

Premium Care Solutions Limited

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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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 29 June, 2, 3, 4 and 5 July 2018 and was announced. The service was rated overall 'Good' in October 2016 when we inspected under a previous registration. The provider relocated to a new head office address in May 2017 and this was the first inspection under their new registration.

Premium Care Solutions is a domiciliary care agency providing personal care to adults, younger adults, children, and people with physical and mental disabilities, living in the community throughout the United Kingdom. The service can also provide specialist short term placement care in the heart of Northamptonshire for people with complex needs including ventilation dependency, spinal cord injury, brain injury and tetraplegia.

Not everyone using Premium Care Solutions receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection it was confirmed 19 people using the service received 'personal care'.

A registered manager was in post. 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.

The registered manager and the provider were fully aware of their legal responsibilities and committed to providing excellent leadership and support to staff. The vision and values of the service in providing high quality person centred care was central to the ethos of the service. People received care and support from a staff team that were inspired and had a positive sense of direction and strong leadership to give people an enhanced quality of life. There was a strong focus on inclusion, positive risk taking, promoting independence and empowerment. The well-being of people was at the heart of everything the service did.

The quality assurance systems were effectively used to monitor and assess the quality of the service to drive continuous improvement. The provider worked in partnership with other healthcare professionals and external agencies to continuously provide a service that was based on best practice.

Staff went the 'extra mile' to ensure people lived as fulfilled and enriched lives as possible. The staff respected people's individuality and enabled people to express their wishes and make choices for themselves. Positive therapeutic relationships had been developed and staff were proud of the support they provided to people and the positive outcomes this achieved for people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service fully supported this practice. People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to

report any concerns of abuse. Risks to people's safety were fully assessed to ensure they were effectively managed whilst also promoting independence.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received continuous coordinated care and support.

People were protected by safe recruitment procedures to ensure staff were suitable to work in care services. People were included in the staff recruitment and selection process and their care and support was delivered by hand-picked care workers. Staff received in-depth training for their role and received ongoing support and supervision to work effectively.

The registered manager and staff understood the importance of working in accordance with the principles of the Mental Capacity Act, 2005 (MCA) and people's consent was gained before staff provided people with their care and support needs.

People were fully involved in all aspects of their care and bespoke complex care packages were designed around individual needs, goals and aspirations. The support plans were very detailed and gave information about people's wishes, their preferences, daily routines and diverse needs. Staff worked very closely with people and relatives staff to ensure people were supported to experience a high quality of life.

People and their relatives were extremely pleased with the staff who provided their care and support and positive trusting relationships had developed. People were treated with kindness, compassion, dignity and respect, and their rights to privacy and freedom of choice were fully upheld.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. People and relatives all spoke positively about the staff team and how the service was managed. Processes were in place to ensure people could raise complaints or concerns directly with the provider and if needed to statutory bodies outside of the agency.

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. Risks associated with people's needs were assessed and managed safely. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people. Staff were trained in safeguarding, and infection control procedures.

Accident and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care plans developed to ensure they received the support they needed. People were supported to maintain their nutrition, health and well-being where required.

People received support from a staff team that had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going support.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were very caring, friendly and kind. People were fully supported to make decisions about how they wanted their care and support provided. People were always treated with dignity and respect, and staff always ensured

people's privacy was maintained.

People's views about the service were always sought and used to review the service and drive further improvements.

Is the service responsive?

Good ●

The service was responsive.

The provider and staff team had an excellent understanding of people's needs. The care plans were highly person centred and provided staff with clear guidance on how people wanted their care and support to be delivered.

People and their relatives were actively involved in decisions regarding their care and support needs and staff respected people's values and diverse needs.

People and relatives were actively encouraged to give their views and raise any concerns or complaints. People were confident that any concerns raised would be dealt with appropriately. The provider took swift action in response to feedback received to continually drive improvement of the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was a culture of openness and transparency. The provider and registered manager led by example and inspired the staff to provide the best possible person-centred care and experiences for people and their families.

People were at the heart of everything, the provider was proactive in seeking people's views and experience of their care and support; this enabled them to continually look at ways to improve the service and enhance people's life experience.

People could be assured that the quality assurance systems in place were effective and any shortfalls found were quickly addressed; there was a constant strive to ensure that standards were maintained.

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

This inspection took place on 29 June, 2, 3, 4 and 5 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office to assist with the inspection.

The inspection started on 29 June and ended on 5 July 2018. It included telephone interviews with people using the service, relatives and staff. We visited the care agency office on 2 July 2018 to meet with the director, the registered manager and office staff and to review care records, policies and procedures.

The inspection visit was carried out by two inspectors.

Before the inspection, we asked the provider to complete 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 planned to make. We considered the information provided within the PIR in making our inspection judgements.

We reviewed other information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We took into consideration information we received from commissioners involved in monitoring the care of people using the service.

During the inspection we spoke with two people using the service and two relatives. We spoke with four members of care staff, a care co-ordinator, the clinical nurse, the compliance administrator, the registered

manager and the director of the service.

We looked at care records in relation to three people using the service. We looked at 12 staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. These included quality audits, spot checks, complaints, compliments and a sample of the providers policies and procedures.

Is the service safe?

Our findings

The safeguarding systems processes and practices protected people from abuse. People told us they felt very safe with staff that provided their supported. One person said, "I am extremely satisfied, I always have the same staff, that I know and trust." A relative said, "I am very involved with [Name of person's] care, I am here when the staff provide their care, I know [Name of person] is very safe with the staff." People and relatives told us they were introduced to the support staff before the package of care started and that they had information available on how to report any concerns they may have.

The staff understood their responsibilities in relation to keeping people safe, and they could describe what to do if they suspected or witnessed any form of abuse. The registered manager knew how to escalate safeguarding concerns and had worked with the local safeguarding authorities in completing investigations when needed.

Risks to people's safety was assessed and closely monitored. Records of risk assessments identified specific risks to people's health and well-being were identified and appropriately managed. For example, people that required assisted mechanical ventilation, using sleep systems, face or nasal masks and breathing ventilation given through tracheostomy. Also managing the risks for people receiving foods, fluids and medicines through percutaneous endoscopic gastrostomy (PEG) feed systems. All managers had recently attend a risk assessment training course to ensure they were fully up-to-date with best practice and current legislation.

We saw risk assessments and management plans were in place for people at risk of falls and skin breakdown, due to limited mobility. We also saw that risk assessments were completed for supporting people on holidays, the staff told us they had successfully supported a person with a tracheotomy to go on holiday abroad. The person was nervous about flying in a pressurised environment and staff had assisted the person to visit a ground based test site on several occasions to build their confidence and provide reassurance. This also allowed the staff and the person to assess the risks and how they were to be effectively managed.

Records showed the risk assessments were regularly reviewed as and when people's needs had changed and their support was altered to accommodate the changes. The staff confirmed they knew how to report and record accidents and incidents. We saw that accident forms were completed and serious incidents were notified to the Care Quality Commission as required.

The staff recruitment processes protected people from unsuitable staff working at the service. People using the service and relatives were included in the staff recruitment and selection process and they had the final decision on appointing staff. Records within the staff recruitment files confirmed the necessary employments checks had been completed before staff commenced working for the service. For example, Disclosure and Barring Service (DBS) checks and references had been obtained to ensure staff were suitable to work with people using the service. We also saw that checks were carried out with the Nursing and Midwifery Council on registered nursing staff to check their registration was valid and no restrictions to

practice were in place.

Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. A relative said, "The really good thing about this agency is that they match the staff to the people, they invest and look after the staff, you can tell the staff take great pride in working for the agency." One person said they only wanted female, non-smoking staff and the provider ensured they tailored the recruitment of staff to the person's specification. The applicants were screened and suitable individuals introduced to the person and their family.

Staff confirmed the staffing resources were good, one member of staff said, "My first impression was, this is a good agency to work for, they give staff time to get to know the people they provide care for." Another member of staff said, "This agency is a very good set up, it is run like a co-operative, the staff and managers all work together, we cover shifts for each other when staff are on leave or off sick." The provider told us they recruited and trained staff using best practices, this resulted in the service being able to react quickly when asked to provide support to an individual at short notice. This was particularly noticeable when people came to the service after experiencing problems with different care services, to prevent readmission to hospital or when a person needed a swift discharge from hospital back into the community.

Where the provider took on the responsibility, people received support with their medicines. The care plans identified the level of support people required to take their medicines safely. Staff confirmed and records showed they received medicines training and competency assessments were completed to ensure they followed the medicines policy. We saw that medicines audits were carried out to check people received their medicines as prescribed and staff kept accurate medicine administration records.

People were protected by the prevention and control of infection. Staff confirmed and records showed they received training on infection control procedures to keep staff up to date with current good practice and current legislation. Staff told us they were provided with personal protective equipment (PPE), such as disposable gloves and aprons. We saw that during home visits checks were completed to ensure staff continuously worked in line with good cross infection control practices.

Is the service effective?

Our findings

People's needs were assessed prior to them using the service. People using the service and their relatives confirmed they were involved in the assessment process prior to taking up the service and with their on-going care reviews. One person said, "I was involved in putting together my care plan, it is regularly reviewed and adapted as things change." We saw people's care plans were personalised to how people wanted their care to be provided. They gave information on people's personal preferences as to how they wanted their care to be provided.

People received care from regular staff that had the right skills to provide their care and support. Staff confirmed and records showed they received induction training that covered areas such as, moving and handling, infection control, food hygiene and nutrition and hydration, medicines administration and first aid. Staff also received bespoke training to meet the specific needs of people they supported. One member of staff said, "I cannot fault the training." Another said, "My induction training was very thorough, I have completed training on how to care for the specific conditions of the people I visit." The member of staff confirmed they had received training on how to care for people using tracheostomy ventilation breathing systems. One person said, "I have very complex care needs, the staff know how to provide my care and what to look out for, they are very vigilant and closely monitor all aspects of my care." A relative said, "The skills of the staff are great, they are very competent in everything that they do."

The staff training records showed that competency based training was provided by a registered nurse on how to monitor and manage people's healthcare needs. For example, tracheostomy ventilation breathing systems and percutaneous endoscopic gastrostomy (PEG) feed systems. We found the training was based around current legislation and best practice guidance. A clinical nurse had been appointed whose responsibility included overseeing clinical governance, reviewing and updating staff competencies to ensure quality standards were continually met.

Staff received effective support and on-going supervision. All staff spoken with said they felt very supported by the management team. One member of staff said, "There is always somebody available whatever time of day or night. The communication is very good, we use a [mobile app] to message, it is a closed group and it is encrypted, so everything is confidential." Another member of staff said, "I cannot fault the management they are very supportive, nothing is too much trouble, what is really nice is you always get a thank you." Staff told us and records showed that face to face and telephone supervision meetings regularly took place. Regular meetings also took place between people using the service, relatives, managers and care staff and the provider was responsive to feedback from the meetings.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. We saw that people's dietary needs were assessed and any allergies, food intolerances were recorded within their care plans. We also saw information was available to guide staff on how to care for people with swallowing difficulties, people on soft diets and people that required their drinks thickened (to prevent choking and aspiration (the inhalation of food, stomach acid, or saliva into the lungs)). The staff we spoke with were very knowledgeable of people's food and drink likes and dislikes, and the level of support needed to eat and

drink depending on people's health conditions.

People were supported to live healthier lives and maintain good health by attending regular health checks and medical appointments. One person said, "In the four years I have been using this agency, my health has greatly improved, I have only had to have one night in hospital." The care records confirmed that staff supported people to access the support of healthcare professionals, such as the GP, district nurse, speech and language therapist, occupational therapist, physiotherapist, specialist consultants, dental and ophthalmic services, and advice from the healthcare professionals was followed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make some decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

The registered manager and staff team understood their responsibility around MCA. People and their relatives told us that staff always sought consent from people before carrying out any care tasks, that they offered people choices and respected people's decisions. Records showed that people's capacity to consent to their care and treatment was assessed. We saw that where people had been unable to physically sign the documentation to show they had given their verbal consent, the assessments had been signed by a representative acting on their behalf.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion, and had developed positive relationships with staff. People and their relatives told us they felt very relaxed and happy with the staff providing their care and support. One person said, "The staff are matched to my specific needs, we get on extremely well, they are always very respectful to me." Another person said, "The staff are flawless, I am really lucky to have them." A relative said, "This agency is excellent you can see the staff are really valued, they take pride in what they do."

People were fully involved in all decisions about their care. One person said, "The staff work with me, I make my own decisions and they respect that." Records showed that people were asked for feedback on the service and the staff providing their care and support. Records showed the feedback was listened to and acted upon. For example, one person reported to the provider they had felt uncomfortable with a staff member, there was no specific reason why, other than they felt they did not get on very well together. The provider took on board the persons feedback and arranged for the member of staff to work with another person with similar interests to them, which resulted in a successful relationship.

The provider and registered manager were committed to ensuring that they had the right staff with the right approach and understanding to meet people's individual needs. People had a core group of staff that supported them on a day to day basis, which facilitated people and staff to develop caring relationships together. Staff readily volunteered to cover extra shifts if needed to ensure that people knew the staff that supported them.

The staff knew the people they supported very well, they understood the importance of promoting equality and diversity and respecting people's religious beliefs, personal preferences and choices. The care plans had comprehensive information about how people wanted their support provided by staff. This helped staff to provide person centred care that fully supported and respected people's individuality.

There was a person-centred approach to everything the service offered. People were supported to maintain their privacy when they were unable to do so independently. Consideration was given to whether people preferred male or female support workers and if they were unable to express a wish, best interest decisions were made to protect people's dignity.

People's care records were stored securely within the agency office. Staff understood how to keep information confidential and information was only shared with others with people's consent and on a need to know basis.

The registered manager and staff understood when people may need additional independent support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive and when they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests. At the time of the inspection no people required the use of an advocate as all people were supported by their

family members.

Is the service responsive?

Our findings

People received personalised care that was very receptive to their needs. People and their representatives said they felt fully consulted and involved in the assessments carried out prior to taking up the service, and the ongoing care reviews. One person said, "I keep my independence, I am very impressed with this service. Since taking up the service I have only had one hospital admission, it is all down to the sheer diligence of the staff." A relative said, "The staff truly work with us, they listen intently and act on what we say, we all work very well together." Records showed that people and relatives acting on people's behalf were fully involved in the development and the on-going care reviews.

The service acted quickly to changes in people's care. For example, a member of staff noticed a change to a person's body and brought their observation to the person's attention. With the support of the staff the person sought advice from their GP, but at first the GP told the person they thought the change in their body was nothing to be concerned about. The staff suspected it may have been more serious and advised the person to seek a second opinion. The person took up the advice of the staff and due to the diligence and perseverance of the staff a serious health condition was detected early, and the person underwent a very successful course of life saving treatment.

The staff were committed to enabling people to overcome any perceived limitations and live a rewarding and fulfilling life. This 'can do' attitude had made a profound impact on the lives of people they supported. For example, the staff successfully supported a person with a tracheotomy to fly on a holiday abroad. The person was initially nervous about flying in a pressurised environment, so the staff arranged with them to visit a ground based flight test site on several occasions to build their confidence and provide reassurance. This was very successful and for the first time in years the person enjoyed a flight to a holiday abroad, so much so they were already planning their next holiday abroad.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received training in the use of communication techniques and technologies. For example, one person used 'eye gaze' technology together with a hand-held electronic board of letters and colours with which to spell out words. Staff were trained in this method and could therefore successfully communicate with the person. Another person spoke with a very quiet whisper and they found it easier to communicate with staff if they looked directly at their face. A third person was unable to formulate speech and staff communicated through reading facial expressions and listening to sounds the person made, the staff were attuned in understanding whether the person was happy or sad or in any pain or discomfort. They worked closely with the person's relatives to continually learn and understand the best ways to communicate with the person. A fourth person communicated through lip reading, facial expressions and movements, they used a letter board to spell out words and a visual electronic tablet with access to the internet. The person and the staff

that supported them had attended sign language classes together.

The care plans reflected people's physical, emotional and social care needs and they were understood by staff. They included information on people's individual preferences, their hobbies, interests and aspirations, Staff confirmed they were very aware of the individual needs of the people they supported and that they worked closely with the person and their families. They also confirmed that people's changing needs were communicated well to them, one member of staff said, "As soon as we see any change in a person's condition the manager and the staff team are made aware as soon as possible, we all communicate very well."

People and their relatives told us they felt they had regular opportunities to feedback their views about the care they received. This was also confirmed in the records seen within people's care plans of face to face and telephone meetings that had taken place with people, their relatives and staff.

Records reviewed at the time of inspection showed the provider met with people, relatives and staff on a regular basis and they responded to any concerns quickly to people's satisfaction. People were encouraged to raise any concerns or complaints they might have about the service. They told us they were very confident that any concerns raised would be dealt with immediately. Staff were aware of the complaints procedure and told us they would bring any concerns to the direct attention of the registered manager. One member of staff said, "This company is extremely person centred, [Name of director] has direct contact with people, they are very approachable. They are always checking that people and staff are happy with everything, I can truly say with my hand on my heart this is the best company I have ever worked for, they [management] value everybody."

Procedures were in place to support people at the end of their lives. Records within people's care plans showed they had expressed their end of life wishes and decisions on whether they wanted to be resuscitated. One person said, "I have a living will, everybody knows my wishes, if I became seriously ill, they know I do not want to be admitted to hospital and if it came to the point of needing resuscitation, I have a do not attempt resuscitation (DNAR) order in place. Staff confirmed they felt supported by the agency in delivering end of life care.

Is the service well-led?

Our findings

The service had a registered manager in post. In addition to the registered manager one of the directors had extensive knowledge and experience in complex care, ranging from intensive care to specialist community care. Their skills and knowledge were central to assessing people with complex and catastrophic injuries, such as spinal injuries, and setting up appropriate care packages to meet people's individual requirements.

There was a strong focus on inclusion, positive risk taking, promoting independence and empowerment. This approach meant that people received care and support from a staff team that had a positive sense of direction and strong leadership to give people an enhanced quality of life. The expectations and well-being of people were at the forefront of everything the service did. Bespoke complex care packages were designed around the individual needs and wishes of each person and people's care and support was delivered by hand-picked care workers.

The management team promoted an open culture, that was person centred, inclusive and transparent. The director, registered manager, care managers, assistant care managers, team leaders, the clinical nurse and the administration team had clear lines of communication and support was available for all aspects of the service. People, relatives and staff all spoke highly of the management team and the positive impact this had on their well-being. People said they had no hesitation in recommending the service to others. The feedback we received gave a strong message that nothing was too much trouble and everyone was willing to go above and beyond expectations to ensure people had enriched and fulfilled lives. Staff at all levels demonstrated they had a strong commitment to providing high quality care and were passionate about living up to the values of the company to support people to achieve their dreams, goals and aspirations.

We received very positive comments from commissioners for example, "Premium Care Solutions is one of the best care agencies I work with, wherever possible they will provide bespoke high-quality support to some very challenging clients. They work efficiently and implement the support in a very timely fashion enabling me to facilitate timely discharges from hospital." And "I am very pleased with the service being provided to my clients, the documentation in use assists with evidencing the support that my clients require. The service is person centred and as changes occur they react quickly and manage changing situations well."

We received positive comments from all staff, for example, "This is the best company I have ever worked for." And "The management and directors genuinely care about the clients, they want the very best for people." All the staff expressed a pride in working for the service and were very enthusiastic about their roles. They said the support they received gave them tremendous job satisfaction, enhanced morale and assured them their efforts were genuinely appreciated. One member of staff said, "I provide care for a client that lives out in the sticks, when we had the bad weather earlier in the year, snow and floods, I always got a call from [Name of manager] to make sure I had got back home safely, you always get a thank you."

The management and directors recognition and respect the staff's contribution to helping people to live meaningful, healthy lives. For example, staff had supported a person to seek a second medical opinion,

which resulted in the person receiving early intervention and lifesaving treatment and go on to lead a healthy life. They supported another person to achieve their dream to go on holiday abroad. Through helping them to overcoming their fear of flying, this was so successful the person was planning to fly on their next holiday abroad.

The management demonstrated their ability to continually strive to improve outstanding practice and achieve recognised quality accreditation schemes. They had affiliations with groups such as the Home Ventilation Benchmarking Group (HVBG) and the Case Management Society United Kingdom (CMSUK). These groups support people with breathing difficulties and care providers, through keeping informed of research projects and current practice on managing and using breathing ventilation systems. The management also regularly updated their knowledge and information by reference to and membership of organisations such as the United Kingdom Health Care Association (UKHCA), the Spinal Injury Association (SIA) and the British Association of Brain Injury Case Managers (BABICM). The director was a registered nurse with many years of experience in successfully managing a domiciliary care business, they regularly updated their knowledge and skills and cascaded their learning onto the whole of the staff team. Regular management meetings took place where new ideas and further improvements were discussed.

The management team kept in daily contact with people using the service, their representatives and staff, either by telephone, email, and home visits. A quarterly newsletter was issued to people and staff with articles of interest and information. These methods were also used to cascade information and best practice to ensure people using the service and staff kept up to date with current legislation, provide and receive quality care based on best practice.

Regular internal audits took place in areas such as, individual support plans and risk assessments, accidents and incidents, staff training, supervision and recruitment. The quality assurance systems were based on continually seeking the views of people who used the service, their relatives, friends and other health and social care professionals involved in people's care. One person we spoke with commented that they had asked if staff could record their complex care interventions, separately to their daily records for quick reference. They said the provider took on board their suggestion and accommodated their request. We saw the feedback received from people during home visits and the completion of formal satisfaction surveys was consistently positive.

Legal obligations, including conditions of registration from the Care Quality Commission (CQC) and those placed on them by other external organisations were fully understood and met.