Assisted Living South West Limited

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Inspection report

397b Topsham Road
Exeter
Devon
EX2 6HD

Tel: 01392691010

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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

Assisted Living South West Limited in Exeter provides personal care services for people pre-dominantly with learning difficulties living in their own homes within supported living schemes in East Devon. Most people received 24 hour care with a mixture of personal care and enabling support. The company was bought by Sovereign Capital Partners Investment Company in July 2015 and trades under the brand name Eden Futures. Eden Futures is one of the largest independent supported living businesses in the UK and aims to provide high-quality, person-centred care, support and enablement for people with disabilities and support needs. Their head office was in Tewkesbury. At the time of our inspection approximately 27 people were receiving a personal care service from Assisted living South west Limited. This service was registered by CQC on 30 January 2015 and has not been inspected previously at their new location.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Relatives told us, "Yes there is a care plan, it is reviewed annually. The management are good and always tell us if there are any changes" and "Yes, we have a copy of the care plan and we always have a review annually. We are always involved."

People and their relatives/advocates told us they liked the staff and found the care to be satisfactory. Most people were unable to tell us directly about their experiences due to their learning difficulty. Relative's comments included, "Staff are excellent. It's the personal touch between the service and the family. We are always made to feel welcome. You can tell [person's name] is happy, they look well and happy and for them it's their home" and "[Staff] are very caring and respectful. [Person's name]'s room is kept clean and spotless. I can't fault them at all."

People were supported to eat and drink in a way that met their needs and preferences. One relative said, "Fresh meals are cooked on the premises and [people] look well." Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There was a registered manager in post with overall responsibility as area manager with team leaders managing local areas day to day. A registered manager is a person who has registered with 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 and associated Regulations about how the service is run. The registered manager was accessible and approachable. Staff, people who

used the service and relatives/advocates felt able to speak with the registered manager and there were opportunities to provide regular feedback on the service. Relatives' comments included, "Staff and management are so good. We can talk to them and don't feel awkward about raising anything."

There were good systems in place to regularly monitor the quality of the service provided. For example, risk, medicines and accidents and incidents were well managed.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Risk assessments and plans were completed to ensure risks were identified and appropriate actions taken to keep people using the service and staff safe.

There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training, supervision and appraisals to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005 and ensured people's rights were upheld.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required to ensure people's health needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives/advocates told us they liked the staff

and found the care provided to be satisfactory.
Staff were respectful of people's privacy and dignity.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Personalised care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People and their relatives/advocates felt involved in their care planning, decision making and reviews.

People who used the service and their relatives/advocates felt the staff and the registered manager were approachable and there were regular opportunities to feedback about the service.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their team leader and the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Process were in place to regularly monitor the quality of the service provided and made sure people were happy with the service they received.

Assisted Living South West 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.

The inspection of Assisted living South West took place on 18 and 19 April 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We also needed to be sure that people using the service would be available. One inspector undertook the inspection over two days.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 information we received since the service was registered with CQC. This included notifications, incidents that the provider had sent us and how they had been managed appropriately.

During our inspection we went to the Assisted Living South West office in Exeter and spoke to the registered manager, the quality manager, two team leaders and the human resources manager. We reviewed the care records of six people that used the service, reviewed the records for three staff and records relating to the management of the service. We spoke to two care workers in the service. After the inspection visit we undertook phone calls to six relatives. We visited six people living within a supported living scheme in two homes each for four people who received a 24 hour service.

We also spoke with a health professional who worked with one person using the service with complex needs

and a social worker who was involved in the care provided to people who used the service.

Good

Is the service safe?

Our findings

People and their relatives/advocates told us they felt safe using the service. People told us they liked the staff and found the care to be satisfactory. Peoples' comments included, "I'm very happy, they look after me and I can do what I want and they keep me safe." Relatives' comments included, "'Yes, [person's name] is safe. There is good communication between the home and us, I feel comfortable with them and it's open communication, no formality", and "'oh yes, we have no complaints at all. We are made to feel like we can go and visit whenever we want to and there's no need for appointments. We are kept up to date all the time so we know [person's name] is safe."

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. There had been three recent safeguarding concerns. The service had addressed these appropriately and worked openly with health professionals to learn and achieve a good service for people. For example, in one case disciplinary action had been taken relating to one staff member to ensure people were safe.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, one risk assessment detailed how staff should be aware of early warning signs and cues that could pre-empt behaviour which could be challenging for staff. The individual behaviour management plan detailed clear instructions for staff about how to recognise cues and triggers and had been agreed with a specialist health professional. It detailed pro-active strategies for staff to use to reduce the likelihood of situations escalating and causing distress for the person and increasing risk of harm to them and others. The plan had been reviewed and was working as staff had recorded a decrease in these episodes.

Staff promoted people's independence and balanced risks which enabled people to do what they wanted to do in a safe way. For example, people were able to access the community with support, complete household tasks and carry out their own personal care with as minimal assistance as possible. Where assistance was required to keep people safe and ensure their health and personal care needs were met, staff knew how to manage the person's needs discreetly to ensure tasks were done using gentle prompts. For example, they knew people well and were able to communicate with them and manage situations such as health professional appointments to reduce behaviour which could be challenging.

Some people had clear routines they liked to follow and care plans detailed exactly what staff should do to follow a person's routine in the way they liked. One person, for example, liked an evening shower. If staff prompted them, they were able to prepare their items but needed gentle prompts to get in the shower and wash, with staff checking the water temperature and being nearby in case of a fall. There was a clear plan, for example, relating to a person's risk of seizures. This also included ensuring the person wore appropriate clothes for the weather and to minimise the risk of seizures, sat in the shower and had their emergency

medication available.

Risk relating to the premises had been considered and there were risk assessments relating to ensuring the premises were locked up at night for security for example. The company used information shared within Eden Futures. Recently, there had been a staff roadshow highlighting the risk of house fire so environmental risk assessments had been reviewed locally including people's personal emergency evacuation plans and staff had attended refresher training.

Staff were aware of the reporting process for any accidents or incidents that occurred and these were completed. For example, there were policies in place and staff knew what to do if someone had a seizure, fell, got lost when accessing the community or needed emergency medication. Appropriate action was recorded using the company policy, CQC were informed and care plan risk assessments were updated. For example, a recent incident had been well documented, shared with appropriate agencies and the priority had been to keep people using the service safe.

There were sufficient numbers of staff available to keep people safe. Staffing arrangements were determined by the number of people using the service and their needs. For example, two staff were always present in the house when one person had a shower in case they had a seizure. Staffing arrangements could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. There was on-going recruitment as the agency had plans to gradually expand. The intention was to concentrate the service on people requiring 24 hour care in supported living schemes in shared houses or individual accommodation.

Care workers had regular people they provided care for and the agency tried to ensure people received care from the care workers they liked best. People knew who would be caring for them and there was a good rapport between people receiving the service and staff who knew them well. This was particularly important as some people related better to care workers they knew well.

Suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. Applications were sent to the provider's recruitment office in Newark who filtered applications considered suitable to go forward for interview at the local office. Checks included the Disclosure and Barring Service (DBS) checks relating to criminal convictions. The recruitment office would analyse recruitment records, references, application form and interview notes and make the final decision to offer employment. Only those applicants who achieved a set number of points in interview were successful. Jobs were advertised locally under the trading name Eden Futures.

Where staff assisted people with medication this was managed well. Records were completed and all staff had received medication training and competency checks. This included supporting people with specific requirements such as how to use dossett boxes and drugs information and medication was stored in separate drawers for people. Regular spot checks were completed by senior staff which looked at medication records to monitor any issues such as gaps in recording. These were then followed up as necessary. For example, one spot check focussed on medication competency assessments to ensure staff were working to a safe standard.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Training records showed each staff member was either up to date with the provider's mandatory training topics or training sessions had been booked. A computer training matrix flagged up when staff were due training. Mandatory training included moving and handling, supporting with medication, conflict management, health and safety, first aid and equality, inclusion and partnership working. The company used in-house trainers with a mixture of e-learning refreshers and face to face sessions. There was also opportunity to complete more advanced training or training on relevant specific topics such as epilepsy, dementia and autism. The company had an in-house trainer specialising in autism who was also available for advice. The registered manager said, "The autism strategy summarises the commitment and ambition of Eden Futures to ensure we are 'getting it right' for those entrusted to our care whose lives are affected by autism."

Staff were able to undertake nationally recognised qualifications such as the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. There was a company assessor and staff were encouraged to complete the 'Care Certificate', a nationally recognised care qualification. This included competency checks to ensure staff continued to put learning into practice. Staff completed a Care Certificate where practices were observed in a work setting workbook. For example, partnership working was promoted to ensure staff worked closely with people using the service encouraging them to take part in their care and interacting with people to ensure their beliefs, culture, values and preferences were respected. Senior staff also had opportunity to complete further qualifications such as leadership and managing finances. Seven staff had also completed 'Star training' to use an evidence based tool for supporting and measuring change for people. This was linked to a training company and focussed on promoting people's independence in a range of outcomes such as mental health, how people spent their time, being safe and responsible and communicating. Staff worked with people to devise action plans and goals to work towards such as socially responsible behaviour and relationships.

New staff completed a corporate induction using a workbook which was signed off by their line manager and sent to the human resources department. This ensured managers could be confident that staff were competent to work effectively with vulnerable people. The induction included the company values, what to expect, roles and responsibilities and on site orientation and shadow shifts with more experienced staff. Staff also received a comprehensive employee handbook including this information to refer to.

Staff received regular supervision and appraisal from their line manager individually and in groups. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Group supervisions minutes showed a wide range of topics were discussed monthly including the staff employee forum. This enabled staff to raise any issues such as staffing or particular concerns about people using the service. If some staff received additional supervision due to an issue, actions were completed.

All staff completed medication training in preparation and administration of medication. There was a

practical medication competency observation assessment of three practical observations, knowledge and understanding of particular medication tests and written questions.

People using the service felt their care workers knew what they were doing. Comments included "I'm very happy, they do what I like" and "They look after me and make sure I am ok." Relative's comments included, "Yes they are really good at promoting people's independence. They make sure [person's name] goes to the hairdresser, sees the dentist regularly and the GP. They take them out to the shops and for a drive. They are quite good" and "They look after [person's name] well. They helped them go out shopping, they didn't use to like it before but staff bought them their own bag and basket and made it enjoyable for them." Relatives felt staff were doing the best they could for people. People all said that staff were good and encouraged and helped people a lot.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Staff were aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. At the time of our inspection no one using the service was deprived of their liberty other than if they wanted to leave the premises. Appropriate Deprivation of Liberty (DoLs) applications had been made and best interest discussions had been recorded appropriately to ensure people who lacked capacity were protected. For people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'. A staff roadshow had recently focussed on the MCA and DoLs explaining the Act and principles and explaining capacity and consent and what decisions required formal assessments. We saw one person, for example, had been involved in a best interest decision relating to how they wanted to spend their money. They had been able to purchase the items they wanted and re-decorate their room.

People were supported at mealtimes to access food and drink of their choice. Care plans stated what drinks and snacks people liked and how to present them. For example, one person liked to go out to a café for a hot drink and a cake, which they did. Staff supported people to buy their own shopping and prepare food they liked. One person was preparing to go out shopping during our visit and was supported to write a list and choose when they went. People were also able to help with preparing food with the care plan stating which tasks they could do independently such as mixing ingredients. Staff identified in care plans where people had specific nutritional needs such as diabetes or weight issues. These were discreetly managed and involved the person. Staff had received training in food hygiene and were aware of safe food handling practices.

Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and support their healthcare needs. People were up to date with annual health reviews, dental care and chiropody for example. Care plans detailed how people felt about visiting external health professionals. One person preferred visits at home and preferred a particular method of taking medication. One health professional said the staff had visited the person before they started the service to get to know them and now used a diary to communicate with the health professional so they could see how they were doing. When there was a health problem this was flagged up in a timely way and the service regularly updated the health professional by email and phone.

Good

Is the service caring?

Our findings

People who used the service were all happy with the staff and they got on well with them. People felt involved in their care decisions and were asked at the beginning of their care what and how they would like to be cared for. Whenever this was possible this is what happened. Most people were not able to comment directly on their experience due to their learning disability but they were able to say they were happy and the staff were, "lovely", "my friends" and "nice". One person said, "They ask me what I like and I can have it that way. I like knitting and colouring and look, I'm doing it."

Relatives all thought staff were good and very caring. They told us, "Yes, they are great. They take [person's name] riding and do arts and crafts sessions too. The staff are good'', "[Person's name] is always perfectly clean and well fed", "Staff are excellent. It's the personal touch between the service and the family. We are always made to feel welcome. [Person's name] is happy, looks well and for them it's their home." Another relative said, "Staff are very caring and respectful. Everything is kept clean and spotless", "It's a great thing the staff do" and "Staff take them out to do the things they want to. [Person's name] comes to visit us and after a few hours they are happy to go back again, their bag is all ready. [Person's name] doesn't speak but you can tell they are happy there."

People felt involved in their care and we saw staff focussing on what people wanted at the heart of providing support. For example, we were introduced to people and staff asked if people would like to speak with us, reassuring them about our visit. One relative said, "It's [the service] all about choice." Everyone described care workers with affection and respect telling us how much they felt people were treated well and affectionately. The care workers were equally fond of the people they supported and showed this by speaking warmly about them.

There were examples where staff had gone beyond the tasks set out on people's care plans to ensure people were happy. For example, staff explored new opportunities for people, had ensured a shower was promptly repaired which was important for one person and been sensitive when one person had a bereavement, allowing the person to talk and look at photos. Care plans were very person centred and reflected how people presented when we visited them. For example, we were able to engage with one person exactly how they wished, talk about things they liked and the person showed us things they were proud of. Their care plan detailed their routine and this was what they were doing. Staff kept popping in to them to offer hot drinks and had patient conversations at a pace that suited people. When people showed they did not want to do something this was respected, for example one person had showed they did not enjoy an activity and staff had been mindful to evaluate person's body language following activities.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Care plans re-iterated the importance of maintaining people's dignity, one plan stated, "I may not choose the right clothes so help me with this."

The agency currently provided services for younger people or those where end of life care discussion was

not appropriate but the team leader was currently sourcing this information from relatives.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Care plans showed exactly what people could do for themselves and instructed staff how to support people to be as independent as possible. For example, "[Person's name] needs assistance to dry their hair and will then take their flannel and towel back upstairs", "I will not initiate conversation but when approached I am happy to communicate, I enjoy a good joke" and "I can sometimes mumble so give me time to speak clearly." Care plans were regularly updated and reviewed. They were written with people and their relatives/advocates and all staff could contribute to the plans to ensure they were person centred.

Daily care records were meaningful and related to the tasks and showed staff were responsive to people's needs. For example, one person enjoyed baking cakes so this was included in their routine. Another person was having increasing problems with their mobility. Staff had contacted an occupational therapist and physiotherapist to access further specialist equipment to help them. One person liked to have a long time in the shower, staff said, "Well why not if they like it, they can." Where people had particular requests these were respected. One person liked their room a certain way and to tidy it when they wanted which was facilitated.

Staff attended reviews with external health and social care professionals. Care plans detailed regular health checks which were audited. Staff knew who was the next of kin and power of attorney so they could raise any concerns, increase funding for additional needs or obtain any items the person wanted or needed. The agency was responsive to people's preferences. For example, when one person had a close bereavement the team leader ensured the person's favourite staff member was available to accompany them to the funeral. A health professional said, "The staff are wonderful, they keep a close eye on people to make sure they are happy. I don't have to worry about them, they are in good hands."

Where people used community healthcare there was a close relationship with agency staff. People using the service had a 'Hospital Passports'. This detailed things that were important for health professionals to know about each person. One team leader said they had a good relationship with other services. For example, they found the learning disability nurse at the local hospital 'brilliant' and supportive. When the agency used other agency staff to cover staff sickness or absences they chose a particular agency to ensure consistency for people receiving the service. They recognised it was important for some people not to receive care from people they had not met or did not know them well.

People and their relatives/advocates were aware of the formal complaint procedure, available in easy read format. They knew the team leader and registered manager and office staff and felt comfortable ringing them if they had any concerns. One issue had been resolved with external health professionals and the relative had said they were much happier. Generally people and their relatives/advocates had no complaints. They said, "I have no complaints or concerns", "It's an absolutely marvellous service", "Yes, I

would recommend it" and "'No complaints, it's good, the staff are doing a good job".

Satisfaction questionnaires were available to obtain feedback from people who used the service and their relatives/advocates and actions were taken and recorded.

Good

Is the service well-led?

Our findings

People using the service, relatives/advocates and staff spoke very highly of the agency. Everyone said they would strongly recommend Assisted Living South West as being efficient, caring and good employers. Staff put people at the heart of their work, staff were passionate about what they did, able to go that extra mile and were supported and enjoyed their jobs. Staff said there had been positive changes since the company was taken over by Eden Futures, such as robust processes and manager support. One staff member said, "With all the structure changes nationally it has been brilliant. You have the support of a corporate structure with a local feel." One team leader in particular was clearly passionate about their work and spoke about people in a person centred, caring and positive way. This was reflected in how their staff cared for people. Staff said of the team leader, "We are very lucky we have great management."

Staff felt valued and supported by the agency. Regular staff personal development reviews and team meetings outlined positive experiences and any difficulties for staff. For example, one care worker was praised for facilitating one person using the service to access an activity they liked, achieving a new qualification and gaining a senior position. They were supported through difficult experiences such as the death of someone at the service and changes in working arrangements. An employee of the month award further encouraged staff so they felt valued and recognised for good work. CQC expectations were also included in review discussions to ensure staff knew what was expected of them. Each agency within the Eden Futures group nationally were able to feed into the Eden Engagement Group which was made up of representatives from all the employee forums across the country and met every three months. The forum was included at each monthly group supervision locally and staff could raise issues to go forward to the national group and 'have their say'. A further staff survey in 2016 would check how this was working. For example, strategies were in place to improve employee wellbeing, opportunities for length of service awards and monthly team 'roundups' had been started to inform staff of what was going on in the rest of the organisation.

The registered manager was open and transparent. They promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. They said, "It's important to make staff feel valued and supported. We address issues and then move on. We encourage staff to use the forum and express their views. We share information across the company and nationally throughout the service to ensure there is learning. We don't have a problem sharing any negative experiences or mistakes. We can all learn to improve the service." For example, one incident had been shared from another service and changes were made to processes nationally.

Eden Futures is a national brand and all systems and documents stem from the head office. There was a clear management structure, with the Assisted Living South West registered manager supported by the regional operations director for Eden Futures (West). For example, they had supported the registered manager during a recent safeguarding concern. There was a quality team, behaviour assistant, training team, health and safety officers, autism specialist, clinical leads, complex care and development team and a human resources department as well as property, IT, finance and marketing teams.

There were regular managers' conferences nationally. These focussed on visions and values, new strategies such as the autism strategy, employee awards and CQC standards. Conferences included and open question and answer sessions and all content was shared within the company. Executive team meetings were shared with managers. This included learning from other service CQC inspections, safeguarding outcomes, incidents and risk. Training was then sourced to address any issues. There was a monthly team 'round-up' from the chief executive with news from around the company. This also presented findings from area audits. For example, one 'round-up' had presented outcomes on CQC key lines of enquiry (KLOEs) audits, health and safety, fire drills and personal emergency evacuation plans. They also included topics to include in local team meetings such as scenarios about dignity and respect to discuss in teams.

Quarterly roadshows for all managers and deputy managers were held. As a result of a 'round up', one roadshow highlighted the MCA and another health and safety due to a house fire in another locality. Managers also met monthly for operations meetings to share and discuss information. For example, another service did not do well in food quality which prompted a check in other services. This all showed that the company widely shared information to promote good quality and learning. A team leader said, "Without a doubt things are very positive here."

The Exeter agency was regularly visited by a quality manager from head office who we met. There were comprehensive audit checks using an online tool (ERIC). This recorded all incidents in each locality such as complaints, safeguarding and complaints and fed into the national system. For example, the health and safety managers were able to look at trends and take action bringing the information to the integrated governance meetings. The quality manager said, "It's important to recognise, act and learn from our findings. We are trying to embed CQC into what we do. Such as asking staff, how do we keep people safe? And encouraging them to think of examples. When you see staff absorbing knowledge, it's lovely. I genuinely see how good systems capture information and keep people safe."

People were given various opportunities to comment on their care in person with their relatives/advocates. There was an annual quality assurance audit survey in an easy read format. The company had a named separate email for people's response which could also be anonymous. They gave out stamped addressed envelopes to encourage a response. This showed the agency welcomed and valued feedback and took actions to continually improve the service for people.