

Choices Housing Association Limited

Choices Housing Association

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

We inspected the service on 17 November 2016 and the visit was announced. We gave 48 hours' notice of our inspection because we needed to be sure somebody would be available.

Choices Housing Association provides personal care and support for people in their own homes and for those living in supported living schemes or extra care housing. Supported living schemes enable people to be independent with support arranged to meet people's individual requirements. Extra care schemes enable people to live in their own flats or apartments with support available on site should they require it. At the time of our inspection 102 people were receiving personal care and support.

There was a registered manager in place. It is a requirement that the service has a registered manager. 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.

People felt safe with the support offered from staff. Staff understood their responsibilities to protect them from abuse and avoidable harm. Risks to people's health and well-being were assessed to give staff guidance about how to support people to reduce the likelihood of harm. Where an accident or incident did occur, the provider took action to prevent reoccurrences wherever possible. The provider had plans in place to support people to remain safe during emergencies such as a fire.

People and their relatives were satisfied with the number of staff available to offer them care and support. The number of staff the provider employed was enough to provide the care that was planned for each person. Prospective staff were suitably checked before they worked for the provider so that people were protected from those who should not work in the caring profession.

Where people required support to take their prescribed medicines, this was undertaken in a safe way by staff who had received guidance. Staff knew what to do should a mistake occur when assisting people with their medicines.

People received support from staff who had the necessary skills and knowledge. Staff received regular guidance and training relevant to their role. For example, staff received training in epilepsy. People's food and drink was monitored where this was required to make sure they had enough. Staff knew people's food and drink preferences. People had access to healthcare services to promote their well-being.

People were asked for their consent when care and support was offered and were supported to make decisions in line with the Mental Capacity Act 2005. Staff understood their responsibilities under the Act including what might constitute restrictions to people's freedom.

People received support from staff who showed kindness. Their privacy and dignity was protected when receiving care and support. Staff knew the people they offered support to and they were supported to be as independent as they wanted to be. For example, staff encouraged people to do as much for themselves as they could.

People were involved and contributed to the planning and review of their support so that this was centred on them as individuals. The provider told us they were looking to improve the regularity of reviews of people's support to check that people's care and support continued to meet their requirements. Where people required additional support to make decisions, advocacy support had been made available to them.

People mostly received care and support from regular staff and at agreed times. The provider was reminding staff to contact people if they were running late. This was identified as an area of improvement when people had offered their feedback to the provider. Staff knew the people they were supporting including their preferences and routines that were important to them.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that had been made available to people. The provider took action when a complaint had been made.

People felt that the service was well-led. Staff felt supported and received good support from the registered manager. People, relatives and staff had opportunities to give feedback about the quality of the service. For example, questionnaires were sent to people and staff attended meetings with a manager. Where suggestions were received, the provider took action.

The provider had aims and objectives for the service that were known by staff. This included placing people at the centre of their care and support. Staff understood their responsibilities including reporting the poor practice of their colleagues should they have needed to.

The registered manager was aware of their registration responsibilities including notifying CQC of significant incidents that occurred. The provider checked the quality of the service. For example, checks of people's care records took place as well as on the health and safety of the care and support provided. The provider took action where required.

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.

People were protected from abuse and avoidable harm by staff who knew about their responsibilities for supporting them to remain safe. Risks to people's health and well-being were assessed to reduce the likelihood of an accident or incident occurring.

The provider followed their recruitment processes to check the suitability of prospective staff.

Where people received support to manage their medicines, this was undertaken safely by staff.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had received training and guidance.

People were asked for their consent when care and support was offered and were supported to make decisions in line with the Mental Capacity Act 2005. Staff knew about their responsibilities under the Act.

People received support where this was required to make sure they had enough to eat. People had support to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness from staff and their privacy and dignity was respected when receiving care and support.

Staff knew the people they were supporting including their backgrounds.

People were supported to remain as independent as they

wanted to be.

People were involved in decisions about their care and they received additional support to do this where required.

Is the service responsive?

Good ●

The service was responsive.

People were mostly satisfied that they received their care and support from regular staff and at the times they required it. The provider was taking action to improve communication to people when staff were running late.

People contributed to the planning and review of their care and received support based on their preferences.

People and their relatives knew how to make a complaint and the provider took action when one was received.

Is the service well-led?

Good ●

The service was well led.

Staff received good support and knew their responsibilities.

People, relatives and staff had opportunities to offer feedback to the provider.

The registered manager was aware of their responsibilities and the provider had checks in place to monitor the quality of the service.

Choices Housing Association

Detailed findings

Background to this inspection

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

The inspection visit took place on 17 November 2016 and was announced. We gave the registered manager 48 hours' notice of our visit because the service is spread over a large area and we needed to be sure they would be in. The inspection team included two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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. We also reviewed the information that we held about the service to inform and plan our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law.

We spoke with one person who was visiting the provider's office, we visited an extra care scheme to speak with two other people and spoke with another three over the telephone. We spoke with the relatives of two other people during telephone calls. We also spoke with the registered manager, a service manager and two staff who coordinated people's care and support. We spoke with seven support staff either face to face during our visit or over the telephone the following day.

We looked at the care records of ten people who used the service. We also looked at other records in relation to the running of the service. These included staffing rotas, health and safety procedures and quality

checks that the provider had undertaken. We looked at two staff files to check they were safely recruited and to look at the support and guidance they received.

We asked the registered manager to submit documentation to us after our visit. This was in relation to the provider's policies for safeguarding people and documentation about checks they undertook on the quality of the service. They submitted these to us in the timescale agreed.

Is the service safe?

Our findings

People told us they felt safe with the support they received. One person said, "I feel safe, oh yes." Other people told us that staff provided their support in safe ways and that they had no concerns. Staff described how they supported people to feel safe. One told us, "I try to ensure people are safe when I support them. I make sure they are comfortable. I explain the care routine and help them feel relaxed. For example, I say 'Do you want to sit down whilst I make you a cup of tea' before I start."

People were protected from abuse and avoidable harm by staff members that knew their responsibilities. The provider had procedures to support people to remain safe that staff knew about. One staff member said that they knew to report any concerns to the registered manager. They told us, "I'd get in touch with the manager, there are no problems with that." A service manager told us about how they supported people to remain safe. They said, "We do checks on people. There's an alert system that we ask people to use. It's so that we know they are okay every day even though we may not see them as they don't need us. If we don't get the message every day we go and make sure they are okay." Staff members could explain the different types of abuse and signs that someone could be at risk. We saw that the registered manager took action where there were concerns about a person's safety. This included contacting the local authority to investigate further where this was necessary. In these ways people were protected from abuse and avoidable harm by staff who knew what action to take should it be necessary.

Risks to people's health and well-being were assessed to support them to remain safe. We saw that the provider had completed risk assessments that contained guidance for staff to follow. These instructions helped staff to reduce risks wherever possible. We saw risk assessments in the areas of people's medicines, their homes and for when they required assistance to move using equipment. We saw that people were involved in assessing their own risks in order to make decisions about how to maintain their own safety. For example, one person requested to have bed rails on their bed as this helped them to feel safe.

Other risks to people's well-being were assessed. We saw that the provider had guidance for staff if they could not gain access to someone's home. This informed staff of the correct action to take if they were concerned for a person's safety. We also saw that the provider had considered the risk people faced of discrimination. A service manager told us "We're putting on training for friends and family. In extra care schemes different types of people live there and some visitors are not always accepting of everyone. We're trying to help this to get better."

Staff knew what action to take should an accident or incident occur. One staff member told us, "Someone was in the restaurant [extra care scheme] slurring their words. We phoned for an ambulance straight away." The provider took action following accidents or incidents to prevent a reoccurrence wherever possible. We saw that the registered manager reviewed incident and accident forms and made further enquiries where necessary to understand what had occurred. We also saw that guidance had been sought from healthcare specialists where this was required. This meant that people could be confident that they would receive the right support if they were involved in an accident or incident.

The provider had plans in place to help people to remain safe should an emergency occur, such as a fire. These plans were known by staff and included arrangements for people to evacuate their homes safely should they have needed to. The provider also had plans to gain additional staffing if required. This meant that the provider had considered people's safety should an incident have occurred.

People felt there were a sufficient number of staff to provide their care and support. Relatives agreed and one told us, "Generally speaking yes there are. Occasionally other staff [non-regular] have to come. I consider the staff level adequate." Staff members also felt the staffing numbers were suitable. One told us, "There's' enough staff to meet people's hours [as agreed]." We looked at the staffing rota and found that the timings of calls corresponded to people's planned care. This meant that there were sufficient numbers of staff to meet people's care and support requirements.

People received support from staff who were suitably checked before they started working for the provider. We saw that the provider had a recruitment procedure that was followed. The process included obtaining feedback from prospective staff's previous employers, checking right to work documentation and undertaking a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff records confirmed that these checks had consistently taken place when new staff joined the organisation.

Most people using the service managed their own medicines. We saw that risks assessments were undertaken by the provider to make sure people did this safely. One person told us, "I do my own medicines. They will ask me if I've taken it." Where people required assistance with their medicines, staff members had documented in their support plans the level of assistance required as well as their preferences for taking it. This was accompanied by a consent form from the person stating that they were happy for staff to offer such assistance.

Staff knew their responsibilities for handling people's prescribed medicines safely. This was because the provider had made available to them a policy on the safe handling of medicines. This included the safe storage of medicines as well as what staff should do should they make an error. One staff member told us, "I once gave one person's medicines at the wrong time. I spoke to the on-call [at Choices Housing Association]. They dealt with it well and I learnt from it. I phoned the chemist at the time to make sure the person would be okay." We saw that staff were trained in the administration of medicines and had their competency checked in the last 12 months to make sure they continued to handle them safely. In these ways staff knew their responsibilities including what to do should something go wrong with the administration of people's medicines.

Is the service effective?

Our findings

Staff received an induction when they started working for the provider so that they knew what was expected of them. One staff member told us, "Two staff helped me. We went through people's schedules. The service users, what their needs are and I was able to ask for advice about people's needs." Another said, "I was offered the Care Certificate and have completed it already. They allocate you a mentor. It's really thorough." The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. Staff records confirmed that staff received an induction and new staff were completing the Care Certificate.

People told us that they received care and support from staff members who had the required skills and knowledge. One person told us, "Yes they know what they are doing. They have training every now and then." Staff members told us they were very satisfied with the training offered to them. One said, "The training is brilliant here. They do all the checks." Another told us how the provider was flexible with the training based on the different types of support offered to people. They said, "The training was adapted to our needs for extra care housing support as it's different for providing care for supported living which Choices also do." Another told us, "The training is both theory and practice. It included practical training about sensory deprivation. I know now what it feels like to be hoisted or to have limited mobility". We saw that staff received training in topic areas such as safeguarding people from abuse, health and safety and first aid. We saw that the provider had plans to refresh the knowledge of staff periodically as well as offering training to staff based on people's support requirements. For example, we saw training in dementia awareness for people living with this condition. This meant that staff received up to date guidance in relevant areas when supporting people.

Staff members received regular guidance and support when undertaking their work to make sure they were meeting people's support requirements. One staff member told us, "Supervisions are about every three months. They are good and help you to identify areas for improvements and training. It's a really good opportunity to talk about things." Supervisions are meetings that staff have with a manager to receive guidance and feedback on their work. Another staff member told us, "I had a meeting after starting work. It was fine. They asked me if I was enjoying my work. They also come out to check I know what I should." We saw that staff were checked for their competency when offering support to people. These checks included testing the knowledge of staff and how they promoted people's dignity. We saw that the provider had specialists working within the organisation that staff could approach for guidance and support where this was required. A staff member told us, "With Choices there are lots of specialists for example, dementia champions. It's all really helpful when you need advice." In these ways staff had guidance and support available to them on how to provide good support to people.

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. We checked whether the provider was working within the principles of the MCA and found that it

was.

People confirmed they were always asked for their consent by staff to carry out the care and support they required. We saw that the daily recording of people's care and support had a space for staff to confirm that consent was sought before they undertook any task. This meant that people's right to choose whether to receive care and support was upheld.

Staff members understood the requirements of the MCA because they had received training and guidance from the provider. The registered manager told us that everyone had the capacity to make decisions for themselves and staff confirmed this. One staff member told us, "All have the capacity to make choices. I communicate with people and I give them choices. One person has limited verbal communication but I give them time and they will answer using one word." Although the provider currently did not need to assess people's understanding of decisions, staff members knew when they might be required. One staff member told us, "Mental capacity assessments are used when people might not be able to make decisions for themselves. Families can help and staff can make decisions for them." In these ways staff knew their responsibilities to support people to make decisions for themselves wherever possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications must be made to the Court of Protection if the provider was seeking to deprive people of their liberty. The registered manager told us that no one was currently deprived of their liberty and therefore no applications were necessary. Staff knew when an application might be required. One staff member told us, "It's about when you deprive a person of what they might want. For example, if we shut and lock the door or have bed rails in place. They might be reasons for it."

Most people using the service prepared their own meals and drinks. One person told us how they received support to access places that they enjoyed to take some of their meals. They said, "I'm going to the café for my breakfast. He [staff member] helps me." The staff member supporting the person was able to describe the types of food the person enjoyed. We read in people's support plans information about their likes and dislikes for staff to be guided by where people required support to prepare meals. We also saw that where there were concerns about a person's eating and drinking, what they had eaten and drank was recorded so that staff could be sure they had a sufficient amount. This meant that where people received support with eating and drinking, staff knew about their preferences and support requirements.

People were supported to maintain good health. One person told us, "They know if I need a doctor and make an appointment and come with me." We saw that staff members had recorded in people's care records when they had seen their doctor or other healthcare professional such as a chiropodist. Staff had also recorded where there were changes to people's health and well-being so that all staff supporting the person would know how best to support them. We saw that people's support plans contained up to date contact details of their relatives, doctor or other involved health care professionals so that staff were able to contact them where necessary. This meant that people's health and well-being was promoted.

Is the service caring?

Our findings

All of the people we spoke with told us that staff offered their care and support in ways that were kind and compassionate. One person said, "They are very, very good. They are really kind." Relatives commented, "The carers are lovely and cheer my wife up" and, "They are kind, considerate and thoughtful." We saw that the provider had received many compliments about the service offered including praise for the caring approach of staff. During our visit we saw staff speak with people in a kind manner, making sure they gave people the time they needed to communicate.

People and their relatives were confident that staff respected their dignity. One person told us, "They respect my dignity. They let me do everything that I can for myself when having a wash." Staff members told us how they maintained people's dignity. One said, "I use a towel to cover their dignity when I provide personal care. I ask visitors to leave the room, unless the person wants them there." We saw staff knocking on people's doors before entering and spoke to people using their preferred names. We saw in people's support plans that their dignity had been considered. For example, some people required extra time to enable their communication to be understood. Staff had guidance on how to do this to make sure that the person was listened to. This meant that staff protected people's dignity when offering their support.

Staff knew about the people they were supporting. They described how some people preferred their care delivered in specific ways and knew about their likes and dislikes. People confirmed this. One person told us, "I explain to anyone new and regulars already know." We read in people's support plans information for staff about people including their life histories that staff could describe. These included details about where people used to live and significant others from their past. Staff told us how they got to know people. One said, "I speak to colleagues to get to know people's preferences or the person themselves. There are the support plans too with information for us." Another said, "I read the support plans of all the people on my rota before I go out. The plans are really useful and help me understand people's needs." In these ways staff were knowledgeable about the people they supported and what was important to them.

People were involved in the planning of their care. People told us that their support plans were written in consultation with them. One person told us, "Yes it's over there [in bedroom]. They talk to me about it and if there are changes. It's all fine. I'm happy with it." A staff member described how they offered choices to the people they supported. This included different places for them to visit that people would then choose for themselves. Where people required additional support to make decisions, advocacy services were available to them. An advocate is a trained professional who can support people to speak up for themselves. The registered manager described how one person was supported to have an advocate to make choices about their family life. In these ways people were supported to receive care and support that was based on their decisions.

People were supported to maintain their skills where this was important to them. One person told us, "He [staff member] helps if needed but it's just prompting. I do things for myself." A staff member described how they supported people's independence and said, "I know what they can do and cannot do. They tell me their routines and I stick to them but I make sure I encourage people to do as much for themselves as they are

able to and want to." We saw that people's support plans detailed things that people could do for themselves and what they needed support with. One person's care plan stated, 'Prompting with a shower and washing of their back.' In these ways people received support from staff to retain their skills.

People's sensitive information was handled safely to protect their privacy. We saw that the provider had confidentiality procedures in place that staff knew about and were following. We saw that people's care records were stored securely in locked offices with access only to authorised staff members. We heard staff talk about people in private so that conversations were not overheard by others. When we telephoned staff for their feedback about the service they questioned who we were and why we required the information. This meant that people's privacy was protected by a provider who had suitable procedures and by staff who followed them.

Is the service responsive?

Our findings

People were mainly satisfied with the regularity and punctuality of staff who provided their care and support. They told us that they usually received their support at the times that were agreed. One person told us, "No complaints, they send the carers I like. They are okay. They are timely and I have a small selection of carers. They always send familiar faces. It's very rare that they fail to do that." Another said, "Oh yes they have asked me about the times for the visits and they are regular." Other people felt that sometimes communication was not as good as they felt it could be when changes occurred to the timings of their care and support or to the staff member providing it. One person told us, "They sometimes alter the time or person without letting me know in advance. Just occasionally it does not happen. A relative said that they did not always, "Know who is coming. They do not notify me of a delay." The registered manager told us that through their own feedback received from people, they found that their communication was not always as effective as it could be. They told us that they were reminding all staff to phone people should there be changes to the staff providing the care and support or if they were running late. We looked at a report that the provider maintained on the punctuality of staff. We saw that staff arrived 98 per cent of the time within 30 minutes of people's planned care or support call.

People received support based on their preferences and support requirements. One person told us, "If I want them I can call them. I have a pendant and when I press it I don't have to wait." A staff member commented, "It's not about what I want him to do, it's what he wants." Another said, "People have preferences and we can meet them." We saw that when the provider recruited new staff consideration was given about the preferences and interests of people receiving care and support. This included specific hobbies and interests that prospective staff should have that matched those of people. We saw in people's support plans that staff were matched so that people received support from staff that had shared interests or similar qualities. This meant that the provider responded to people's specific requirements.

People contributed to the planning of their care and support. People told us that staff members had discussions with them about their support requirements and preferences. This included their preference for the gender of the staff member offering them care and support. We saw that people had support plans that they had signed to state their agreement with the planned support. We found these to be focused on them as individuals as we saw that they were written based on people's preferences and routines that were important to them. We read about people's likes and dislikes including their preference to spend time with others rather than on their own and specific activities that people enjoyed. We also read about what would make a good day for a person and what would make a bad day. Staff told us that this information was used so that people received care and support in ways that were important to them. This meant that people received support based on their individual preferences and support requirements.

People's care requirements were reviewed. People and their relatives confirmed they were involved in the review of their care and support and that changes were discussed with them. One relative said, "Yes they do. They are absolutely excellent." A staff member told us, "We do have regular reviews and we've involved the falls team where necessary following a meeting." We saw that people had a review of their care and support requirements in the last twelve months. We saw that reviews included what was working and what was not

and included plans to make improvements where this was identified. For example, improving the regularity of staff members providing one person's care. The provider told us that their 12 week review process did not always happen on time which they had identified in their own checks on the timings of these meetings. We saw that the provider was taking action which included reminders to staff about whose review was due. A staff member commented, "We are in the process of reviewing people's support plans. We could be better at it. A recent internal audit highlighted the issue." We found that people were satisfied with the care and support they received and they told us it matched their requirements.

Where staff provided support to people to take part in activities, people were satisfied. One person told us, "I go to the local café, play pool, go to places I like." Another said, "I don't join many but they are available if I want them. There's sometimes a singer or bingo on." A staff member commented, "We have lots of fun opportunities. We have fetes and bingo for example that people seem to enjoy."

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I'd go and see [staff member's name] if I was worried. They listen well." A relative said, "Yes I have a little leaflet about how to make a complaint." We saw that the provider's complaints procedure was displayed in the reception of the main office that people sometimes visited. People also had information on how to make a complaint made available to them in literature they received when they started using the service. Where a complaint was made, the provider took action. One relative told us that they had previous concerns about their family member's support plan and said, "The supervisor was brilliant and the support plan was changed immediately."

Is the service well-led?

Our findings

People told us that they felt the service was well-led. One person said, "In general the company is very good." Most people knew who the registered manager was and told us they could contact them if required. A relative commented positively about the provider and told us, "Communication is really good generally. I feel assured that we can talk and sort things out." Another said, "The manager is very approachable."

Staff spoke positively about the support they received and about the registered manager. One told us, "I've worked here for a long time and they have been very good with me. They are honest, it works well." Another said, "The manager is amazing. She's superwoman. There is always someone there 24 hours a day seven days a week. She does everything." Staff members told us they were able to offer suggestions for improvement to the provider and that when they did, action was taken. One told us, "They do listen to suggestions we have. We are finding it hard to recruit. We suggested they write the exact hours and shift patterns new staff would work and the provider now adds it when recruiting which we hope will help." Staff told us how they were paid for their travel time between people's homes which they told us showed that the provider supported them well. We saw that the provider had achieved a gold star Investors in People (IIP) award. This is the highest IIP accreditation that organisations can achieve and recognises the good support that they provide to their staff.

Staff knew their responsibilities because they met regularly with a manager to discuss their progress and areas for improvement. These meetings checked their values as well as checking that they understood what was expected of them. We also saw that staff meetings occurred and covered topic areas such as reminding staff of their responsibilities and checking that staff knew what to do if they had concerns about a person using the service. We saw that the registered manager took action where the performance of staff was not satisfactory and they offered additional training to help them make the required improvements. This meant that there were opportunities available for staff members to reflect on their practice to improve the care and support offered to people.

We saw that the provider had made available to staff policies and procedures. The registered manager told us that these were emailed to staff which they confirmed when we spoke with them. Staff demonstrated a good awareness of the policies they needed to know about when undertaking their work. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have had concerns. One staff member told us, "I can talk to someone anonymously. I'd go to the manager if needed. I'm confident they would deal with it." Another said, "I can go to the head of the organisation. I can also go to the Care Quality Commission [CQC] if it's about management or systems. There's a booklet to refer to that we were given."

The provider had aims and objectives for the service that they strove to achieve. For example, we read that the service sought to put people at the centre of their care and to support their independence. These had been shared with people using the service. Staff knew about the goals of the service. One staff member told us, "To promote independence and we are there when they need it." Another said, "It's about satisfaction and to make sure that people get the care they need. It's doing what they ask." This meant that staff worked

towards a shared vision for the service.

The provider had made available to people and their relatives opportunities to give feedback about the quality of the service. People told us that questionnaires had been sent to them in the last 12 months. We read many positive comments about the practice of staff and people feeling safe with the support they received. Where areas for improvement were suggested, the provider had action plans to make sure that they addressed them. For example, some feedback included people not always being informed of the outcome when they made a complaint. The provider had documented within their action plan that they would write a procedure to make sure this occurred. We asked the registered manager how people were told about the findings of the submitted questionnaires. They told us that people were told verbally but this was something they would look to improve by means of inclusion in their newsletters that were sent to people routinely. People also had opportunities to attend meetings that the provider arranged. Topic areas covered included asking people for their feedback on the service they received and changes to staffing. This meant that the provider listened to feedback they received and were open to making improvements should they be required.

The registered manager and provider were meeting their conditions of registration with CQC. Where significant incidents had occurred, the registered manager had sent notifications to CQC, as required by law, so that we could determine that appropriate action had been taken. This showed that the provider was open in its approach to sharing information about the service.

The provider carried out regular quality checks of the service to make sure that the care and support people received was of a high standard. We saw that all areas of care the provider delivered were checked including people's care records and their medicines. We saw that the provider had clear actions identified where changes were required to their practice to make improvements. We also saw that there were forums which the registered manager attended to feedback to the wider organisation on the delivery of care. They attended health and safety meetings as well as meetings in relation to infection control. We saw that these meetings looked at the reasons why events had occurred and took action to reduce future occurrences. For example, during a health and safety meeting the provider had highlighted that in order to reduce the number of falls people experienced they would include falls training into their induction programme for staff. This meant that the delivery of the support people received was reviewed.