Scope

Scope Lancashire Community Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 and 16 November 2017 and was announced. The provider was given 48 hours' notice of our inspection because the service provides care to people in their own homes and we needed to be sure someone would be in at the office.

Scope Lancashire Community Services is registered to provide personal care and support to people living in their own homes. Support is provided to people with learning disabilities, sensory impairments and people with physical disabilities. Some people received support through several visits per day and some people were receiving support 24 hours a day. 13 people were using the service at the time of our inspection visit. This was the first inspection of the service since registering with the Care Quality Commission (CQC) in November 2016.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection the registered manager was unavailable and had been unavailable since August 2017. They were due to return to work at the end of November 2017. The service had kept the CQC informed of this and in the absence of the registered manager we spoke with the area manager and the interim service manager to conduct the inspection. The interim service manager was running the service in the absence of the registered manager; we therefore refer to them as 'the manager' in the body of this report.

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were looked after in a way that did not inappropriately restrict their freedom or choices. However, some improvements were required around areas of re-assessment of people's capacity. A recommendation has been made about this in the 'Effective' section of this report.

Most of the people who used the service could not express their views to us but their relatives told us that their family members felt safe with staff and staff treated them well. There were enough staff employed at the service to care for people safely and effectively. People were supported by staff who knew them well.

Checks had been completed before new staff started work to make sure they were safe to work with people in their own homes. The manager and staff understood how to protect people they supported from abuse and knew what procedures to follow to report any concerns.

Staff were supported by the manager through regular meetings. There was an out of hours' on call system in operation that ensured management support and advice was always available for staff. Staff felt their training and induction supported them to meet the needs of people they cared for.

People were protected from the risk of abuse. We noted that care plans and risk assessments were reviewed

and updated when people's health care needs changed or when new risks were identified.

Medicines were administered safely and people received their medicines as prescribed. People were supported to attend appointments with health care professionals when they needed to and received healthcare that supported them to maintain their wellbeing.

People were supported with their health needs and had access to a range of healthcare professionals where a need had been identified. Health professionals provided positive feedback about their relationships with the management and staff, which demonstrated people received effective healthcare. People were encouraged to eat a balanced diet that took account of their preferences and, where necessary, their nutritional needs were monitored.

The service had a person centred culture that was understood by staff. Where possible people were involved in planning their own care, often with the support of relatives, advocates and health professionals. This ensured care matched their individual needs, abilities and preferences from their personal perspective. Activities, hobbies and interests were based around people's wishes.

People and their relatives thought staff were kind and responsive to people's needs and people's privacy and dignity was respected. Staff offered people ways to maintain and develop their independence and increase their life skills.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment.

People's relatives were encouraged to share their views about how the service was run. People knew how to make a complaint and the one complaint that was received was fully investigated and responded to. The provider used the information from complaints and feedback to improve their service by acting on the information they received.

Quality assurance procedures were in place across the provider's group of services. Information was shared across each of the provider's services to ensure lessons learned drove forward improvements. Accidents and incidents were investigated and actions were taken to minimise the risks of a re-occurrence. There was a culture within the service to learn from feedback, audits, and incidents to continuously improve the service provided.

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's medicines were managed safely.

Relatives of people who used the service told us people felt safe.

Processes were in place to protect people from abuse and staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

The provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Peoples' care files included assessments relating to their dietary needs and preferences.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work but a recommendation has been made about the need for the service to re-assess people's capacity. .

The service worked with others to support people and improve their lives.

Is the service caring?

Good

The service was caring.

Relatives of people who used the service were positive about the staff who worked for the service.

Staff had a good understanding of each person in order to deliver person centred care.

People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

People told us staff treated their family members with patience, warmth and compassion and respected their rights to privacy, dignity and independence.

Records including care plans were held securely and confidentially.

Is the service responsive?

Good

The service was responsive.

Records showed that people's relatives were involved in making decisions about what was important to their family members.

People's care needs were kept under review and staff responded quickly when people's needs changed.

The service made use of technology to improve the lives of people.

The service had a complaint's system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good

The service was well led.

The provider and management team had good working relationships with staff.

Checks were in place to ensure people were safe and supported properly.

The provider sought feedback from relevant parties to improve service delivery.

The provider and management team fostered an open and transparent way of working.

Scope Lancashire Community Services

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 14 and 16 November 2017 and was announced. The provider was given 48 hours' notice of our inspection because the service provides care to people in their own homes and we needed to be sure someone would be in at the office.

One inspector conducted the inspection on both days.

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 plan to make. We looked at this information together with other information we held about the home. We also received feedback from health care professionals that we used to help inform our inspection planning.

Information from a variety of sources was also gathered and analysed. We spoke with the local authority and Clinical Commissioning Groups responsible for commissioning care to check if they had any concerns.

We reviewed information held upon our database in regards to the service. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We visited the office and spoke with eight members of staff. This included the area manager, interim service manager, a senior

care coordinator, administrator and four members of staff who provided direct care.

We visited four people at their home (with their and their relative's consent) to seek their opinion of the service. We also spoke with three relatives to obtain their views about service provision.

To gather information, we looked at a variety of records. This included care files relating to four people who used the service and medication administration records relating to four people who received support from staff to administer their medicines.

We reviewed past and present staff rotas, focussing on how staff provided care within a geographical area. We also looked at how many visits a staff member had completed per day. We looked at the continuity of support people received.

We viewed recruitment files of six staff members and other documentation which was relevant to the management of the service including health and safety certification, training records, team meeting minutes and findings from management audits.

Good

Is the service safe?

Our findings

Most of the people who used the service could not tell us if they felt safe. Relatives told us that their loved ones told them in their own way that they felt safe with staff. One relative said, "My relative feels safe with all staff. They are respectful to us all in our home." Another relative said, "We don't worry about our relative when they are with staff. We know them all well and feel like they are part of the family."

People were supported by staff who understood their needs and knew how to protect people from the risk of abuse. All staff had attended safeguarding training and said that this training provided them with information about how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us that the training assisted them in identifying different types of abuse. They said that they would not hesitate to inform the manager if they had any concerns about people's safety. They said that they were sure that the manager would always escalate any concerns but if they didn't, they knew how they could alert the authorities of the concern. This meant that staff had been properly trained so that they could safeguard people and whistle-blow (reporting bad practices) if concerns were not acted upon in the service.

The four care plans we saw were easy to read and up to date. We noted that people's relatives were consulted to discuss potential risks prior to a service being offered. This identified any potential risks to providing care and support. We found risk assessments were detailed, were regularly reviewed and kept up to date. For example, one person was at risk of falling when outside. The risk assessment detailed specific instructions for staff on how to support the person when outside of their home. We also saw up to date risk assessments had been carried out in people's homes relating to health and safety and the environment. One member of staff said, "Although most of the documentation is kept at the central office, we have an abbreviated file in the home that we can access and all of the information we need to protect people is there."

The provider's recruitment process ensured risks to people's safety were minimised as the character and suitability of staff was checked before they supported people in their own homes. Staff told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work unsupervised. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

We looked at personnel files of six members of staff and saw that appropriate recruitment checks had taken place before they started work. Application forms had been completed documenting the qualification and experience of the applicant. In most of the files we considered there was documentation supporting an applicant's full employment history together with at least two references and a satisfactory explanation of any gaps in employment. In two of the files, we noted that there were unexplained breaks in the applicants' employment history and reliance on references from friends and not former employers. We drew this to the attention of the manager and area manager and they immediately put additional checks in place that were concluded by the end of the inspection to ensure that these members of staff were safely recruited. In all of

the files there were identity and criminal records checks that had been made before staff started work. All of these checks supported that people were suitable to work for the service.

Relatives and staff said that there were always enough staff on duty to meet people's care and support needs. We saw records that supported this and that staff at the office frequently made calls to staff and relatives to ensure that calls were taking place and on time. People's relatives told us staff usually arrived on time for their scheduled visit or handover to other members of staff. Staff stayed for the correct amount of time and undertook all the tasks that were agreed in people's support plans. One person's relative said, "Staff are here for specified times and nearly always arrive on time. If there are issues because of traffic problems, they will always let us know."

We looked at how medicines were managed by the service. Medicines were stored in people's homes and were administered safely. People's relatives and staff told us medicines were administered as prescribed. Staff received training in the effective administration of medicines for each person they supported. We looked at four Medicines Administration Records (MAR) for people that had been completed by staff responsible for providing care during October and November 2017. The records were complete and supported that medicines had been provided by staff as prescribed. We also considered the daily notes that carers completed immediately after providing care and support and in all of the cases these corresponding records supported that medicines had been given.

The manager completed monthly audits of people's MAR's. Where there were errors, such as blank entries, it was noted that the manager investigated the issue and addressed any concerns with the member of staff. We looked at staff members' records who were authorised to provide medicine and noted they had all received medicines awareness training within the past 12 months and they had all been checked for their competency to administer medicine.

During visits to people's homes, we were shown specialist equipment that was in place to assist people to mobilise such as hoists and walking aids. We noted that all items of equipment were in good condition and that, where required, they had been regularly serviced and maintained. Records were kept of this on labels on the equipment and in records held at the central office.

The service had a system for reporting accidents and incidents. Records were detailed, concise and up to date. The manager said they reviewed incidents to check for trends so improvements could be made to service delivery. One of the records dealt with an emergency situation that a relative came across and was assisted by carers. The relative said, "The carers acted quickly and helped to resolve the situation. Thereafter they were flexible in providing support whilst contractors resolved the issue."

People who use the service could access support in an emergency. People had access to staff who could escalate a concern to a senior member if needs be and a contact for out of hours concerns. We saw records that supported that staff visited people out of office hours in situations where people were concerned such as when equipment failed in their home. One person's relative said, "Staff really do go above and beyond and regularly do things after office hours."

Good

Is the service effective?

Our findings

Relatives of people who used the service praised the knowledge and competence of the staff team. A relative said, "The staff are good and organised. They know what they were doing and are well prepared before they started providing the service." And, "The staff are knowledgeable. They know all about my relative's condition and how to care and support them."

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.

The manager and staff told us that most of the people receiving care and support from the service either had no capacity to make decisions about their care or limited capacity and that decisions in people's best interests were often made. They said that in these circumstances their family members and health and social care professionals would be involved in making decisions on their behalf and in a person's 'best interests'.

We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. One person's relative said, "My relative's mental capacity is limited. The service works with me so that we do what we think's best and always contact me to discuss if they are unsure. They are very considerate and understanding."

Although the service was acting in line with the MCA and the associated Code of Practice, we noted that in some of the care files we considered, mental capacity assessments had not been kept under review and some were over four years old originating from when the service had started providing care and support. The manager and area manager said that as the local authority had provided these assessments and a number of health care professionals had been involved in the decisions, they didn't believe that reassessments or reviews were appropriate. This could lead to the service failing to recognise changing support needs for someone whose capacity improved such as when they became familiar and confident with a process such as tidying their room. This could also affect the promotion of a person's independence.

We recommend that the service seek advice and guidance from a reputable source regarding the review of people's mental capacity assessments that are appropriate to their condition.

Staff told us they had received an induction and training that met people's needs when they started working at Scope Lancashire Community Services. The induction was based on fundamental standards set by Skills for Care and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care is an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider kept up to date with the latest guidance on the induction of care staff.

Following induction, the provider had implemented a programme of staff training to ensure staff had the specific skills they needed to support people. This included training in safeguarding, first aid, fire safety, mental health awareness and moving and handling amongst other skills. This was important as some people required support with complex conditions. For example, staff were provided with specific training in using a range of equipment such as specialist hoists. Thereafter, staff were 'competency assessed' by senior staff following their training. One staff member told us, "The training we receive is comprehensive. Most of it is face to face or classroom based and has been really useful in helping me to support people properly."

In addition to the focus on providing on-going training, staff said the provider encouraged them to complete nationally recognised qualifications in health and social care and that the service funded these additional courses. We noted that a senior administrator at the office kept a record of staff attendance at training and reminded staff when their training updates were due.

Staff told us that they received supervision both formally and through competency checks. Staff were observed in practice by the manager or other senior staff to ensure their competency. Following observations taking place, there was a discussion about their practice. This conversation was recorded. We noted that when improvements were required they were openly discussed and recorded. Supervisions also took place by face-to-face meetings at the office and the manager carried out supervision audits to ensure they were taking place.

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety and mental and physical health. Assessments were reviewed regularly and changes in needs were recorded within a person's care plan. There was evidence of partnership working with other health professionals when people had additional health needs. For example, we were shown evidence of multi-disciplinary working with a local GP for one person. A health care professional said, "They always refer to us matters of concern and work with us to ensure the client's position is improved."

We asked staff how they supported people to maintain good health. Staff said they monitored the health of people and would seek advice and guidance from other professionals if they were concerned. Staff also said they had enough time on their visits to get to know the people they were visiting. This allowed them to assess each person and identify any concerns in a timely manner. One staff member said they had noted one person's mental health deteriorating, so had reported the concerns to the manager. The manager sought advice from healthcare professionals and this resulted in an additional assessment by a specialist and a review of medication.

People's nutritional needs were met. It was noted that people's care plans included details of their food preferences and any concerns about amounts of food and fluids that were consumed. People who required special diets had this detailed within the care plan and records clearly documented people's likes and dislikes and preferred foods. We noted one person was supported to take nutrition through a feeding tube. Records showed staff monitored how much fluid and food the person ingested to ensure they received the right level of nutrition. A relative of a person who used the service said, "Staff are really competent around my relative's specialist needs with feeding and hydration and have all had training." Another relative said, "They always encourage my relative to drink and stay healthy."

Some people had a hospital passport in place in their care file. The hospital passports contained information about the person's health, their everyday support needs, their medication, how the person communicated and their likes and dislikes. The passport was designed to provide information about the person at a glance and travelled with them when they visited hospital or healthcare facilities. This meant

professionals had all the information they needed straight away to support the person.

Good

Is the service caring?

Our findings

People's relatives praised the caring attitude of staff and the positive relationships between staff and people using the service. A relative said, "They know my relative really well and really care about them."

During the inspection we saw that people were treated with dignity and respect. We visited people's homes and saw examples of kind and respectful care and support provided by staff. For example at one home a member of staff was supporting a person who was getting frustrated whilst playing a game. The support provided was encouraging and compassionate after which the staff member and person started laughing together and continued with the game. One member of staff said, "We respect the customer's position and work with them to ensure they have the best possible life. All staff are friendly and respectful."

Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. During the inspection we noted that staff addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member said, "In this home there are two people who we support to live together. Although they are good friends we always ensure their individual needs are met and act privately when we deal with sensitive matters such as personal care."

Staff said they knew people's preferences and routines. One member of staff told us that they knew people well and could understand their needs. They said, "People tell me what they like and dislike in their own way and I take time to understand them." A relative said, "Staff know my relative's routine and are very calm and understanding. They are marvellous."

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they record the care delivered in the daily log and we saw good examples of the recording of daily care in the records in people's homes. People's relatives said they had been consulted about their relative's care and support needs. One relative said, "They involved me throughout the process of setting up the care plan. I always receive details of any updates that are made and get lots of information from the service about how my relative is doing."

Staff used a range of communication techniques to speak with people, to understand their needs and involve them in decisions about their day-to-day lives. For example, during the inspection we visit saw that staff communicated with people using hand signing techniques. The manager said, "We are proactive when it comes to helping our customers communicate. Staff are trained in use of signs and symbols such as Makaton to help people communicate. This helps to support people's use of spoken language."

The manager told us that most of the people who received support from the service were supported by their relatives but that they were aware of local advocacy services and would contact them on a person's behalf should they require access to independent support regarding their care needs.

All staff had received training in equality and diversity. We discussed this with staff and they said that the

service and provider really promoted and encouraged these values. We also noted that the service had a comprehensive policy on equality, diversity and human rights that all staff had considered as part of their induction.

We saw that people's personal documentation including care plans and medicine's records were locked away either in the central office or in a secure place in people's home and this meant that only authorised staff could access confidential records.

Good

Is the service responsive?

Our findings

People's relatives told us they were involved in planning and agreeing their relative's care. One relative said, "Although our relative has limited communication, they know what they want and like and the service is good at catering for this. We were all involved in saying what care they receive." Another relative told us about their involvement in the planning of their relative's care and said, "My relative wanted to be in their own home and I was involved in all of that and was allowed to support them throughout the process."

In the four care files we considered, we saw that each person's relative had been involved in an assessment of people's individual needs and had a care plan in place. These assessments covered, for example, moving and handling, mobility, nutrition, medicines support and communication. Assessments also included people's personal history, diet, hobbies and interests and religious needs. The files were accessible for staff to reference and were well organised and easy to follow. One page plans were available at people's homes for quick and easy reference with the main plans being held at the central office. Care plans were developed outlining how people's needs were to be met and included detailed information and guidance for staff about how each person should be supported. The records showed that people using the service, health care professionals and their relatives had been fully consulted about their needs.

The care plans were kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required. We also saw daily notes that recorded the care and support delivered to people.

The provider told us that staff were allocated to support people with the experience, skills and training to meet the needs of people. Staff told us they would not be expected to support people with specific medical conditions unless they had received the appropriate training. One member of staff said, "I only work and support one customer at the service. I have been trained to deal with their specific needs. Before starting properly, I got to know the person to see if we were a good fit and only after that was I allowed to work unsupervised." This meant that the service was responsive to people's needs and had a person centred approach to support.

The staff we spoke with knew people well and were able to describe how they met people's individual needs. A member of staff said, "It's a small service and we get to know our customers really well."

During visits to people's homes, we saw that the service supported and encouraged the use of technology to assist and support people. At one home we saw that a person was using a specialist computer tablet to assist communication and in another staff were involved in setting up equipment so that a person could video message their relatives. The manager said, "The provider supports us to make use of technology to make our customer's lives better and to assist in accessing their friends and family."

We saw that the service supported people to access the community and assisted people to attend health professional appointments. For example, staff at the service supported people to take part in voluntary work and to attend education establishments. A relative said, "The staff at the service are great. They support our

relative to go to centres and to socialise. If we are unavailable, they will even take them to hospital appointments and to do activities such as swimming."

We saw that copies of the service's complaint's procedure were sent out to people's relatives when people started using the service. The service also had an anti-discrimination policy that was comprehensive and available to staff and to people and their relatives. Relatives we spoke with said they had no complaints about the way the service provided care and support. They said they would tell staff or contact the office if they were not happy or if they needed to make a complaint. One relative said, "We received information about the complaint's procedure when we started with the service. I'm sure we'll never have to use it as there are no real issues and minor matters are sorted out along the way." People's relatives said they were confident that their concerns would be listened to and their complaints would be fully investigated and action taken if necessary.

The manager showed us a complaint's file. The service had received one complaint since registration in November 2016. The file included a copy of the complaint's procedure and forms for recording and responding to complaints. We noted that the complaint had been responded to in a timely fashion, the complainant had been kept abreast of developments during the investigation and had been involved in resolving matters at the conclusion of the process.

Good

Is the service well-led?

Our findings

People's relatives and staff told us they could speak to the manager and other senior staff when they needed to because the management team was approachable. One member of staff said, "The manager and provider are really approachable and there is definitely an open culture here." A relative told us, "All the staff are approachable and I always get assistance from the office when needed."

In the absence of the registered manager, we noted that the provider had allocated additional resources to the service. The area manager and interim service manager were effectively running the service on a day-to-day basis. The area manager had attended the office at least twice weekly in support of the manager and we saw records of supervision meetings between the two. There was a clear management structure to support staff. One member of staff said, "Although we have missed the registered manager, the provider was quick to put things in place and has kept us informed throughout." Another member of staff said, "We all have clear direction and the support within the team is as good as it has ever been." A relative said, "There have been no issues whilst the registered manager has been unavailable. We were kept informed and received regular updates."

Staff told us they received regular support and advice from the management team in face-to-face meetings and could always access immediate support from senior staff at the office. We noted that this support continued after hours as the service operated a 24 hours a day advice telephone line. One member of staff commented, "I feel completely supported. Senior staff are always available and we are encouraged to raise any sort of issue."

During our visits to the homes of people who used the service, we saw that the manager was well known to people and their relatives and they were comfortable in each others' presence. The manager knew staff well and was familiar with the work staff were doing to develop and support the people in their care.

The values and vision of the provider were embedded in the ethos of the service. These values were to drive change so that disabled people have the same opportunities as everyone else and putting people at the heart of what they did. The provider's values also included promoting choice, individuality, equality and promoting people's independence. Staff received training about the provider's vision and values during their induction and were expected to display positive and engaging attitudes with people. One member of staff said, "I am proud of working here and really like the values we all have."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a notification. Since registration, the CQC had been informed by the service of such an event. The required notification was detailed and had been submitted in a timely way. We saw evidence of lessons learned following this incident and reference to it in team meetings with staff when ideas were suggested to try to prevent a reoccurrence.

We also saw records that supported that lessons had been learnt by staff following the management checks on documents including people's care records, staff training and medicine's records. For example, one of

these checks had highlighted a recording issue when staff administered medicines to people. From consideration of minutes from meetings, including staff and management meeting, we saw that the manager and area manager raised this issue with staff and stressed the importance of accurate record keeping. Thereafter, the manager made further checks to ensure that staff acted competently. This meant that we were able to check that when there were errors, appropriate action had been taken both from a point of view of compliance with the regulations and to improve the safety and lives of people.

Staff meetings were held every month and covered discussions on a range of topics around a set agenda. These included staff briefings on organisational changes, links with community organisations, training, health and safety and people's care and support needs. The meetings were recorded and where improvements or changes had been suggested, these improvements had been written into an action plan that was followed up by the manager at a subsequent meeting. We noted that the provider informed staff about changes in the wider organisation through newsletters.

People's relatives and staff were asked to give feedback about the quality of the service through frequent quality assurance surveys and phone communication. Feedback was analysed for any trends or patterns in the information received so that management could continuously improve the service. A relative's survey had been carried out in September 2017 and we noted that overwhelmingly positive feedback had been received. One relative said, "Staff and management put my relative's needs before their own. Nothing is too much trouble and any minor issues are sorted out very quickly. We are all very happy." A health care professional in a separate survey said, "The organisation and support provided to care staff helps them provide support to my client that is second to none."