

York PA and Student Support Limited

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Inspection report

Innovation Centre
Innovation Way, Heslington
York
North Yorkshire
YO10 5DG

Tel: 01904561522
Website: www.yorkpersonalsupport.co.uk

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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 19 July 2016 and was announced. We previously inspected the service on 16 and 17 July 2014 and at that time we found the registered provider met all of the areas we assessed.

The service is a domiciliary care agency that is registered to provide the regulated activity personal care. This includes support with activities such as washing and dressing, the provision of meals and the administration of medication for people living in their own home. The agency also provides academic support to people who are studying at York University, but that section of the agency is not regulated by CQC. On the day of the inspection three people were receiving assistance with personal care. The agency office is situated in a business park close to York University and there is parking available for people who wish to visit the agency office.

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

We found that people were protected from the risk of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Personal assistants and managers were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

New personal assistants were employed following robust recruitment and selection policies and this ensured that only people considered suitable to work with vulnerable people had been employed at York PA and Student Support.

Staff confirmed they received induction training when they were new in post and told us that they were happy with the training provided for them. The training records showed that all staff had completed induction training and the training that was considered to be essential by the agency.

We saw there were sufficient numbers of staff employed to meet people's individual needs, and personal assistants told us that they spent enough time with people to complete the agreed tasks, and to spend time chatting with them. It was apparent that personal assistants genuinely cared about the people they supported.

People were 'matched' with a personal assistant who was compatible with them. The feedback we received about personal assistants was that they were flexible enough to meet people's individual support needs in a way that suited them. It was clear that personal assistants and managers knew the people they supported

very well.

There were systems in place to seek feedback from people who received a service and we saw that most feedback was positive. People's feedback had been listened to, and the analysis showed that any improvements that needed to be made had been acted on.

Complaints received by the agency had been investigated thoroughly and people had been informed of the outcome, including any improvements that had been made to the service as a result of their comments.

The quality audits undertaken by the registered provider were designed to identify any areas that needed to improve in respect of people's care and welfare. We saw that, on occasions, incidents that had occurred had been used as a learning opportunity for staff.

We received positive feedback about the leadership and the culture of the service from everyone who we spoke with.

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.

Staff were recruited following robust procedures, and there were sufficient numbers of personal assistants employed to ensure people received the service that had been agreed with them.

Staff received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Any identified risks were recorded and managed with the aim of minimising or eliminating the risk.

Is the service effective?

Good ●

The service was effective.

Personal assistants and managers undertook training that equipped them with the skills they needed to carry out their roles, including training on the Mental Capacity Act (MCA) and the Care Certificate.

Personal assistants liaised with health care professionals when required to ensure that people received appropriate care and support.

People were asked to consent to their care before it was carried out.

Is the service caring?

Good ●

The service was caring.

The feedback we received showed that personal assistants and managers genuinely cared about the people they were supporting.

People's individual care and support needs were understood by personal assistants, and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's care plans recorded information about their individual care needs and people were 'matched' with a personal assistant who they were compatible with.

People were invited to comment on the care and support they received, and there was evidence that their comments were listened to and acted on.

There was a complaints procedure in place and we saw that any complaints made were dealt with effectively.

Is the service well-led?

Good ●

The service was well-led.

There was a manager in post who was registered with the Care Quality Commission. People who used the service, personal assistants and others told us that the service was very well managed.

There were sufficient opportunities for staff and health and social care professionals to express their views about the quality of the service provided.

Quality audits were being carried out to monitor that personal assistants were providing safe and effective care.

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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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 July 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection. The inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the agency, such as information we had received from the local authority who commissioned a service from the registered provider and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was not asked to submit a provider information return (PIR) before this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with the registered manager and a personal assistant. We were not able to speak with people who used the service, although we spoke with a relative of someone who used the service. We also spent time looking at records, which included the care records for two people who used the service, the recruitment records for two personal assistants and other records relating to the management of the service, including quality assurance, staff training, health and safety and medication.

Following the day of the visit to the agency office, we spoke with a personal assistant and a care manager from the local authority.

Is the service safe?

Our findings

There were enough staff deployed to support people safely. The agency employed nine personal assistants and the two managers also carried out some support tasks. Three people received assistance with personal care. Another 36 people received support other than 'personal care' such as academic support, companionship and support with living skills; these people's records were not checked during this inspection. There were four members of staff who assisted people with personal care tasks and this was felt to be sufficient for the number of people who were being supported. A personal assistant told us, "We have plenty of time to carry out tasks and then sit and chat. We are never 'clock watching'." They said that this meant they were not rushing from house to house to attend to people's needs.

The registered manager told us that they had been contacted by new people to ask for support with personal care. They were in the process of recruiting new staff, and when all safety checks had been received, would be in a position to provide personal care to more people. Personal assistants told us that they had ample time to provide the service people required, as the minimum length of any visit was one hour. Staff also told us that rotas were organised so that they did not have to travel far from person to person, meaning they did not have to 'rush off' at the end of each visit.

We checked the recruitment records for two personal assistants and saw that robust recruitment practices had been followed. Application forms had been completed, references had been obtained, the person's identity had been confirmed and checks had been made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. The registered manager told us they obtained three employment references as part of their recruitment process; one from the person's current employer, one from a previous employer and a character reference. These checks meant that only people who were considered safe to work with vulnerable people had been employed at Personal Support Services.

Personal assistants told us that they had to wait for their safety checks to come through before they were allowed to start work and that, "The managers are very picky about who they employ." We saw that one personal assistant's start date was prior to their DBS check being received. However, a DBS first check had been received and the member of staff worked alongside an experienced care worker 'shadowing' until their full DBS check had been received. The registered manager had completed a risk assessment to record this decision.

We checked the care plans for two people who received a service from the agency and saw they contained an environmental risk assessment that recorded any identified risks and how these could be minimised to protect the person concerned and any staff who visited the person's home. In addition to this, people had more specific risk assessments in place such as those for personal care and finances. One person had a risk assessment in place that advised staff how to deal with any emergencies in their home.

Care plans described how people mobilised and identified any equipment needed for staff to assist people

to mobilise safely. The training records we saw evidenced that personal assistants had completed training on people handling. This meant they had the knowledge needed to assist people to mobilise safely.

The registered manager told us personal assistants completed training on safeguarding adults from abuse during their induction period, and the records we saw confirmed this. The personal assistants who we spoke with were able to describe types of abuse they might become aware of and were clear about the action they would take if they had any concerns. They told us that they would report any concerns to the registered manager, and were certain the information would be dealt with following the agency's policies and procedures. One personal assistant told us that the registered manager understood how situations could suddenly happen. They added, "[The registered manager] is easy to approach. She always deals with issues and keeps us informed."

Staff told us that they would use the agency's whistle blowing policy if needed and they were confident that this information would be handled confidentially. Whistle blowing is when a person tells someone they have concerns about the service they work for. One personal assistant said, "[The registered manager] would retain our confidentiality. Concerns would be dealt with; there are no favourites here."

Accidents and incidents were recorded and monitored. Any incident forms were stored in individual service user files. There was one incident form within the two care plans we reviewed and this showed the accident had been recorded properly and the appropriate action had been taken. The registered manager told us that accidents and incidents were infrequent. However, they were monitored as part of the quality assurance audit carried out by the registered manager. The most recent audit was carried out in January 2016 and we saw that it included the monitoring of accidents and incidents. People's care plans included a body map ready for use so that any injuries could be recorded and monitored by staff. One person had not agreed for this form being used and this decision had been respected by the registered manager and personal assistants.

Documents relating to staff vehicles were checked to evidence that they were insured to carry passengers for business purposes and that their cars were safe to use. The registered manager told us that, if personal assistants had to pay an additional fee so they could insure their vehicle for business use, this was paid by York PA and Student Support. There was also a clause in the company insurance that covered staff vehicles.

The registered manager told us that they were able to access the agency's computer from home if there was an emergency and they could not access the agency office. If there was a flu pandemic, there was always extra staff capacity and some visits were not essential, so urgent visits would be prioritised. The service user handbook recorded the telephone number, email address and website address for the agency office. This gave people a variety of ways to contact the office. Personal assistants told us that everyone was able to contact the registered manager or manager at all times, including 'out of hours'.

Personal assistants had attended training on the administration of medication at previous work places but they told us they were also required to complete refresher training with the agency. Personal assistants told us that they prompted people take their medication rather than actually administering medication on their behalf, although one personal assistant told us they helped someone to apply creams. One person's care plan recorded that they self-administered their medication but described the support they needed to apply creams. Another person's care plan recorded, 'I administer my own medication but may require prompting to re-order.' One person's assistance with the application of creams had previously been recorded in their daily records. The registered manager told us that this task now needed to be carried out more frequently, so a medication administration record (MAR) chart had been introduced. The registered manager told us that they would try to send two personal assistants to anyone who required their medication to be

administered.

Is the service effective?

Our findings

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 MCA 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.

We saw that care plans recorded information about the person's capacity to make decisions. One person's care plan recorded, 'I can make my own decisions and wishes known' and another recorded 'I have the capacity to make my own decisions. However, I need time and support. I have in the past made the wrong decisions about some aspects of my life'. Both of the personal assistants we spoke with told us the people they visited had the capacity to make their own decisions but might need reminding about things such as GP appointments. They described how they would support people to make decisions if this was needed, such as showing them options and giving them enough time to make a choice.

The review form used to record care plan reviews also included a section that stated, 'Do you give York Personal Support your on-going consent for us to continue to amass information regarding your care, and to record the information and to share the information with professionals and staff involved in your care for the purpose of assessing your needs?' Both the person who used the service and the reviewer were required to sign the form. A personal assistant told us that they continually asked people for permission about the level of support they required. They said, "We never assume, we ask."

The registered manager told us that the training considered to be essential by the organisation was safeguarding adults from abuse, moving and handling, the Mental Capacity Act 2005 (MCA), autism awareness and first aid. The agency used an on-line training company to provide some staff training and other courses were carried out via face to face training. A care manager told us that personal assistants were very skilled in supporting people who used the service. They said that one person had fluctuating mental health needs and staff adapted their practice accordingly. They 'flagged up' any issues or concerns and made suggestions they believed would enhance the person's care package. The care manager added that any advice they gave to personal assistants or managers was followed.

When people had worked as a care worker previously, copies of their existing training certificates had been passed to the registered manager. This helped to show the level of knowledge and skills they had already attained. However, they were still required to carry out induction training at the service. Records in staff files showed that induction training consisted of fire procedures, philosophy and principles of care, health and safety, infection control, use of slings and hoists, risk assessment, complaints, privacy and dignity, rights, choice and safeguarding adults from abuse. New staff were also expected to complete the Care Certificate; the Care Certificate was introduced by Skills for Care, and is a nationally recognised set of standards and training that staff new to working in care are expected to work towards. Both of the personal assistants we spoke with told us they had completed or were completing the Care Certificate. They had also completed training on safeguarding adults from abuse, people handling, dementia awareness and autism awareness

during the previous twelve months. We saw details of some training sessions that had been booked for later in the year; this included people handling refresher, first aid, MCA and safeguarding adults from abuse.

Staff told us they completed induction training prior to working unsupervised, and that this included shadowing experienced personal assistants. Personal assistants also told us that they were introduced to the people they would be supporting during their induction period. Staff had been issued with a handbook that contained information about their employment and the standards that they were expected to adhere to. This meant that staff were clear about the role for which they had been employed.

We saw that staff records included information about supervision and appraisal meetings. Records of these meetings showed that the rota, health and safety, safeguarding adults from abuse and personal development were discussed. Personal assistants were asked if they had any concerns or worries and we saw that any positive feedback that had been shared with managers was then shared with personal assistants. Personal assistants told us that they felt well supported by the registered manager, both in relation to work issues and personal issues. One personal assistant said, "Yes, we have good supervision systems in place." The registered manager told us that personal assistants were paid for attending supervision meetings and training.

We asked personal assistants what they would do if they felt someone was not well during their visit and needed to see a medical professional. They told us that they would ask the person if they wanted them to ring the GP on their behalf or if they would like to contact the GP themselves. However, if it was an emergency situation, they would act first and then inform the registered manager and other people who needed to know about the action they had taken. The registered manager told us that personal assistants were encouraged to speak with health care professionals themselves if they had any queries or concerns. This was because they were in regular contact with the person using the service so had the latest information available to them. However, this information was then shared with the registered manager so that care plans could be updated and other staff made aware.

People's nutritional needs were assessed and this information was recorded in care plans. The people who were currently in receipt of a service required minimum support with meal preparation. However, personal assistants told us that they had undertaken training on nutrition and food hygiene should they need to provide this type of support.

Is the service caring?

Our findings

A relative we spoke with told us that staff seemed to genuinely care about the people they were supporting. They said that they were confident their family member would be well looked after and added, "Staff genuinely care and seem to have the right skills and attitude." One personal assistant told us that staff's focus was always on the people who used the service, not themselves. Another personal assistant said, "We really care. You don't work in adult social care for the money! You have to love the job. The managers are very caring – they go above and beyond. They recruit staff who are like them."

A care manager from the local authority told us that personal assistants and managers were good at keeping them informed about a person's current care needs. They added, "In my opinion, this is a really good agency."

People were given a service user handbook when they started to use the service. This gave them information about the registered manager and manager, the types of services that were provided by the agency, the agency's principles and values, equal opportunities, the terms and conditions of the care agreement, confidentiality, choice, the philosophy of care and staff training, as well as the contact numbers for the managers of the service.

The service user handbook also included information about a local advocacy service. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. The handbook provided details of other important contact numbers such as the Care Quality Commission, the Local Government Ombudsman, the local Social Services Department and the local Clinical Commissioning Group (CCG). This meant that people had easy access to these contact details.

People who received a service from the agency received a newsletter. Newsletters were introduced in January 2016. The first newsletter described the employment history of the two managers and how the service was established, and letters of thanks from people who were satisfied with the service they or a relative had received. The following two newsletters included a 'thank you' to people who used the service for completing satisfaction questionnaires, a staff profile where a member of staff shared some information about their personal life and described how they became involved in care, and details of how the service would be inspected by the Care Quality Commission.

A care manager told us that one person who received a service was very private about some aspects of their life and personal care needs. They said that this was managed very well by personal assistants, who "Balanced the person's wishes against any risks involved." Personal assistants described to us how they respected people's privacy and dignity, such as making sure doors were closed and that people were covered during dressing, washing or showering to protect their modesty.

Discussion with the staff revealed there were people using the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there;

age, disability, gender, marital status, race, religion and sexual orientation. We were told that those diverse needs were adequately provided for by the service. The care records we saw evidenced this and the personal assistants and managers who we spoke with displayed empathy in respect of people's needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this. We saw that questions about equality and diversity and human rights were included in the survey distributed to people who received a service. This meant they were given an opportunity to comment on these issues if they had any concerns.

Personal assistants told us they encouraged people and prompted them to be as independent as possible. For example, if they were assisting someone with a shower, they asked the person to get everything ready that they would need. They said they only assisted people with things they could not do themselves. One personal assistant said, "People could lose their self-respect if their independence is taken away from them."

Is the service responsive?

Our findings

The registered manager told us that they carried out the first few visits to people who used the service, and this was confirmed by the personal assistants who we spoke with. The registered manager was able to further develop each person's care plan as they got to know more about them. A personal assistant would then work alongside the registered manager so that they got to know the person before they worked with them unsupervised.

We reviewed two people's care plans. We saw these were written in the first person and gave personal assistants specific information about how the person wished to be supported, such as, "I can manage to shower myself apart from my back and hair. I ask my personal assistant for assistance to wash my hair and put shower cream on my sponge." Care plans included information and assessments in respect of the person's mobility, the risk of falls, mental capacity, dietary requirements, personal care, any known mental or physical health conditions, any aids or equipment in use, medication and any other areas of risk. There was a health assessment that was designed to assess the person's dependency level and therefore the amount of support that was needed.

There was a separate folder that included a sheet to record the time and day of each call, the tasks that needed to be carried out during each call and which personal assistant would be visiting. We saw that one person's sheet had recently been amended to reflect their changing needs. This folder also included copies of spot checks, in-house reviews and local authority reviews that had taken place in respect of that person's care.

We noted that compatibility assessments were carried out when people started to receive a service. This enabled the registered manager to pair the person with the most suitable personal assistant. One person's compatibility assessment recorded, 'I would prefer a female carer with a good sense of humour who likes animals'. There was a list of staff who matched this criteria and details of when they had been introduced to the person concerned. We asked personal assistants how they got to know about people's specific needs and they told us they would look at care plans and any notes from care professionals or a previous care agency. They said they would also talk to the person and their family and friends.

We saw that personal assistants were required to ring the office twice when they arrived at the person's home and twice when they left (without the telephone being answered). These calls were checked continually in the agency office to ensure that personal assistants had arrived at the person's home at the agreed time. The registered manager acknowledged that this system would not work in a large agency, but it was working successfully with the small number of people they were supporting. The registered manager told us that there had never been a 'missed' call at the agency.

We saw the form that was used to record care plan reviews. The form defined the frequency of reviews, for example, 'a six monthly review to be carried out for a moderate to high intensity service'. We saw evidence of care plan reviews in the care records we checked.

The service user handbook included a copy of the complaints procedure along with a complaints form and a pre-addressed envelope ready for use, and three feedback forms. The feedback form recorded, 'Please give details of your feedback, good or bad, regarding the service you receive from York Personal Support'. People were also asked if they would like a visit from one of the managers to discuss their concerns, and if their feedback could be used during staff training sessions and on the agency's website and / or newsletter. On the day of the inspection we checked some returned feedback forms and saw that these were mainly positive. There was a record of how any concerns that had been raised had been dealt with.

We checked the compliments and complaints record book. In May 2016 the agency had received no complaints and six compliments. A care worker from another service had commented on how much a person had improved in appearance, health and personal attitude since they had received a service from York PA and Student Support. In June 2016 there had been one complaint and one compliment. The complainant had received an apology and details of the complaint and the investigation had been recorded.

Staff told us that, if someone complained to them, they would deal with the complaint themselves if it was minor and could easily be put right. They said they would discuss more serious situations with the registered manager and they may give advice to the personal assistant so they could rectify the situation, or the registered manager might need to take action. Staff told us that the registered manager often visited people who had expressed complaints or concerns so these could be discussed face to face. Personal assistants were confident the registered manager would listen to the person's complaint and would keep the personal assistant informed of events. One personal assistant added that they would share information of concern, even if the person asked them not to, if it was a situation that created a risk of harm.

A satisfaction survey was distributed to people who used the service. Topics covered included discrimination, equipment safety, medication, privacy and dignity, decision making, independence, complaints, confidentiality, health needs, and food and drink. The survey could be returned anonymously. In addition to this, we saw that there was a form designed to record telephone satisfaction surveys. We saw that people were given the opportunity to say if they felt any changes needed to be made to their care plan, and if there were aspects of their care they were particularly happy or unhappy about.

This meant that people who used the service had various ways of sharing their views with the registered manager.

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. At the time of this inspection the manager was registered with the Care Quality Commission (CQC), meaning the registered provider was complying with the conditions of their registration. The registered manager was also one of the directors of the company.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. This meant we could check that appropriate action had been taken.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely.

Personal assistants told us that the registered manager was an "Excellent manager." Their comments included, "They go 'over and above'", "They are totally supportive – I am proud to work for them", "They are lovely people", "[The registered manager] knows the service users and the job so she understands it can be stressful – she is very supportive" and "They are very fair – there are no favourites."

We asked the registered manager about the culture of the service. She described it as open, fair and non-judgemental. She said, "We aim to provide a good quality service and to respond to changing needs quickly." Personal assistants described the culture of the service as, "Very reliable and accommodating", "I would recommend the agency", "Easy to approach" and "Managers are 'hands on' along with the staff." A personal assistant told us that she had helped write the most recent job advert. She said she really believed that York PA and Student Support was 'different' to other domiciliary care agencies in respect of the individually tailored service they offered.

Spot checks were carried out by one of the managers. One was at the time of the annual review, when the manager checked daily recording and the records of the time the personal assistant arrived at and left the person's home. Another spot check was carried out to monitor the effectiveness of staff whilst at the person's home, and to monitor the interaction between the person and their personal assistant. The registered manager told us that people who used the service were told "We might pop in sometime this week" so that they were aware a visit might take place. A spot check frequency risk analysis determined how often spot checks would take place.

We saw a copy of the quality assurance audit that had been carried out in January 2016. This looked at service user contracts, complaints, risk assessments, accidents and incidents, care plans, medication and personnel records. The audit was scored to measure the level of compliance, and included an action plan to record any shortfalls and when these had been completed. For example, it had been identified that employment references should be checked for authenticity. We saw that this resulted in emails being sent to

referees to check that references were valid, and copies of these emails had been retained.

The registered manager told us that people were supported by the same personal assistant or team of personal assistants to ensure they received a consistent service. This was confirmed by a care manager who we spoke with. They said, "Consistency was important in this case – and they provided it. That's why I approached this small agency. I would use them again." A relative told us that their family member's personal assistant was due to change. They said that the new personal assistant would be introduced to their family member before they started to support them so there was an effective transfer from one personal assistant to another. They told us, "I am very happy with the service."

The registered manager told us that they carried out staff surveys every six months. We saw the summary of the survey that had been carried out in April 2016. This recorded an overall score for each question plus an action plan. Questions included the topics of training, abuse, person-centred approach, raising concerns, open access to the manager, dignity and independence, medication training and being informed about changes. One action recorded was that a separate complaints procedure should be developed to be given to each person who used the service along with their handbook. We saw that this had been actioned. This showed that suggestions from staff had been listed to and acted on.

Personal assistants also attended staff meetings; they told us these were held every three to four months, but more frequently if needed. They said that meetings were a 'two-way' process where they could express concerns and make suggestions, and where they discussed any concerns about people who used the service. Personal assistants told us that they spoke with the registered manager on a weekly basis to share information about people who used the service, to make sure everyone involved in the person's care had up to date information.

Five surveys had been distributed to health and social care professionals and one had been returned. This included very positive feedback about the service people received.

Personal assistants told us that if they ever received negative feedback, this was discussed amongst the staff group to decide what improvements were needed, and that the person concerned (if the comments were not anonymous) would be given feedback to tell them how things were being put right. If the concern had been about an accident or incident, they would look at how this could have been prevented. This meant the service and staff were always looking for ways to improve the standard of care delivered.