need to be unequivocal about what is right and wrong about services if we don't want to measure good lives merely through minimum standards! She went on to say that Castle Beck was rotten to the core, and providers need to be better at listening to



people who use services and family carers. Providers who don't want to do this should step away. "The care sector is plagued with mediocrity, disguised as something better, and we need to ask what a good life is, not what a good service is."

Sarah talked about the role of good risk management, but questioned whether that really meant the vicar must have a DBS check before he can call round for tea! She questioned the over-reliance on policy and procedure that can exist, and how that can leave support staff unable to think for themselves. Sarah challenged providers to look at how much time and effort they spend developing leadership because boards really must know what is going on in the organisation, and how services are being delivered.

**Cally Ward**, from the National Valuing Families Forum, shared the families' concerns about being listened to. It was clear to families that Castlebeck was not alone in providing unacceptably bad services, when half of the 150 providers were shown to be non-compliant in the checks that followed Winterbourne View. Families need to feel confident that they can trust those providers who are looking after their family members, she said, adding that "quality needs to happen when you're not looking", and reiterating Paul Burstow's view that quality is about human relationships".

Cally went on to talk about the valuable role of leadership in changing organisational culture, and how the Code could help families to choose the providers they want to look after their family members. She also felt that families could make an enormous contribution to the effectiveness of the Code in three key ways:

- Families are naturally Person-Centred, and providers should listen to them;
- at an operational level families can help with recruitment, induction, appraisals, 360° reviews and quality monitoring; and
- At a strategic and governance level they can help organisations to think about corporate responsibility and the direction of the organisation.

"We are all in this together", she said, "and family carers will tell it like it is" (**yes to support of those who will benefit from the initiative**).

**Alan Rosenbach of CQC, and Laura Broughton**, an Expert by Experience, talked about the significance of Winterbourne View for their organisation, and how it showed up a lack of quality and lack of safety in a system that let people down badly. Laura said that the Driving Up Quality Code "is a good way forward" (**yes to the support of those who will benefit from the initiative**).

Alan acknowledged that this was the "first time providers have come together to put together something by themselves and for themselves", describing this as one of the positive aspects of this initiative.

Picking up on Cally's earlier comment about the 48% of services that CQC found to be non-compliant, Alan pointed out that 70% of people with learning disabilities being supported were in those non-compliant services, and this all brought into sharp focus, issues about CQC's registration process. Alan was quick to say that they did identify some very decent services too.

He continued by saying that CQC wanted to give this Code traction, and would have their specialist assessors ask, in detail, if a provider has looked at the Code, carried out a self-assessment, and would go on to look at their action plan for the Code. (**yes, to the support of critical friend**)



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

**Norman Lamb MP**, Minister of State for Care and Support Services, said he was really delighted by this Code. Post Winterbourne View we had to see it as a national imperative that we improve the way we support people with learning disabilities. “They have the same right to good quality care, but don’t always get it.” Change has to come from the bottom up, he said, which was why he was so enthusiastic about the Code. He said he was “enormously impressed and appreciative of the work that has gone into developing this Code” and went on to pledge to root out poor providers and lazy commissioners, because he knew there are lots of good providers and support workers who are committed to improving services.

“Families had faith in a service that failed them and had no ambition to improve” ....and “the experiences of parents of people in Winterbourne View have really stuck with me”.

He finished by saying that change needs to come from the sector itself if the culture is to change, so it is key that it is led and owned by providers. “I want the Code to build high value care, and in time to use it to support commissioning. This initiative is incredibly welcome.” (*yes, to the support of key politicians*).

Chris Bull, Chair of Joint Improvement Programme, welcomed the Code, saying it was important for several reasons:

- Ownership.
- Saying what good looks like; and
- Not just about making services safer, but also about changing the nature of services.

Chris talked about the work undertaken by the Programme to assess commissioners, which will be reported on later in the year. He talked about writing again to commissioners to be clear about what is expected of them, and to assessment and treatment providers to ask what plans they have for moving people on. An Enhanced Quality Team has been established to work on three strands:

- Commitment to families of Winterbourne View service users.
- Looking at providers who give most cause for concern (with CQC); and
- Working with commissioners in certain areas to take a “deep dive” look at the commissioning process.

Chris acknowledged that providers had to take responsibility for quality – if they waited for commissioners to tell them what good quality services are then it would take a long time. They needed to think about their values and recognize that people needed the least restrictive setting possible to live good lives. He appealed to providers to innovate and make offers to commissioners. (*yes to the support of other stakeholders*)

Thirty-five organisations had already signed up to the Code before the launch date and will be undertaking the self-assessment (*yes to the commitment from those who will implement the initiative*).

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Community Care blog by Alicia Wood backs Code

09/09/2013: Community Care blog by Alicia Wood backs Code

Alicia Wood, of the Housing and Support Alliance, blogs openly about the point of the Code:

"So my message is that to those good providers, this is really about being honest, open and accountable and getting better at what they do and celebrating and sharing what they get right. For poor providers, this is about driving them out of the sector. We don't need them. And for commissioners, we are going to shout loudly about the ones that are doing great things but to commissioners that aren't, we are watching you and will be asking why not"

For full article: [See Poor learning disability providers should be driven out of the sector – we don't need them](#)

## Transforming Care - letter from DH, LGA and NHS

01/10/2013 *Transforming Care* Letter from the DH, LGA and NHS

On 1st October 2013, the Department of Health, Local Government Association, and NHS England wrote to the key commissioning organisations, referring to the *Transforming Care* report, and where the focus must now be in moving towards community-based support. The provider sector is meeting its commitment with the Driving Up Quality Code.

To see the letter please see this link: [Transforming Care letter](#)

## Learning Disability Today reports on the launch of the Code

11/09/2013: Learning Disability Today reports on the launch of the Code

Article in Learning Disability Today on 11 September, detailing the Code, and reporting Government endorsement: Care Services Minister Norman Lamb, has endorsed the code: "I am very pleased that providers are taking responsibility for ensuring there is a culture of continuous improvement and transparency... and we would like to see it become the industry standard across the learning disability sector."

For the full article, see: [Learning disability support provider quality initiative launches](#)

## Driving up the Quality of Positive Behavioural Support - places available at free workshop!

Places available at free Choice Support workshop!

23/04/2014: Driving up the Quality of Positive Behavioural Support.

### Places available at free workshop!

On 17<sup>th</sup> June 2014, Choice Support are holding a workshop to look at 'Driving up the Quality of Positive Behavioural Support'. The venue will be Choice Support's offices at 100 Westminster Bridge Road, Waterloo, London, SE1 7XA. The workshop will look at how we can drive up the quality of positive behaviour support across the provider sector in England.

The Driving Up Quality Alliance is concerned about the variable level of competence in the provider sector in relation to positive behaviour support and want to see what we can do to drive improvement. We believe this is essential if we are going to successfully develop community-based alternatives to assessment and treatment services in line with the Winterbourne View programme.

This initiative is supported by Bill Mumford, Programme Director for the *Winterbourne View* Joint Improvement

Programme and Choice Support are also inviting ADASS, Skills for Care, BILD, the Improving Lives Team and the Tizard Centre.

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## NVFF and NF support the Driving Up Quality Code

Support for DUQ from the National Forum of People with Learning Disabilities and the National Valuing Families Forum.

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### 15.05.2015: NVFF and NF support the Driving Up Quality Code

The Driving Up Quality Alliance has just received the following statement of support:

"We, the National Forum of People with Learning Disabilities and the National Valuing Families Forum believe that everyone has the right to good quality care and support. We also know that this is not what happens for everyone. We want to see this change. We endorse the Driving up Quality Code led by the Driving up Quality Alliance. The Code was developed by providers with families and people with learning disabilities. It gets people to really think about what they do and why they do it.

Families and people with learning disabilities were involved not only in its development but continue to monitor how providers are increasing the quality of what they do.

We want to see all providers adopt the Code and, with families and people with learning disabilities, work together to improve the quality of the support they give, and the care provided"

*National Forum of People with Learning Disabilities and the National Valuing Families Forum*

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## Changes at Driving Up Quality

20/10/2015 Changes in management and administration.

*DUQ is relaunching with new products, and we'll be revamping the current DUQ pack, and extending the service to the care and support of other groups of people outside of the learning disability sector.*

*Driving Up Quality continues to be a valuable tool, and one that is viewed as a benchmark of quality. More commissioners are using the Code as part of service specifications and tender requirements. Therefore, the DUQ steering group has been discussing how we could strengthen the Code and has proposed the following:*

### **Changes to how Driving Up Quality is managed and administered**

Earlier on in the year, we sent out a survey asking organisations signed up to Driving Up Quality if they were prepared to pay an administration charge to sign up to, and self-assess against, the Driving Up Quality Code. Just over half of those surveyed said that they would be happy to pay a small fee.

In order to continue developing the Driving Up Quality Code, the steering group for the Code has tasked the Housing and Support Alliance (H&SA), one of the key organisations involved in the development of the Code, to administer the Code. Now H&SA will administer sign ups to the Code and provide support (where needed) to the self-assessment process.

## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

Here are the key changes to the way things will be managed:

Because of limitations in resources, **a fee will be charged to all providers that have signed up to the Code, and those that will sign up in the future.** Commissioners will not be charged to sign up to the code.

The fee will pay for the following activities:

- sign up and welcoming new providers.
- support with technical problems around uploading logos, reports, updates etc.
- management and maintenance of the website.
- Driving Up Quality Networks and Special Interest Groups in London, Bristol, Birmingham, Manchester & York.
- answering questions from providers regarding the self-assessment process and reporting.
- reminding signed-up providers when they need to update their account in line with their commitments.
- preparation of monthly newsletters.
- promotion of success stories via social media.
- and reissuing passwords when they have been lost/forgotten.

The new fees will be in place for organisations currently signed up from April 1, 2016.

**Members of H&SA will not pay a fee for Driving Up Quality.** The above tasks will be included in their existing membership arrangement.

### Further information:

- To see when and where the DUQ SIGs will take place, please see [here](#).
- To find out about membership of H&SA, please see [here](#).

### The fee for DUQ for non H&SA members

Existing members will pay either £100 if your organisation's income is below £5m or £250 for organisations above £5m.

Organisations will be taken off the Driving Up Quality website in the event of:

- Non reporting on self-assessment within 12 months of sign up; and/or
- Non-payment of invoice within 6 months of issue date

Organisations that have already been taken off of the website will not be invoiced.



### Managers' Network Meeting: Bristol 30th October 2015

The latest Managers' Network Meeting was held at The Brandon Trust on 30.10.2015.

The agenda included:

- sharing examples of self-assessments.
- addressing how organisations involve stakeholders in carrying out self-assessments.
- how to use the self-assessment process to demonstrate service provision is effective and responsive.
- thinking about what good culture looks like.
- how to demonstrate 'well-led' in a service; and
- how to support getting an outstanding rating for being well-led, and how the Code can help achieve this.

Please click on the following links to view outputs from the meeting:

Presentation: [Managers Network Bristol 30th October 2015.pdf](#)

Working docs: [Good Culture Nov 15.pdf](#) and [Top tips Nov 15.pdf](#)

### Reflections on The Driving Up Quality Code

A progress report from New Prospects Association.

#### Reflections on The Driving Up Quality Code

New Prospects Association have updated us on their progress

We've just sat down and reviewed progress on our actions agreed at the last meeting of the Driving up Quality group - with that little feeling of dread that we might have lapsed on our commitments.

We were reflecting on our work over the process. We first floated the idea of signing up to the code at our AGM in September 2013 where we introduced it to people we support, their families, staff, and the board. You could sense the trepidation, not another set of things to sign up to. Fair enough, there are a canny few out there to sign up to!

From that first meeting in 2013 the Driving up Quality Code has felt different, a useful set of standards to live up to and a process of self-assessment that can be as rigorous as you want to make it.

So it's 2016 and we probably should have done 3 self-assessments, but we've only done one – but it has been thorough, inclusive and testing.

It has run through everything that we've done over the last three years, and we've included everyone involved with New Prospects, people we support, their families, staff, the board, commissioners and other critical friends. Our work on the Code has reassured us that we are heading in the right direction, tested us to improve our listening and communication and made us shudder at some of the things we had let slide.

We know our approach has been rigorous, brought to life in a quote from the mother of a man we support; "I've never known an organisation so keen to accept criticism". Thankfully we are equally keen to drive up quality.

This update had been provided by Tim Keilty and Michelle Dodds of New Prospects Association. You can [view their website here](#).

## Membership of Driving Up Quality - SIGNING UP

Please complete the survey to retain your membership of DUQ.

### Membership of Driving Up Quality SIGNING UP

DUQ is relaunching and expanding soon.

As mentioned previously, because of limitations in resources, **a fee will be charged to all providers that have signed up to the Code, and those that will sign up in the future.** Commissioners will not be charged to sign up to the code. To see what your fee is paying for, please click on the link at the bottom of this page.

The new fees will be in place for organisations currently signed up from April 2016. Please note that **Members of H&SA will not pay a fee for DUQ.**

#### The fee for DUQ for non H&SA members:

Members will pay annually

- £100 if your organisation's income is below £5m
- £250 for organisations above £5m.

Organisations will be taken off the Driving Up Quality website in the event of:

- Non reporting on self-assessment within 12 months of sign up; and/or
- Non-payment of invoice within 6 months of issue date

Organisations that have already been taken off of the website will not be invoiced.

To enable us to administer this change, please could you complete the following survey to let us know if you wish to remain a member of DUQ or not, and who to send the invoice to. Thank you.

SURVEY LINK: <https://www.surveymonkey.com/r/M7ZTGLD>

## Other organisations that support and promote the Code

This page provides details about other organisations who support the Code and are involved in its promotion. Also included on this page are providers who want to sign up to the Code - but don't yet have a website.

### Care Quality Commission (CQC)

Description: The CQC makes sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate, and high-quality care, and we encourage them to make improvements.





Contact: <http://www.cqc.org.uk/>

#### **Department of Health**

<https://www.gov.uk/government/organisations/department-of-health>

#### **ADASS**

<http://www.adass.org.uk/>

#### **NHS England**

<http://www.england.nhs.uk/>

#### **The Q-Team at Southdown**

At Southdown, the Q-Team are a team of people with learning disabilities who check that Southdown's services are providing quality support and enabling people with learning disabilities to lead the lives they choose. The Q-Team therefore fully support the Driving Up Quality Code.

Here's a link to the Q-Team on Southdown's website <http://www.southdownhousing.org/get-involved/the-q-team/>

#### **Kent Challenging Behaviour Network (KCBN)**

The Kent Challenging Behaviour Network (KCBN) aims to improve the quality of services for people with intellectual disabilities who can present challenging behaviour and live in Kent by promoting and sharing best practice. The KCBN brings together professionals in learning disabilities and challenging behaviour through regular training, workshops and conferences, and by providing an opportunity to network through regular meetings and project work.

Contact: <http://kcbn.co.uk/>

#### **Park View Resource Centre**

Park View encourages people to take control of their lives and have a real belief in their potential. Park View helps improve the quality of life for everyone they work with, regardless of their ability. That means supporting people to achieve the things that matter to them most. Park View will be signing up to the Code once their website has been finished.

**Regions supported:** North West

Address: Rishton Road, Clayton Le Moors, BB5 5PN

Telephone: 01254 875045      01254 875045 / 07851394364

Web site: [under construction](#)

Email: [john@pvrc.wanadoo.co.uk](mailto:john@pvrc.wanadoo.co.uk)

#### **Capita CARE**

#### **NETS (work)- the North East Third Sector Learning Disability Providers' Network.**

Description: NETS (work), the North East Third Sector Learning Disability Providers' Network, links third sector organisations which work with people with a learning disability. NETS (work) aims to support providers to offer choice and control for people



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

with a learning disability, their families and carers in the North East. It also aims to influence policy which impacts on people with a learning disability and those that support them in the North East.

Contact details:

Nick Ball, Key House, Tankerville Place, Jesmond, Newcastle upon Tyne, NE2 3AT. 07582 747343 07582 747343.

[Nick.ball@network.org.uk](mailto:Nick.ball@network.org.uk). <http://network.org.uk>.

### **DNV Healthcare**

Description: Having an impartial and independent view can help organisations understand where they are succeeding and identify areas for improvement. DNV Healthcare can provide independent verification of your organisation's self-assessment. DNV have provided external assessment and support services across the NHS and independent sector since 2000; their approach encourages and supports organisations in driving up quality, improving safety and sharing good practice.

Contact details: For more information on independent verification of your organisation's performance against the Driving Up Quality Code please contact DNV at: [dnvhealthcare@dnv.com](mailto:dnvhealthcare@dnv.com).

### **Quality Compliance Systems (QCS)**

Quality Compliance Systems (QCS) provides CQC care quality management to adult social care providers across the UK. The QCS care management systems supports care homes, dentists and GP practices in delivering high-quality, CQC compliant care.

Contact website: <http://www.ukqcs.co.uk/>

### **Derbyshire Carers Association**

Derbyshire Carers Association provides support and signposting to unpaid Carers.

Regions supported: Midlands East

Address: The Willows, The White House, Slack Lane, Ripley, DE5 3HF

Telephone: 01773 749087

Email: [louise.green@derbyshirecarers.co.uk](mailto:louise.green@derbyshirecarers.co.uk)

### **IDELO LTD**

IDELO Ltd. is committed to providing a quality service of residential care based on the values of privacy, dignity, independence, choice, rights, fulfillment, equality of opportunity and the enjoyment of life.

Regions supported: London

Address: 5 & 8 Courtenay Ave, Harrow, HA3 5JH

Telephone: 0208 421 0466

Email: [winston\\_mayers@yahoo.co.uk](mailto:winston_mayers@yahoo.co.uk)

### **AKC Home Support Services**

Established in 1991 AKC based in the county of Conwy is an independent provider of domiciliary care and support for people with varying levels of need from 1-24 hours a day

Regions supported: North West

Address: The Ground Floor Annexe, Penrhos Mano, Oak Drive Colwyn Bay, Conwy, LL29 7YW



Telephone: 01492 534662  
Email: [enquiries@akc.uk.com](mailto:enquiries@akc.uk.com)

#### **My Support and Care Ltd**

An innovative organisation changing the way support and care is provided to adults with LD and other associated disabilities.

Regions supported: London  
Address: 15 WILLOWS AVENUE, SM4 5SG  
Telephone: 07413594885  
Email: [info@mscltd.org](mailto:info@mscltd.org)

#### **S.L.S. & Learning Ltd**

We offer Care Leavers a stepping stone into society by offering support with life skills and emotional intelligence training, which gives them the tools and confidence they need to obtain a job and maintain a tenancy in the community.

Regions supported: South East  
Address: 52 Vale Square, CT11 9DA  
Telephone: 01843304293  
Email: [doitnow@choose2achieve.co.uk](mailto:doitnow@choose2achieve.co.uk)

#### **Alee Care**

Alee Care is a family-run health and social care provider working in the Domiciliary care sector and the provision of temporary healthcare staff to various institutions.

Regions supported: London, South East  
Address: Airport House, Purley Way, CR0 0XZ  
Telephone: 0207816949  
Email: [info@aleecare.com](mailto:info@aleecare.com)

#### **Corner House Residential Home Ltd**

Residential home for adults with learning disabilities in the London Borough of Newham

Regions supported: London  
Address: 131 Stokes Road, East Ham, E6 3SF  
Telephone: 02074743033  
Email: [chrh@btopenworld.com](mailto:chrh@btopenworld.com)

#### **Team Home Help Ltd.**

Delivering affordable live-in carers to the elderly by way of a mature type of au pair. Affordable and proven effective alternative.

Regions supported: East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber.

Address: 3 Ludlow Avenue, LU1 3RW  
Telephone: +44 7543550660  
Website: <http://teamhomehelp.co.uk>  
Email: [babbagejohn7@gmail.com](mailto:babbagejohn7@gmail.com)



## DRIVING UP QUALITY IN LEARNING DISABILITY SERVICES

### ENS Recruitment Limited

ENS is an established community support provider in the Essex and London area, with over 23 years of experience. We aim to provide the highest quality support in a flexible way, designed to meet individual needs. We are CQC registered for domiciliary and nursing services, and work alongside local councils, housing associations and also with people with Direct Payments or who are privately funded.

Regions supported: East of England, South East.

Address: 22-24 Hamlet Court Road, Westcliff-on-sea, Essex, SS0 7LX

Telephone: 01702 361400

Website: <http://www.ensrecruitment.co.uk>

Email: [enquiries@ensrg.co.uk](mailto:enquiries@ensrg.co.uk)

### Care Quality Assurance

Care Quality Assurance is an organisation committed to supporting users of all CQC registered services, by providing thorough and independent audits, assessment monitoring and ratings improvement.

Regions supported: East of England, London, Midlands East, Midlands West, North East, North West, South East, South West, Yorkshire & Humber.

Address: 3 Bridgend, Churchstoke, SY15 6AD

Telephone: 0845 643 1713

Website: <https://www.c-q-a.org>

Email: [info@c-q-a.org](mailto:info@c-q-a.org)

### Local Authority and Clinical Commissioning Group sign up form.

Please use this form to sign up to the Code. We will add you to the relevant page and let you know when this has happened.

### Contact

#### Contact

Use this contact form if you need help with submitting details about your organisation.

#### Feedback

Tell us about your experience with your provider or commissioner. Are they committed to the principles of the Driving Up Quality Code? Do you want to challenge what they say about themselves?

#### Provider sign-up questions...

If you have questions about signing up or amending your information, please use this email form to get in touch.