Highlea Care Limited

Highlea Care Limited

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

This inspection took place on 25 and 29 February 2016. We gave the provider 48 hours' notice that we would be visiting to ensure someone would be at the service.

Highlea Care Limited is a domiciliary care service which provides support to people with a learning disability, physical disability and mental health needs. On the day of our inspection there were 58 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Highlea Care Limited was last inspected by CQC on 27 February 2014, when the location was registered as The Grange, and was compliant with the regulations in force at that time.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. Staff had been trained in how to manage behaviour that challenged and in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The homes we visited were clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service, and family members, were complimentary about the standard of care provided by Highlea Care Limited. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People had been involved in planning their care and care records were written in a person centred way.

Highlea Care Limited had a full programme of activities in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

The service had links with community services and other local organisations. The service had a positive culture that was person-centred, open and inclusive. The provider had a robust quality assurance system in place. People who used the service, family members and staff were regularly consulted about the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people and staff.

Staff had been trained in how to manage behaviour that challenged and in safeguarding vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and training was up to date.

Staff received regular supervisions and appraisals.

People were protected from the risk of poor nutrition and had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a

polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People had been involved in planning their care and care records were written in a person centred way.

A full programme of activities was in place for people who used the service.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other organisations.

Highlea Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 29 February 2016. We gave the provider 48 hours' notice that we would be visiting to ensure someone would be at the service. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in the care of people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who used the service and three family members. We also spoke with the registered manager, area manager, three service managers and three care staff.

We looked at the personal care or treatment records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Highlea Care. They told us, "Very safe" and "I don't have any issues".

The provider had a recruitment policy and procedure in place. We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We visited six of the homes where people who used Highlea Care Limited lived. The homes were clean, spacious and suitable for the people who used the service. People we spoke with were complimentary about the homes. They told us, "Very happy" and "Yes, I like it".

We discussed staffing levels with the registered manager and a service manager and looked at staff rotas. Staffing levels were based on the contact hours for each person who used the service and as some people were more independent than others, this varied across the service. For example, we saw one person was supported by two members of staff at all times due to their dependency needs. We saw a copy of the management on call rota and the registered manager told us staff absences were usually covered by the service's own permanent and bank staff. The registered manager also told us that agency staff were rarely used by the service but if they were, the agency were asked to provide staff who knew the service for continuity of care. Staff, people who used the service and family members did not raise any concerns regarding staffing levels. This meant there were enough staff with the right experience, skills and knowledge to meet the needs of the people who used the service.

Risk plans were in place for people and included financial vulnerability, health, resuscitation, personal care, behaviour and eating and drinking. These identified the hazard, risk, control measures and included a signatory list for staff to sign. Risk assessments we saw were up to date and reviewed monthly. One person was at risk of epileptic seizures. We saw in the person's support plan that when they were alone in their bedroom, staff were to carry out checks every 15 minutes so the necessary support could be provided. We saw records of these checks in the person's bedroom and staff we spoke with were knowledgeable about the person's health and what action to take if the person had a seizure.

We looked at a sample of servicing records for the homes where people lived. Hot water temperature checks, Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, we saw a copy of the fire safety policy, fire procedure and fire risk assessment, which included evacuation plans. We also saw records of servicing of fire detection equipment and emergency lighting systems, and records of

fire drills.

Each house had checklists for each of the shifts. These included daily, weekly and monthly tasks to be carried out including laundry, cleaning and environmental checks such as refrigerator and freezer temperatures, kitchen cleaning and checking food status. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We looked at the provider's safeguarding of adults' policy, which described action to be taken, the investigation process, when to make a referral and making a safeguarding alert. We also saw a copy of the local authority's safeguarding adults' policy, definitions document and safeguarding risk threshold tool. We saw that potential safeguarding incidents had been appropriately investigated and referred, including notifications sent to CQC. Staff had been trained in safeguarding vulnerable adults and we saw this training was up to date.

We looked at the incidents report file, which was split into sections for each individual house where people who used the service lived. For each house there was a log record kept of each incident including a record of the date, who was involved and who it was reported to. Individual incident reports were completed and kept for each incident or accident. These included details of people involved in the incident, when the incident was reported and who to, a full description of the incident and what action had been taken. The registered manager told us they had recently proposed to the provider that an analysis of incidents should be carried out at the end of each year. We saw a record of this discussion.

We looked at the management of medicines. We saw 'Self-medication assessment tools' were used to decide whether the person was able to self-administer their own medicines. This was written with the person and we saw each record had been signed to say whether the person agreed. Protocols were in place for 'As required' medicines such as paracetemol and laxatives. One person had a protocol for the administration of Midazolam for epileptic seizures. The protocol stated the Midazolam was, "Only to be administered by staff who have completed the rescue medication training course." We checked and saw all the relevant staff had received this training.

We looked at the medicines administration records (MAR) and saw a staff signature and initials record. For each person there was a photograph and a list of allergies. Administration records were up to date and had been initialled by staff. A separate controlled drugs register was kept and recorded the name of the drug, name of the person, date and time of administration, stock balance and staff signature. Controlled drugs are medicines that may be at risk of misuse.

Medicines were securely stored in locked cabinets in the staff offices and controlled drugs were stored separately in a secure cabinet. Audits were carried out regularly and included checks that support plans were accurate, reviews had been carried out and were up to date. Medicines were correctly ordered, stock checks, medicine expiry dates and administration records. Staff received a medicines competency assessment every three months to ensure medicines procedures were being followed and that medicines were being administered safely.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used Highlea Care Limited received effective care and support from well trained and well supported staff. One person told us they were "Very happy" and were "Well looked after". Family members told us, "They look after her there brilliant", "The staff are very professional and respect everyone" and "It's like a home from home".

Staff told us they got a lot of job satisfaction from working at Highlea Care. They told us, "I love it", "It's a happy little house" and "I get plenty of support".

We looked at the provider's training matrix and staff training records. Statutory training included fire safety, food hygiene, health and safety, moving and handling, safe handling of medicines, first aid, safeguarding adults, infection control and MAPA (management of actual and potential aggression). All the staff training we looked at was up to date. Two of the four staff files we looked at included a 'Record of training and development' in the file. This was an up to date list of what training the member of staff had undertaken. We discussed training with the registered manager and area manager who told us staff were supported to complete the NVQ in Health and Social Care and managers the level five diploma in Leadership for Health and Social Care. Staff we spoke with told us they received plenty of training and their training was up to date.

All staff received an induction to the service, which included time spent at the provider's main office to complete statutory training and paperwork, and read company policies. The new member of staff would then be introduced to the home where they would be working and be supported by the service manager. The registered manager told us all new staff were also enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

We saw staff received annual appraisals, known as 'Development reviews', and regular supervisions, known as 'Development planning sessions', which were held three times per year. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw these included discussions on the people the staff supported, team issues, equality and diversity, personal issues, training, absences, policies and procedures, health, safety and welfare, views and suggestions and safeguarding. The annual appraisal included a review of performance, training and career development and progress towards achieving objectives. All of the records we saw had been signed and dated by the supervisor and staff member.

Nutritional assessments had been carried out for people and included assessments of mental condition, weight, appetite, ability to eat, medical conditions, pressure sores and age. Each person was assessed and a risk score was calculated. Speech and Language Therapy (SALT) referrals had also taken place when required and guidance from SALT specialists was included in the care records.

Healthy food and nutrition support plans were in place for people, which were reviewed monthly. People were involved in planning the weekly menus however we saw one person would not eat certain foods, which

would restrict what was on the menu for other people. Staff were encouraged to suggest a varied menu to include more options for this person. We saw staff asking people what they wanted to eat that week and what their preferences were. These were agreed and added to the shopping list.

Care records showed that a person needed a lot of encouragement to eat meals and was underweight when they first started using the service. However, a recent record stated, "[Name] is doing a lot better with choice and portion sizes and weight has increased. Staff encourage and talk with [Name] that this is ok." This meant people were fully supported with their nutritional needs.

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. We discussed the MCA with the registered manager, who told us no applications had been made to the Court of Protection to deprive people of their liberty as all the people who used the service were independent and free to come and go as they pleased. We saw mental capacity assessments had been carried out and best interest decisions made where necessary, for example, opening a person's letters, use of photographs and information sharing.

Consent had been obtained from people who used the service for the administration of medicines, photography, receiving personal care and support, sharing of information and management of money and correspondence. All of the consent forms we saw had been signed by the person who used the service.

One of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). This was up to date and showed the person who used the service, and their family, had been involved in the decision making process.

People had communication profiles in place, which described the type of language the person used and whether they used signs and pictures, and whether the person's communication was hard to understand. For example, one person was able to verbally communicate but often spoke very quietly and quickly, which made it difficult to understand. The communication profile stated, "If [Name] is asked to slow down and speak louder [they] can do this. This person had a support plan in place for communicating effectively to enable the person to take an active part in community life and develop friendships. We saw the person had been involved in writing the plan and provided guidance to staff, for example, "[Name] will request support from staff when they feels they need it" and "It is important that [Name] is supported to maintain their relationship with their family and friends".

People who used the service had access to healthcare services and received ongoing healthcare support. Health checklists were in place for each person and were up to date. These included information on any health concerns, including advice and support on smoking, alcohol, diabetes and asthma, records of GP, dentist and opticians appointments, and hospital passports. Hospital passports are a record of important information about the person to be given to hospital staff when attending appointments or on admission to hospital. People also had healthcare planners in their care records, which were a monthly calendar of when health checks and appointments were due, for example, dentist, optician, hearing, diabetes, epilepsy,

asthma and chiropody.

Good

Is the service caring?

Our findings

People who used the service and family members were complimentary about the standard of care at Highlea Care Limited. Family members told us, "No concerns about the care", "It's like a family thing" and, "They go over and above".

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw staff knocking before entering people's houses and bedrooms, and doors were closed behind them to respect people's privacy. A service manager asked a person if it was okay for us to look in the person's room. The person agreed.

The service had a 'Dignity in care' policy, which described that people who used the service had a right to be treated with dignity, be treated courteously and as individuals, and be listened to and be as independent as possible. A service manager told us equality and diversity was promoted with staff and discussed at meetings and development planning sessions. They also told us, "Staff know how to respect people's privacy and dignity."

We asked family members whether staff respected the privacy and dignity of people who used the service. They told us, "Oh, definitely" and, "They are always getting [Name] new clothes". This meant that staff treated people with dignity and respect.

People were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. We observed one member of staff looking through old photographs and jewellery with a person. The same person was listening to music and staff asked the person who was singing the song and which film it was from. The person appeared to be enjoying the music.

All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, one person was at risk of epileptic seizures and staff could explain how often the person had them, how severe they were and what action they had to take to care for the person appropriately.

Care records we looked at showed independence was promoted and people were supported to be independent. For example, "[Name] still requires support with showering, dressing and shaving especially on a morning. [Name] does what [they] can though", "[Name] is very independent with personal care. The first couple of weeks [Name] required some prompting but does this on their own now" and "[Name] can be left to dress independently and will call for support if they require it".

A service manager told us how a person was supported to do the washing up. They told us that it took them longer but the person needed to do it to promote their independence. The service manager told us the person also helped with the cleaning and "[Name] loves it." One person told us, "I normally cook on my own

but I get help for the big stuff" and "I do my own cleaning and washing". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms.

End of life support plans were not in place. We discussed this with the registered manager who told us it was an area they had recognised and would develop so information was available to inform staff of people's wishes at this important time and to ensure that people's final wishes could be met.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

Each person's care record included a personal details sheet, which provided important information about the person such as preferred name, religion, next of kin, GP, care manager and details of other people and professionals involved.

We saw support plans were in place and reviewed monthly. These described who was involved in the plan, who the plan was communicated to, what the identified need of the plan was and what was the desired aim and outcome. For example, one person had a support plan in place for the management of pain. Information was provided for staff to identify the signs of when the person was in pain. For example, "Leans forward and can be fidgety." Staff were instructed that if they thought the pain was severe, the service manager was to be contacted to discuss the administration of medicine.

There were 'Independent bathing considerations' records in place for each person who used the service. These included specific risks, the person's capacity to understand the risks, whether the person could bathe or shower independently and whether they could summon assistance. For example, for one person the record stated, "[Name] requires support from one member of staff at all times whilst showering", "All risks have been assessed and are reviewed monthly" and "[Name] understands the risks and has capacity to request a shower when [they] want one".

Pressure area assessments were completed for people. We saw one person was assessed as being at risk of pressure ulcers as they were unable to independently mobilise. We saw a pressure area chart, including a body map, had been completed, appropriate interventions were in place and were reviewed monthly.

People had 'My health review and health action plans' in place. These described a particular need, what action was to be taken to address the need and who was to help. These included mental health, weight reduction and bowel movements.

Each care record included a 'Service user monthly update'. We saw these were up to date and included a review of the person's care record, health care input, leisure activities, comments from the care manager, the person who used the service and family members, as well as an overall summary and action plan. Annual 'Life plan reviews' also took place, which included reviews of support plans and whether the plans were still appropriate or whether a new one was required. Family members told us they were involved in care reviews and were kept up to date. They told us, "They keep me up to date", "[Name] had blood tests done. They rang to let me know" and "I get invited to all the meetings and any important hospital or doctor's appointments. I go to all their reviews".

Care records showed that people made their own choices about their personal care, health, diet and activities. Sometimes people did not follow staff guidance however staff respected that it was the person's individual choice. For example, one person had been for an eye test but had refused glasses. The same

person had also declined a dental appointment as they were frightened of dentists.

We saw daily records for people. These were updated three times per day and included updates on the person's health, diet, personal care and activities. For example, "[Name] enjoyed breakfast in bed", "[Name] supported with personal care and to get ready" and "Good fluid intake throughout the day".

People had support plans in place for activities and building relationships and we saw person centred activities were in place for people. These included bowling, shopping, going to the theatre and cinema, craft club, karaoke and coffee mornings. One person who used the service enjoyed going to church and attended two to three times per week.

We saw the provider had a complaints policy and easy read versions of the policy were available in the homes we visited. The provider had a 'Compliments, concerns and complaints' file. We saw there had been two complaints made to the service since January 2015. For each complaint we saw details of the complaint, recorded outcomes of investigations and copies of written responses to the complainant. People, and their family members, we spoke with told us they did not have any complaints but were aware of the complaints procedure. This meant the provider had an effective complaints procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. Family members told us, "Always an open door policy. If you have any problems, they will sort it" and "I can phone anytime. You can go down the head office and see someone straight away".

The registered manager had implemented a Fundamental Standards action plan in April 2015. This was based on the five CQC key areas and described how the service met the standards, how they will continue to meet the standards and plans for the future. A six monthly action plan was in place for each of the five key areas and the registered manager told us they were going to change this to a quarterly action plan from March 2016.

Highlea Care Limited had been awarded Investors in People standard. The Investors in People Standard defines what it takes to lead, support and manage people well for sustainable results. The most recent assessment had taken place in July 2015 and had identified a number of strengths and areas of good practice. These included, "People care about giving service users a good quality of life", "The company's plans are shared with people who are involved at an appropriate level in the planning process", "People understand the part they play in the company and feel they add value, are important to the success of the company and help improve the quality of service users' lives" and "Managers at all levels were considered effective, supportive and approachable".

The service had good links with the local community. For example, people who used the service attended local day services provided for adults with a learning disability. These services helped people to access and develop leisure opportunities, develop educational and academic needs and gain and develop employability skills.

The registered manager told us Highlea Care Limited had signed up to the Durham County Council Learning Disability Health Charter and the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. The area manager attended the 'Improving Health Support Group' meeting every two months, which was held at the local authority headquarters and included different subjects at each meeting. These included, cancer screening, the Care Certificate, specialist assessments and a CQC question and answer feedback session.

Staff we spoke with felt valued and supported by the manager and told us they were comfortable raising any concerns. Staff told us, "I rate them [management] very highly. They've always been there for me", "There's a lot of job satisfaction", "[Management] knows the service users and know what's going on", "They are there all the time and you can ring any time", "You get feedback and praise", "If I need anything, I know where to go" and the management were "Absolutely brilliant".

Staff were regularly consulted and kept up to date with information about the home and the provider. Senior management met or spoke with service managers on a weekly basis and service managers' meetings took place every two weeks. The most recent took place on the second day of our inspection visit. We looked at the minutes from the meeting on 15 February 2016, which included training, health and safety, audits, outstanding work, meetings and visits, analysis of questionnaires and staffing.

Staff meetings were held at each individual house on a monthly basis. These were chaired by the service manager for the house. We looked at the minutes from the staff meeting at The Grange on 23 December 2015. This included discussions on safeguarding, professional handovers, an update on the home and the people who used the service, activities, quality assurance, health and safety policies and procedures, training and nutrition.

'Staff involvement' meetings took place every two months at the provider's main office and were attended by a staff representative from each home. The registered manager told us these were introduced to give the staff more opportunity to voice any concerns or to discuss any issues. Any updates were then taken back by the staff member to their own staff meetings. We looked at the minutes for the meeting on 28 January 2016 and saw policies, holidays for people who used the service, questionnaires, activities, 'Chatter nights' and NVQs had been discussed. The registered manager told us 'Chatter nights' were less formal meetings at homes. Following feedback, the location of the meeting alternated between homes and included buffets, themed meals, games and a chat between staff and people who used the service.

Employee job satisfaction questionnaires had been completed by staff in October 2015. Most of the responses we saw had been positive and staff had commented, "I feel encouraged to come up with new and better ways of doing things", "My work gives me a feeling of personal accomplishment" and "Senior managers visibly demonstrate a commitment to quality". This meant the provider had developed and sustained a positive culture in the service encouraging staff to feel involved and be comfortable raising issues of concern with them.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The registered manager told us audits were carried out by service managers at each house on a weekly basis and were then checked by a senior manager. The registered manager or area manager also carried out monthly visits to each house and spoke with people who used the service or their representative and staff, inspected the communal areas, checked records and identified any actions required. One of the management team also sat in on staff meetings and provided feedback and guidance on how the meeting was managed.

Meetings were held regularly for people who used the service at each house. We saw that complaints were discussed and people were made aware of how to make complaints. We also saw activities were discussed and people were asked what activities they would like arranging. Food and menus were also discussed and people were asked whether they were happy with the menus and whether they had any suggestions for other meals.

'Quality action group' meetings also took place. These were held at the provider's main office and attended by people who used the service, supported by staff. The registered manager told us this gave people who used the service more of an involvement in the way the service was run and discussions took place on improvements and whether there were any concerns or complaints. We saw the most recent meeting had taken place on 27 January 2016.

The provider produced a quarterly newsletter called "Ragg Mag", which provided information to staff and

people who used the service on updates within the organisation.

Stakeholder questionnaires were carried out annually and sent to GPs, healthcare professionals, day centres and family members. The most recent questionnaires had just been sent out so we looked at the results of the questionnaires in February 2015. Subject areas included care, management and staff, premises, information about the home and any other comments. Most of the responses were either "Very good" or "Good".

A 'Home improvement' questionnaire had also been sent out in May 2015. This had asked for people's opinions on the decoration, cleanliness, communal rooms and maintenance of the houses people lived in.

A suggestions box was available in the meeting room at the provider's main office and all staff, people who used the service and visitors were encouraged to leave a suggestion. Family members told us they were regularly consulted about the quality of the service. They told us, "They ring me on a monthly basis" and "Yearly questionnaire? I always get one of them".

This meant that the provider gathered information about the quality of their service from a variety of sources.