

St Jude's Care Ltd

St Jude's Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

St Jude's is a domiciliary care service registered to provide personal care to people in their own homes. The service provided domiciliary care and 24-hour live-in care. At the time of the inspection the service was supporting 84 people with the regulated activity personal care. The service provides care and support to people with a variety of needs including dementia, mental health, physical disability and learning disabilities. The service also provides nursing support and respite care.

Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People described the service as well-led. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.

People who used the service, and their relatives, described a service they could rely on. They confirmed visits were not missed and staff arrived when expected. People had a rota telling them which staff to expect and at what time. They said the service was safe and there were sufficient staff employed to ensure all planned visits were undertaken. People were supported by staff who had been safely recruited, and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable to support people safely.

The service had an effective out of hours system in place over 24 hours. A contingency plan was in place to ensure the service kept running through adverse weather conditions or during staff sickness.

People received care and support that was extremely personalised to meet their individual needs. People and their relatives were at the centre of planning their care and support. The management team carefully matched people's needs, preferences and interests to care staff to ensure the best possible care and support was delivered. This meant that staff had created caring and meaningful relationships with people, which resulted in positive outcomes for them.

The service understood the importance of supporting people to make day to day decisions and choices. Assessments of their care and support were detailed. Information was regularly reviewed which ensured it remained up-to-date ensuring people's diverse needs were met. Comprehensive assessments were completed, which considered all aspects of people's health and care needs. Information about who and what was important to the person was also discussed and incorporated into care plans.

People were enabled to make choices about aspects of their care where they had capacity to make decisions. They were given opportunities to plan and choose how they spent their day, and how they wished to be supported.

The service supported some people living with a learning disability. Care and support provided had been in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People were safe and protected from avoidable harm. Staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed, and measures were in place to reduce the risks.

People's medicines were managed safely, and staff had received training in medicines administration and had their competency assessed to ensure the safe administration of medicines.

A complaints policy was in place. When complaints were received these were recorded, and evidence time scales and action taken by the service to resolve the complaint. People told us they were aware of how to make a complaint and felt confidence their complaint would be resolved quickly.

People said the service was very well managed. There were effective systems in place to monitor the safety and quality of the service. Regular feedback about the quality of the service people received had been sought. The management team continually looked for ways to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 08 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Jude's on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

St Jude's Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience, who contacted people by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The location office site visit took place on 28 November 2019, and visits to people's homes and telephone calls, took place on 2 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

During the inspection-

We spoke with 17 people and their relatives who used the service. We spoke with the two directors of the service (one of the directors was also the registered manager). We also spoke with, a deputy manager, live in

care coordinator, domiciliary care coordinator and eight care staff. We visited two people's homes and met with one person at their day service. We reviewed the care records and medication records for six people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports.

After the inspection –

We contacted four professionals who regularly work with the service and received feedback from two.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. People and their relatives said the service provided was safe.
- Policies and systems were in place to protect people from abuse. Staff had received safeguarding training and demonstrated an awareness of safeguarding procedures, and how to report an allegation of abuse or concern. One member of staff told us, "I support the live-in care worker. I have seen the way they interact with our clients and they seem relaxed. I would report if I was not happy they were safe".
- Where concerns had been raised, the management team had ensured they were dealt with in a timely, open and transparent way. They had worked with the local authority safeguarding team when necessary to ensure any concerns had been investigated. There were no safeguarding concerns at the time of the inspection.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing continued to be assessed, and guidance was in place for staff to follow to reduce risks. Risks which affected their daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly documented and known by staff. For example, where people needed support with a modified diet due to swallowing and choking, records held clear instructions for staff to help keep people safe.
- The service helped people to live well at home and reduce risks to their health. Potential risks to each person's health, safety and welfare had been identified. One person told us, "I feel very safe, it's a safe service, very satisfied indeed". A staff member said, "We monitor risk, and we get spot checked. If I had a client and I was not too sure, or happy, I would contact the office straight away".
- The service had an effective out of hours system in place over 24 hours. A contingency plan was in place to ensure the service kept running through adverse weather conditions or during staff sickness.

Staffing and recruitment

- The service had safe systems for recruitment, including the taking up of references and disclosure and barring service (police) checks. This helped ensure only people of suitable character were employed.
- There were sufficient staff in place to deliver the necessary care. A director told us, "We are currently looking at the recruitment process. If we reach the point of being unable to support, we don't take the package. We use agency support, to support the live-in care worker, to enable them to have their breaks. We use the same agency to ensure consistency".
- Staff told us they received enough time to support people safely. A phone app was used by staff to receive

their rota. Staff had access to company vehicles, this meant that the registered manager was able to monitor that visits took place when they were planned.

- People told us they always received their visits on time, and staff stayed the allocated time. A person using the service said, "The care workers always stay the correct amount of time and sometimes longer, if something still needs doing". Where people were supported by live-in care worker they told us they were always safely supported. A relative told us, "(loved one) has 24-hour care with a live-in care worker, the swop over to another care worker is always timed very carefully".

Using medicines safely

- Where people received medicines as a part of their care support this was done safely. Staff had received training in medicines administration and had their competency assessed.
- Medicine administration records (MAR) were completed by staff for each administration. We reviewed four people's medicine records and noted they were completed well with no gaps. Where people needed support with topical creams, charts and body maps were in place.

Preventing and controlling infection

- Staff had access to equipment such as gloves and aprons to reduce the risk of infection. The care supervisors completed spot checks to ensure good infection control standards were adhered to. All staff had received infection control and food hygiene training and were able to tell us about their responsibilities in regards keeping people safe from infection.

Learning lessons when things go wrong

- The directors and management team were keen to develop and learn from events. There were ongoing systems in place to monitor and learn from incidents and accidents.
- Records kept were of good quality and overseen by managers who monitored for any themes or patterns to take preventative actions. The registered manager told us, "We are promoting a very open and transparent culture, to ensure staff are confident to report any issues". Staff confirmed they reported any errors immediately to the management team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior staff visited people prior to a service starting to assess their needs and ensure their needs and expectations could be met. Information gathered from these assessments was used to develop individual care plans. People said the initial assessment process was thorough and unrushed. One person explained, "At the beginning they came to discuss with me a care package to suit my needs".

Staff support: induction, training, skills and experience

- New staff received a formal induction to ensure they worked safely. The training covered elements of learning from the Care Certificate standards, as well as shadowing more experienced staff. The Care Certificate is an identified set of standards that health and social care workers adhere to. Following their induction staff were able to keep their professional practice and knowledge up to date with ongoing development.
- Staff said they had the training and support they required. One member of staff told us, "Every time I have been to a new client there is a senior or a manager to introduce me". Staff were well trained and skilled, and received the support they required to work effectively with people.

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

- People were supported to eat and drink enough to maintain their health. Care plans included detailed information about people's dietary needs and preferences. This meant staff knew how to prepare food in a way people liked, which supported them to eat well.
- Staff had been provided with training on food hygiene safety and told us they were confident they had the time to support people effectively.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies to help ensure people's needs were met. The service worked closely with the local healthcare staff such as occupational therapists, district nurses and GP's. Staff recognised changes in people's health and sought professional advice appropriately.

Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside local community and medical services to support people and maintain their health. The service raised concerns about people's wellbeing to community services such as the mental health teams or the person's GP, and supported people to attend hospital or other medical appointments if

needed

- Where people needed support to access health care, staff would accompany them when appropriate and if the person wanted them to. This ensured people had effective support and remained as well as possible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- People were encouraged to make all decisions for themselves and, were provided with sufficient information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people and people had agreed with the content and had signed to receive care and treatment and gave their consent.
- No one using the service was being deprived of their liberty under the Court of Protection. Mental capacity assessments were carried out to determine whether the person had capacity to make decisions related to their care. Where possible, people had signed consent forms for the delivery of the care. This showed people were fully involved in the care they received.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's feedback told us they received high quality, personalised, creative and compassionate care. There were many compliments about the care people received, for example. 'Although (loved one) has a variety of care workers at times, and has dementia, this care worker is the one that mum always remembers and is mentioned by her as being so helpful, friendly and approachable. It is because of her that (loved one) then agreed to try having a shower with her support and loves it. She is a true caring care worker and a credit to your company'. 'To all at St Jude's care, thank you for my birthday card which I appreciated. I always appreciate the visits from your care workers they are always friendly and helpful'.
- Both within the live-in care service and daily service, the senior management team carefully matched people's needs to care staff. This was based on attributes and preferences, which may include, working with pets or having similar interests and hobbies. One person said the care worker had made a difference. They said. " He is always respectful to dad, always talking to him and explaining what he is doing. Keeping him clean and well presented. He has made an amazing difference to the whole family and dad's well being".
- People had good community networks which were personal to them. This included work opportunities, day services and supporting people to use technology to connect with family and friends.
- People had been supported to develop and maintain positive relationships with friends and family. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.
- Throughout the inspection we observed a positive and inclusive culture at the service, and heard staff supporting people with a kind and respectful manner in their approach. They responded to people's differing needs, by touch tone of voice and eye to eye contact.

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

- The service had a person-centred culture and staff at all levels were motivated and committed to delivering the care and support people needed and wanted.
- People described staff's empathetic approach and the impact on the care and support delivered. A live-in care worker told us, "It's my best job ever. I treat the home like my home, it's sometimes lonely, but it's important that the client is happy and then I am happy".
- Staff were sensitive and very respectful when talking about the people they supported. They knew people well, including their preferences and interests. One staff member told us, " I give her time and space, this is her home and I respect that. I have all the time to do what she wants to do."
- The service was flexible and accommodated people's requests and decisions about their care. For

example, one person told us they contacted the office to arrange different times for support and this was done. They said, "The staff are really good and listen to me. They do what I want them to do," I know most of the care workers now. I complained once as the lady came and she didn't empty the bins, they changed the care worker".

Respecting and promoting people's privacy, dignity and independence

- People valued their independence and said the service helped them to remain independent and living at home. One person told us, "The care workers do encourage me to be independent, they also will take me shopping when I need to do some".
- Care plans included detailed information about people's preferred daily routine, including how people wanted staff to promote their privacy and dignity. People confirmed that staff involved them in their daily care activities and always asked if there was anything else the person might want staff to do.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same

This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

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

- Care records identified if a person had a sensory loss and what staff should do to support them to improve communication. For example, where they used a hearing aid or needed glasses to read or see. One care worker told us how they supported someone with visual impairment. They said, "I take (person's name) to the shops. I explain as we walk down the street what is going on around us, in the shop she tells me what she wants. I tell her what I am looking at, and the choices available. I use my eyes for her".
- The directors confirmed documentation, such as the care plans, surveys, and complaints procedures were available in other formats, such as larger print, if requested.

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

- Staff used innovative and individual ways of involving people and their families, so that they felt empowered and valued. For example. Following a sudden illness, a person had been supported to build up their self-esteem and speech. A care coordinator told us, "Staff worked consistently with the person to support them to gain confidence in their speech again. They set up a memory book for (person's name) to jog their memory. This has resulted in massive changes in their communication, and their communication is now clearer. The family have congratulated the care workers on making real changes".
- People received personalised care and support that was responsive to their needs and preferences. The registered manager told us, "When we complete the assessment, we make sure we take time to speak to the client, it does not serve us well if the match is not good". Comments from people included, "The agency came and set up a care plan, they ring me from time to time to see how I am getting on". "A care plan was organised with the manager at the start of Mum's care and has been reviewed several times since then".
- People had an individualised plan of their care and support, which clearly outlined their needs and preferences in relation to their health and care, as well as their desired outcome for the support.
- Staff were trained and supported to respond to individual needs. For example, where people required specialist support for health conditions, staff had received the appropriate training to respond to their needs. A director told us, "As a nurse led agency, we are comfortable taking on very complex packages of care This had meant people were able to remain at home if they wished when in poor health.
- Care plans contained information about their family, past life, history, and interests. This meant staff had

conversation points and showed they took an interest in people beyond their immediate care needs. Examples were shared where staff had learnt about individuals past employment and history, and supported people to regain these interests. For example, one person was supported to take part in a Remembrance Day Parade, whereby they were able to chat and socialise with other veterans. The person told the carer, it was the best and most memorable day they had had for many years. A care coordinator told us it was important to match care workers to people they would be living with. They said, "I am involved in the interviews, biggest importance is personality, we can train care workers to do a task, but we can't train a care worker to have personality which will make the experience for the client good". Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People looked forward to staff visiting and said they enjoyed their company, which helped to avoid social isolation. By carefully selecting and matching care staff to people using the service, the management team ensured good relationships were established from the beginning. They tried hard to consider people's personalities and preferences when finding suitable care staff. This meant people were supported to follow their interests and make use of the local community facilities with the help of staff.

- Where people had the support of live-in care worker, personalities and interests were considered such as sport or gardening. A live-in coordinator told us, "Getting the right care worker to move in with a person is key to success. For example, one of our care workers encouraged a lady to go shopping, then church, where she met many of her friends. This has reduced social isolation for her". Another example was shared in supporting one person to attend

Improving care quality in response to complaints or concerns

- No complaints were raised with us during the inspection; people only had praise for the service. We heard consistently that the service was a reliable, valuable and made a positive difference to people's daily lives.

- People said they would contact the office if they had any concerns or complaints and they were confident their concerns would be listened to.

- A complaints policy was in place. When complaints were received these were recorded, and evidence time scales and action taken by the service to resolve the complaint.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service, however they had previously provided this care, in conjunction with community healthcare professionals. However, discussions had taken place to ensure people and their loved ones were able to make decisions about their preference for end of life care.

- People received their care and support from a service which was completely flexible and able to respond to individual requests and changes at short notice. The registered manager told us they would and have been able to support people with additional care when required to enable wishes to be carried out, in regards people remaining at home in the event of requiring end of life support.

- The registered manager and a senior care manager had completed the end of life Gold Standard Framework. The service was in the process of applying for re accreditation. A director informed us, "It has given us great insight into end of life care, and we are able to train all carers who are involved in end of life care packages. This enables us to comfortably discuss death and someone's wishes surrounding that. We have learnt how to support the client and their family around their religious beliefs; respond quickly to a patient's changing needs, so they are kept comfortable".

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well organised. There was a clear staffing structure and lines of accountability. The management team were competent and experienced. The registered manager was supported by two deputy managers, registered nurses, administrators, customer support and trainers. The director informed us 'We believe being nurse led provides a much greater source of knowledge and experience to train our carers'. This led to exceptional outcomes to people receiving a service.
- The directors planned and promoted person-centred, high-quality care and good outcomes for people. This took into account the physical, spiritual and social aspects of a person's life. There was a commitment towards ensuring that there was equality and inclusion. A director told us, "We have a strong ethos towards equality and inclusion across the workforce. We employ a very diverse range of individuals which include people from a very broad range of ethnic backgrounds, gender orientation and people with disabilities.
- Staff told us they were 'proud' to work for the service. One director told us, " We are proud to say we have won many awards for providing positive 'person centred care. This year we have won the care employer of the year award for the South West and are now through to the national finals as regional winners".
- The directors had grown the business steadily to ensure continuity of care and ensured that staffing levels were maintained.
- The service had a track records of working seamlessly with other agencies to provide person-centred outcomes for people using the service. The service were key members of local care organisations, which supported new and existing care services to strive to build seamless experiences for people based on good practice and knowledge. This provided exceptional person-centred outcomes for people.
- People and staff told us they would very much recommend the service to others needing care, there was a waiting list for people to receive care from the service. The directors had a visible daily presence in the service and led very much by example. They told us one of the services priorities was the importance of treating staff well, with good pay and conditions. There were contingency plans in place if staff were unable to carry out their visits.
- Effective governance systems were in place which enabled the management team to examine trends and outcomes to improve the service. For example, regular reviews of accidents, incidents and errors. Where improvements were identified action was taken.
- Performance management was ongoing and monitored at all levels within the service. A director told us, "We fully analyse errors or concerns and have a lesson learnt format to problems. This way the company can

continue to develop and learn from its own mistakes".

- There was accountability within the service and staff roles were well understood. The directors, management team and staff were committed to providing a personalised and safe service, which had a positive impact on people's wellbeing. Comments included, "Well managed with regular calls from care manager at St Jude's". "This domiciliary care service is very well managed, I have no concerns for (loved one) at all". "Well run to 99%, nothing to improve that I can think of". "Very good management, if you have any issues you can come and talk, there is always someone to talk to who will put me in the right direction".

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

- The management team understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

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

- The directors ensured resources were available and working effectively to support high quality care and staff in their role. For example, there was an effective management team, who provided regular supervisions, spot and competency checks with staff. This allowed for improved staff retention, better communication and induction systems and this ensured greater continuity for people receiving a service. Any issues or feedback about staff performance or concerns were addressed quickly with additional training and support.

Continuous learning and improving care

- The directors were keen to continue to improve people's experience of the service. One director told us, "We promote an open-door policy, there is a room where staff can come and do training on the computer. We invest time and value our staff, as it is important with the current market to retain staff. There is a fleet of cars, so staff do not have to use their own cars. We have trackers in the cars so can ensure staff are safe and arrive on time. This has increased our continuity of care."
- There was a high level of constructive engagement with people who used the service. A positive management structure was in place that was open and transparent and available to people when needed. A director told us, 'We write to our clients twice a year with feedback forms that we analyse. In the last three years from our client survey we have received no negative feed from our existing clients'.
- The service was investing in a new care system. They were changing to an electronic system to track all incidents and daily recording. A director told us, "We are going to provide a tablet for all live-in care workers for daily records, so we get real time on what is happening in regards the living care workers. This will enable them to record information directly on to a tablet. This will include body maps, daily records. The care workers will also be able to receive up to date information from the office with immediate effect."

Managers and staff being clear about Working in partnership with others

- People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys. 'Spot checks' were also carried out to observed staff practice and approach, and ensure they worked safely and displayed a respectful attitude.
- The most recent satisfaction survey showed very positive results, with 100 per cent of people stating staff were professional; respectful and punctual. People confirmed staff always acted in their best interest and any queries were dealt with promptly. People told us, I have completed a questionnaire, all very well run". "I have had received questionnaires from the agency, I am happy to confirm all is well"
- Staff also had an opportunity to share their views about the service, through meetings and supervisions. Staff rated their employer as 'good' or 'excellent'. One health professional told us, "I have worked closely

with St Jude's. It's my opinion that St Jude's management and care staff put the client's needs at the forefront of their service. They have consistently communicated with me and colleagues up to date and relevant information. They work progressively and proactively to promote the independence of their customers".

- The service supported some people living with a learning disability. Care and support provided had been in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

- The service had community involvement. They were supportive of and involved with innovative community projects, which included sharing best practice, sponsoring other care providers and working with other local and national providers to ensure people were aware of the services available to them when choosing care services.