

Blue Sky Care Limited

Pure Offices

Inspection report

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Date of inspection visit:

14 May 2019

20 May 2019

07 June 2019

Date of publication:

12 September 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Pure Offices is registered to support people with their personal care. Pure Offices specialises in providing care and support for people who live with a learning disability, in their own home and when out in the community. At the time of the inspection there were 10 people receiving support with their personal care.

People's experience of using this service:

People and relatives were extremely satisfied with the service people received and spoke highly of staff and the registered manager. A comment from a relative summed this up by saying, "Care has surpassed what we could have ever imagined!"

People who used the service were treated with compassion and kindness and their privacy and dignity respected. We observed staff supporting people safely in their own homes.

Relatives and a person using the service told us they felt staff provided safe and extremely effective care. Staff turnover was low which people and relatives valued. People were supported by a small team of staff that understood their needs.

We found robust systems, processes and practices were followed effectively to safeguard people from situations in which they may experience harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

People told us they received their medicines as prescribed and records reviewed confirmed this.

Safe recruitment practices were followed. Arrangements to prevent and control infection were in place.

Staff had received all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. Staff were able to access further training in addition to their mandatory training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff always asked for consent when carrying out care and support tasks.

People were fully supported to live healthier lives by having on-going support to access suitable healthcare services.

People received personalised care that was exceptionally responsive to their needs. Care staff understood the importance of promoting equality and diversity by supporting people to make choices about their lives. Confidential information was kept private.

There was strong sense of leadership in the service that was open and inclusive. The registered persons focused on achieving positive outcomes for people and their staff.

People and relatives benefited from a robust professional management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

The service encouraged regular feedback from people who used the service, relatives, care staff and professionals. Views were gathered through questionnaires, telephone conversations, regular face to face meetings at people's home and at staff team meetings in the office.

No complaints had been received in the last 12 months. People were introduced to lay advocates if necessary.

Comprehensive quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. Staff were clear about the vision and values of the service. In addition, the registered persons worked in partnership with other agencies and stakeholders to support the development of joined-up care.

More information is available in the full report.

Rating at last inspection:
Good (report published April 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection when we rated the service as good overall. At this inspection there had been further improvements which resulted in the service being rated outstanding overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

Pure Offices

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Pure Offices is registered to support people with their personal care. Pure Offices specialises in providing care and support for people who live with a learning disability, in their own homes and when out in the community. At the time of the inspection there were 10 people receiving support with their personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The office inspection took place on 14 May 2019 and was announced. We gave the service 48 hours' notice of the inspection because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

We made telephone calls on 20 May 2019 and 07 June 2019 where we spoke with people using the service, their relatives, staff, health and social care professionals.

What we did:

We used information we held about the service which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this 11 months

previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with four people who were supported in their own home and observed the support they received. Some people were unable to talk with us so we observed interactions between people and the staff. We also spoke with five relatives and one other person receiving care from the service to gain their feedback on the quality of care. We spoke with Healthwatch which is independent consumer champion that gathers and represents the views of the public about health and social care services in England. Additionally we spoke with health and social care professionals the service had worked with over the last year.

We spoke with three support workers, the registered manager and the head of care. We reviewed care plans for four people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

We used the Short Observational Framework for Inspection (SOFI) when we visited people in their home. SOFI is a way of observing care to help us to understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We spoke with relatives and they confirmed their family members were always supported safely. A relative said, "My [family member] is very safe with this company." Another relative told us, "There have never been any safeguarding issues."
- One person told us, "I feel safe going out with my carer, as I can get anxious when out shopping."
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager.
- All staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to a safeguarding policy.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- Comprehensive risk assessments had been regularly reviewed and completed for each person's level of risk, including risk of anxiety and behaviours that may pose a risk.
- Records and people's care files contained signed consent that confirmed people or their representative had been involved in creating risk assessments.
- Staff were observed supporting people safely by actively enabling people with their choices so they had as much control and independence as possible.
- A relative told us, "They keep my [family member] looking smart and very clean and always check their skin integrity due to [family member] sitting in their power chair."

Staffing and recruitment

- People using the service were involved in the recruitment of new staff.
- We checked the recruitment files of five staff members and safe recruitment and selection processes were followed.
- Relatives and people receiving support confirmed there were always sufficient staff to meet their needs. This included accompanying people to their activities and health appointments.
- The provider had arrangements to cover unplanned staff absence. Relatives told us the whole staff team were reliable and had never experienced any missed calls. The registered manager told us she would cover when needed.

Using medicines safely

- Relatives confirmed they were happy with the support their family members received to take their

medicines. One relative said, "[My family member] is helped with their creams every morning and every night. Only has it when it is needed."

- Medicines records were completed accurately.
- A relative told us, "They [staff] write very comprehensive notes and complete medication charts as [family member] has all [their] medicines in liquid form."
- Staff had medication training as part of their induction and their competency had been assessed. The registered manager informed us that medication administration and awareness was regularly discussed at supervisions.
- The service had robust guidelines for staff to follow when administering medicines as and when required medicines.
- We reviewed monthly medicine audits and these had been completed effectively.

Preventing and controlling infection

- Policies and practices in the service ensured people were protected by the prevention and control of infection.
- Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of infections.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong
- A relative spoke about how impressed they were when their family member was not happy about something. The relative said, "I was impressed with how quickly the manager sorted things. I know [family member] is safe with the service, as they deal with problems immediately."
- Positive discussions were had with people and their representatives, if mistakes were made.
- Weekly team meetings with management and staff took place.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were met effectively.
- We visited people in their homes and observed people being supported very effectively by care staff. A relative said, "The service gives 100% and my [family member] has become independent with their input." [Family member] does things they never did when living at home."
- Another relative confirmed, "I am very involved with the care planning for my [family member]."
- People had a comprehensive pre assessment to ensure the service could meet their needs prior to using the service. Care and support plans were then created which were bespoke and person centred. These plans were regularly reviewed.
- People's cultural needs were identified during their pre assessments and care plans put in place to show how these were to be met. For example, if a person wanted only male or female carers this was documented.

Staff skills, knowledge and experience

- Staff had the right knowledge, qualifications, skills and experience to support people effectively.
- A relative confirmed they were confident in the staff's abilities to care for their loved one and said, "The progress my [family member] has made has not happened overnight, it has taken a lot of patience and continued commitment from the care staff."
- One staff member had been funded by the service to become a trainer of techniques for safety supporting people whose behaviours may pose a risk. This specialised in house de-escalation training was available to all staff.
- No restraint had been used by staff when supporting people. A staff member said, "Just by talking to a service user can have such an effective impact on de-escalating their behaviour."
- We reviewed records that showed staff had a thorough induction that was completed over 12 weeks, with a mix of face-to-face training, on line training and shadowing colleagues during care calls. A staff member told us, "My induction included a week of shadowing an experienced staff member."
- Staff told us that they received regular supervision and annual appraisals, records confirmed this.

Supporting people to eat and drink enough with choice in a balanced diet

- People had enough to eat and drink.
- Where people needed support with meal preparation this information was available in care plans.
- One person with limited speech experienced severe discomfort and anxiety. Investigations and discussions

with the person, health professionals, parents and staff found the person to be lactose intolerant. A detailed nutritional programme was created removing lactose which settled the person and they became very happy and settled.

- A relative told us, "Nutrition is wonderful, although [family member] doesn't cook their own meals they are encouraged to help and [family member] can make their own packed lunch which they didn't do before living in the bungalow. [Family member] has a brilliant diet very healthy. My [family member] is a different person it truly is amazing and due to the love and care and support [of staff]."
- Details of people's food, fluid and weight monitoring were recorded and reviewed regularly.

Staff providing consistent, effective, timely care

- People and their relatives consistently told us the service supported them [or their relative] to maintain good health and were always referred to health professionals when required.
- There were detailed care plans for people's healthcare needs that included their medical history and any medical conditions they had.
- Health Action Plans were available in people's files giving key information of people's health conditions and healthcare needs that could be shared during a hospital admission.
- A relative told us, "If we notice something [when visiting], they [staff] say they have arranged an appointment for that, or [family member] has already been to the doctors and has been given something which is very reassuring and reinforces our confidence in them [the service]."
- The service had systems and processes for referring people to external services. Records checked confirmed detailed documentation from health and social care professionals were available in people's care files.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
- People's care assessments included information about their capacity to make decisions.
- All staff had had training on the MCA and staff were able to explain the principles of the MCA and how this impacted on people's daily lives.

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Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Outstanding. At this inspection this key question has been rated as Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Everyone we spoke with confirmed the staff were kind, caring and compassionate. We observed staff demonstrate a real empathy for the people they care for.
- People and relatives told us the staff were very caring. One relative said, "They [staff] are very caring and kind and they straight away phone the GP if [family member] is unwell, they can tell by looking into [family member's] eyes if [family member] is unwell."
- Relatives repeatedly told us how extremely caring staff were. One relative said, "My [family member] can have very challenging behaviour but the staff show such patience and kindness and manage to calm [family member]."
- The service ensured that staff focus on building and maintaining open and honest relationships with people and their families, friends and other carers through regular 'Talk Time' sessions.

Supporting people to express their views and be involved in making decisions about their care

- The service was very effective at helping people to express their views so that staff and the managers at all levels understood their views.
- One person talked about the staff and said, "We chat away and they are very nice people and treat me very well and they are respectful. I am very happy with them they are lovely people and keep me calm and come with me to appointments. I am much better now with their support."
- People's care records showed they had been regularly reviewed and people were involved in discussions about how they wished to receive their care and support. Reviews also involved family or people's representatives where this had been agreed.
- Care plans clearly described how people were given information in a way they could understand and the level of support they required with their communication needs.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did.
- A relative told us, "The [staff] treat [family member] with total dignity and respect when they provide personal care and dress [relative] appropriately for the weather."
- A relative said, "They are very kind to my [family member] and very supportive to meet their needs with patience."
- Staff told us they respected people's privacy and dignity. One member of staff said, "I will knock on the door

and wait before I go in."

- Care staff understood the importance of promoting equality and diversity at the service. An example of this was supporting people to maintain positive relationships with family and friends. Staff assisted people to keep in touch with their relatives and friends by telephone, planning family visits and during regular social events.
- The service was aware of advocacy and correspondence was seen in people's care files for people to access local independent advocacy services. I
- When we visited people in a supported living home we saw people and staff happily talking and laughing with each other. The atmosphere was homely and very friendly.
- Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. Relatives commented on how well their family members' individual needs were respected and met.
- Information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this. Care files were secured in lockable cabinets in the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service had gone the extra mile to find out what people had done in the past and evaluated whether it could meet their needs and make a real positive difference to their life. A relative told us, "The company really pay attention to detail and when my [family member] went to live independently with the carers they did a full assessment. Everything my [family member] needed to meet their other health needs were in place before my [family member] moved into the bungalow and they did this very quickly."
- Staff supported people to access and create a variety of assistive communication aids to express themselves which enabled staff to support people effectively to meet their needs. Examples included Makaton (basic sign language), picture cards, personalised signs and gestures, assistive technology software and social media apps. Some people who had limited communication also created picture memory books to share their experiences with their families, new staff and external professionals.
- When we visited people in a supported living home we saw people and staff happily talking and laughing with each other. The atmosphere was homely with friendly banter being shared between people and staff.
- People chose to take part in a varied range of local activities; using coach travel to take part in activities out of the local area. People were supported on foreign holidays both individually and as a group. People and staff worked together to plan and run themed nights, trips to pop concerts and local discos. People really enjoyed this additional support to enable them to experience different parts of the world and to take part in activities that they loved.
- Relatives told us staff were exceptional when supporting people to attend family special occasions, maintain friendships through social events and attend activities not run by the provider. Staff really understood the importance of these events for people. Relatives noted that staff regularly went above and beyond in their role by moving their days off around in order to support people at short notice to attend activities such as drama performances.
- One person was keen to experience travelling abroad but had never previously done this because they were scared of flying and ferry journeys would take too long. Over a gradual period of 18 months staff provided focused and in depth person centred support and planning which enabled this person to have now flown seven times to various destinations in Europe. This reduced the person's anxiety when flying by building their self confidence and independence but were also re-assured that staff were always available if needed.
- A relative told us, "Staff give lots of choices and [family member] chooses what they want to wear and they keep [family member] clean and smart. [Family member] never wanted to go to the shops before and choose their own clothes and has been so well supported that [family member] loves doing this now."

[Family member] is encouraged to be a young independent [person]."

- A relative told us, "I would have any of the carers in my own home they are ever so trustworthy. We all have a good relationship and it reflects in the care that my [family member] receives and they recognise our needs as parents, we are also very involved and respected and they listen...they [staff] are very special."
- Arrangements for social activities, and where appropriate, education and volunteering, were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. Examples included people worked in small groups to help plan provider events and people volunteering at local community events. This helped to increase people's confidence and independence.
- A relative explained they had initial concerns about their family member being supported by the service and said, "Our biggest worry was would [family member] settle down living in a supported living setting? The care has surpassed what we could have ever imagined!" Visiting professionals also confirmed that the service is focused on providing person-centred care and support that achieves exceptional results.

Improving care quality in response to complaints or concerns

- People using the service, their family, friends and other carers felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time. No complaints had been received in the previous 12 months.
- A relative said, "There was only ever one incident that occurred some years back. That was resolved immediately with things put into place. I have no concerns at all about my [family member's] care."
- People received the support they needed from staff who were particularly skilled when exploring and trying to resolve any conflicts and tensions for people with challenging behaviours.
- People who used the service and others were involved in regular reviews of how the service makes improvement. The service demonstrated where improvements had been made as a result of learning from reviews and feedback.
- A relative told us, "Every month the manager asks us to complete a survey to make sure all is well, I am fully involved with planning for my [family member]."
- Everyone had access to a personalised complaint guide explaining how people could make a complaint.

End of life care and support

- No one was receiving end of life care at the time of inspection. Most people using the service were young adults with a learning disability. Some people with support from staff and family members were able to share their funeral preferences. Other people were not able to express their end of life wishes and family members or advocates were involved to make best interest decisions on their behalf. Care plans reviewed confirmed people's wishes and best interest decisions had been recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- A person and their relatives were extremely grateful and happy they had found the service that did everything they needed. They were very complimentary about both carers and the management. The service enabled the person to remain supported and independent at home which avoided the need of going into residential care or relying on family members."
- The service worked with people using the service and their families to develop outstanding bespoke packages of care to meet the needs of the individual.
- There were various ways to gather feedback from people about the service they received. Individual monthly satisfaction reviews of the service people received were carried out and service wide reviews were carried out which included feedback from relatives, professionals and staff.
- People, relatives and staff all agreed that management were passionate about making sure care was person centred and caring.
- A relative told us their family member had been using the service for several years and said, "Right from the start they [the service] were on the ball with everything. They tick all the boxes with my [family member's] happiness and safety."
- A senior member of staff was on call 24 hours a day so care workers always had someone to speak with if they needed advice or support. We spoke with relatives about getting information about their loved one. A relative confirmed they could contact staff and said, "Yes, I have numbers of senior staff if required."
- People and their relatives were also involved in the recruitment of their support staff. This varied according to the needs and wishes of people. For example some people would be part of an interview process which included meeting potential staff in a more informal setting over a cup of tea.
- Systems were in place that ensured compliance with the registered provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment. The registered persons described how they had followed up positively and openly on the improvements they had needed to make in relation to how people were supported with their safety.
- Staff were aware of the registered provider's whistle-blowing processes. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff told us they were fully involved and always consulted about the running of the service. The head of care also met with the nominated individual weekly to update them about the service.
- Relatives told us that the way the service was led was exceptional and distinctive. Its vision and values were imaginative and people were at the heart of the service. The values were promoted and developed with people and staff in meaningful and creative ways. Through regular meetings, planned events, social media, newsletters and visits to people's homes by management.
- When reviewing records with the registered manager and head of care there was a strong framework of accountability to monitor performance and risk. Unannounced audits of care and care records were carried out regularly.
- Performance management processes were very effective, reviewed regularly and reflected best practice.
- Staff we spoke with confirmed the registered manager made the service feel like one big happy family. The high moral of staff ensured high quality and consistency of support offered to people.
- All conditions of registration with the CQC were being met. Records reviewed confirmed incidents had been dealt with appropriately and reported to the correct authorities when needed.
- Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents. There were systems in place to ensure policies were in place and up to date and available to staff.
- Scheme coordinators [for supported living homes] and the registered manager and head of care regularly carried out comprehensive audit of care records, medication and staff training. These audits were both announced and unannounced.
- The service had displayed their CQC rating as required in the office and on their website.

Engaging and involving people using the service, the public and staff

- The registered manager and her team developed, discussed, promoted and implemented innovative ways of involving people in developing high-quality, outstanding practice that relatives have told us about. Sustained examples have been shared throughout this report.
- A relative told us, "Everybody [all staff] is so accessible. If we need to speak to anyone they get back to you straight away."
- The service was an important part of its community. It developed community links to reflect the changing needs and preferences of the people they supported.
- A relative told us, "The manager is very good and the staff are wonderful, very easy to communicate with and always discuss with me how the service is for my [family member]".
- People using the service, their relatives and staff were regularly given opportunities to complete feedback forms. Feedback had been analysed and kept under review by the registered person, head of care and the board in order to make any improvements they identified as needed.
- A social care professional told us, "Reviews of service users in one particular placement have identified that the service users are at the centre of their support and home environment. Weekly house meetings enable them to make their voices heard. The service users' support is individually tailored to meet their needs and there is a marked change in the quality of their lives."

Continuous learning and improving care

- The views of people, their relatives and staff using the service were at the core of quality monitoring and assurance arrangements. Innovation was celebrated and shared through newsletters, social events, house meetings and staff awards.
- The service was part of a larger provider that enabled staff to network with other teams through annual staff forums and monthly registered manager meetings led by the head of care.
- At team forums staff were given tasks which focused on developing their key competencies and skills that

are required for their roles that focused on communication, observation, problem solving and following instructions.

- The registered manager completed fortnightly visits to people's homes to monitor care and take feedback about the service people received.
- The registered manager and head of care held weekly management meetings to discuss the development of the service and quality monitoring.
- Staff meetings were held regularly enabling staff the opportunity to discuss their roles and suggest improvements and training to further develop effective team working. Staff meetings gave management the opportunity to discuss and share progress about the service.

Working in partnership with others

- Records showed staff worked closely with health and social care professionals to ensure the people using the service had the joined up care and support they needed.
- When extra support was requested from commissioners the service clearly evidenced how this would benefit a person with involvement of specialists where required.
- The service had initiated a piece of innovative partnership working with the chief executive of the local Healthwatch. The outcome was to commission Healthwatch to complete an independent survey involving people using the service, staff and family members about their experiences using the service. This independent survey was reviewed against the providers survey and findings were in line with each other.