

New Horizons Broad Oak Limited

New Horizons Broad Oak Ltd Resource Centre

Inspection report

Unit A7(e/f) Continental Approach
Westwood Industrial Estate
Margate
Kent
CT9 4JG

Tel: 01843295680

Date of inspection visit:
23 July 2019

Date of publication:
11 October 2019

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

About the service

New Horizons Broad Oak Limited is a domiciliary care agency. The service provides family support and individualised personal care to mostly younger people with complex learning disability needs. This is provided in their own homes, at New Horizons Resource centre, at New Horizons Caravan in Seasalter and in the community. Care is provided on a one to one basis unless additional staffing is identified. People are also supported to enjoy respite breaks away from home. The service supported nine people that required support with their personal care on a regular basis and a further two people when they were supported in respite.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were unable to tell us about the service they received so we spoke with their relatives. Relatives universally told us that they thought their loved ones were safe in the care of service. They spoke positively of the dedication, kindness and caring attitudes shown by of the registered manager and staff to the people they supported and to relatives.

Staff understood people's individual needs well and associated risks they may be subject to. They worked in partnership with relatives to ensure people received the everyday support for their care and health needs they required. Relatives referred to their relationship with staff as being 'part of a team'.

Relatives said staff treated people with respect and managed their personal care in a manner that protected their dignity even when out in the community.

Relatives were consulted about their family members care and the records the service maintained of peoples support needs were discussed with them. Records viewed reflected the needs people had regarding their personal care, socialisation, health and behaviours that needed to be considered. People were provided with care tailored to their individual day to day needs and delivered in accordance with current good practice.

People were asked for their consent to the support staff provided them with. 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. Risks people may experience were assessed and reviewed to ensure they remained safe and free from harm.

Relatives told us that staff supported them to attend health care appointments with their loved one where necessary. People were supported to expand their experiences in the community, participating in a range of activities that staff monitored to ensure they continued to enjoy them.

Relatives told us they were confident of raising any concerns or complaints to the registered manager and that these would be investigated and acted upon immediately.

Staff and relatives told us that good continuity of staff was maintained and people were never let down by staff not turning up. Relatives told us that staff had the right skills and staff told us they received the right training and support to carry out their role.

The registered manager was a visible and hands on manager who had a finger on the pulse of the service. Systems were in place to support them to monitor the service and the delivery of care and support. Staff spoke positively about working in the service, they thought there was good communication and team support. Staff thought the registered manager was a good inspirational leader who set the bar high for them.

The registered manager and staff took appropriate action in regard to accidents, incidents, complaints and feedback from people to learn from these and improve people's experiences of support from the service.

The registered manager was also a joint provider of the service and understood their responsibility to operate the service in line with their regulatory responsibilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: The last rating for this service was Good (published January 2017).

Why we inspected

This was a planned comprehensive inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our safe findings below.

Is the service well-led?

Good ●

The service was Well Led.
Details are in our safe findings below.

New Horizons Broad Oak Ltd Resource Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living with their parents, carers and with one individual that lives in their own home. People are supported with their personal care needs. People are supported to participate in a range of activities and experiences to develop their confidence and independence and to provide relatives and carers with respite breaks. This inspection looked at people's 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 July 2019 and ended 25 July 2019. We visited the office location on 23 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Because people receiving the service were out during the inspection on planned activities. We spoke with two of their relatives about their experiences of the care provided. Two support workers a team leader, and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a further five relatives and carers and three staff.

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 the same and has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Relatives told us that they had confidence in the registered manager and staff to keep their family members safe.
- When issues had arisen that highlighted improvements were needed to maintain people's safety, the registered manager worked with health and social care professionals to ensure people remained safe and further risks were minimised.
- Safe systems were in place to help people manage their money.
- Staff received training to understand the types of abuse people can experience, and were able to describe these. Safeguarding policies and procedures supported and guided their practice. Staff understood the responsibilities of their role to report any suspicions of abuse by using the whistleblowing procedure, they were confident these would be acted on by senior staff. Staff understood they could take their concerns to external agencies if these were not acted upon by registered manager or provider.

Assessing risk, safety monitoring and management

- Risks associated with people's needs, health and well-being were assessed and reviewed. This included risks associated with epilepsy, diabetes, mobility and behaviour that challenged. Care records made clear the measures implemented to reduce risks, and staff were kept informed of any changes to these when they occurred, and followed the amended guidance.
- An assessment of the environment people lived in was undertaken to highlight any risks to the person but also to the staff providing support, the level of risk was assessed and where possible steps taken to reduce the likelihood of risks and hazards present in the environment. Staff were kept informed of and acted upon changes in risk to keep people safe.
- Staff understood how people behaved when they were anxious and upset and the triggers that could precipitate this. Staff were familiar with strategies developed for managing these situations. Guidance informed staff how to provide positive behavioural support actions (Positive behaviour support is a behaviour management system). For example, distracting and diverting people away from expressing their emotions through behaviour that could impact on others.
- Staff helped people with positive risk taking, for example they helped a person make a successful housing application to live in their own accommodation. They assessed the new premises and involved occupational therapists to ensure it met the person's requirements. The person smoked so staff informed them about the risks this entailed and worked with them to confine their smoking to the garden and not in the flat for safety reasons.

Staffing and recruitment

- Relatives confirmed there were never any missed calls and the service was able to meet their requests for

support. Whilst there was some staff turnover a stable core group of experienced staff provided good continuity of support for people. The staff team and the registered manager covered gaps in staffing when needed. This ensured people were only supported by staff who knew them well. Staff had access to an on-call system out of hours for advice and support.

- The majority of people were assessed as requiring one to one support from staff to meet their day to day needs, and clear records were kept of how hours commissioned by the local authority were used. Where necessary additional staffing support was agreed with the funding authority.
- A safe system of recruitment was in place. An appropriate range of pre-employment checks were made of new staff before they started. This helped to protect people from unsuitable staff.

Using medicines safely

- New Horizons staff supported people with their medicines when they were out in the community or when away from home on respite, this was because people were assessed as unable to self-administer. Staff involved people in their medicines administration and followed guidance regarding administering medicines in the community. Staff recorded the quantity of medicines they were responsible for.
- Information in care records about what medicines people took and their preferences around this were recorded to guide and inform staff so people received their medicines as prescribed.
- We looked at several people's medicines administration records and noted staff completed administration sheets appropriately, and these were monitored by the registered manager to ensure staff were completing these, dating and signing handwritten changes where necessary.
- Staff received medicines training to support safe medicine practice. Their competency was regularly assessed by the registered manager. Medicine audits were completed regularly to highlight any shortfalls in staff practice and highlight areas for improvement. Medicine errors were handled appropriately. Staff sought advice and guidance from health professionals when this happened to ensure people remained safe and well.

Preventing and controlling infection

- Staff supported people with personal care and were provided with adequate supplies of gloves and aprons and used these when carrying out personal care.
- Staff were trained to understand and be aware of maintaining good infection control and food hygiene standards to avoid the spread of infection and keep people safe.
- Staff supported one person to keep their home clean.

Learning lessons when things go wrong

- Staff understood how to respond to accidents and incidents to keep people safe, records were maintained and monitored and analysed by the registered manager to identify trends and patterns and inform changes in staff practice.
- Where issues arose, care practices and policies and procedures were reviewed to minimise the risk of them happening again. For example, two recent incidents were discussed with local authority safeguarding staff but did not require further investigation. These incidents highlighted some improvements were needed to risk information and medication practice. The required changes were shared with staff and discussed within staff meetings to ensure the changes were embedded, there had not been a repeat of these incidents, so the actions taken had been effective.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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 the same and has been rated as Good. This meant 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, and choices were assessed before they started using the service. Referral to the service was via social services.
- People, their relatives and care managers were involved in the assessment processes and people's care and support to promote their wellbeing, social inclusion and improved independence was planned and delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- New staff received an induction and completed a probationary period before confirmed in post. Most staff held nationally recognised care qualifications. Those without qualifications were asked to complete the care certificate (this is nationally recognised set of care standards) and their competency as assessed by the registered manager.
- A comprehensive range of training was provided to the whole staff team that was relevant to their roles and met the specialist needs of people supported. Completion of the required training programme was monitored, and time for training was put into staff rotas to ensure this was updated.
- The registered manager told us that they sourced advice, guidance and training from other health professionals where needed to ensure staff had the skills they needed to meet people's needs.
- Staff told us that they received regular supervision with their supervisor. Staff said they valued these 'open chats' which were recorded and felt able to raise issues for discussion. Staff in post for more than one year received an appraisal of their work practices and personal development objectives. The registered manager and supervisor undertook observations of staff practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people lived with relatives or carers. Staff were not therefore always responsible for providing meals as part of people's day to day support. Staff were aware of needing to promote healthy eating, and supported people with healthy options and choices when planning meals with them.
- Staff knew people's food likes and dislikes, they understood how to respond to people's special dietary requirements or food allergies and where necessary had received specific training and guidance to ensure they supported people safely. For example, a staff member cooked all of one person's meals because they required a dairy and gluten free diet. Meals were cooked in batches so that there were meals available for relatives to use for the person when needed.
- A relative told us the service had been instrumental in implementing a healthy eating plan for their family member who had lost two stone as a result improving their overall wellbeing.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff supported relatives by accompanying people to routine and specialist healthcare appointments. For example, a relative told us how crucial the involvement of the support staff was in enabling their relative to access important and routine health appointments at the hospital, GP or dentist to maintain their health and wellbeing.
- A Speech and Language team health professional told us they had known the service and registered manager for several years. They spoke positively about their enthusiasm and professionalism stating that they had recently provided a learning session to staff in respect of one person. They commented "At the sessions there was a true sense that the team want to keep the particular client safe. The sessions did enable a more effective way of working that [the registered manager] was tasked with taking forward".
- Staff said that they knew people well and were able to identify the signs and symptoms people showed when they were becoming unwell and alerted their relatives and the registered manager to this so action could be taken to give them the health support they needed.
- Staff had on occasion supported people during overnight stays in hospital, the persons commissioned support hours were used flexibly to support this.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. No one was currently deprived of their liberty.

- Staff understood the principles of MCA and that people might sometimes need help with making important decisions through best interest meetings. Staff worked closely with people and their relatives and day to day support was provided based on the consent of the person, and staff respected people's decisions not to participate. The registered manager understood the need to assess capacity and consent records were being updated to reflect this.
- People were supported by staff to make choices and decisions about their everyday care and support. Staff were guided by what people wanted through verbal and nonverbal communication.
- Records showed that people had consented to some restrictive practices. For example, one person had agreed to have access to a limited number of cigarettes per day.

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 Good. At this inspection this key question remained the same and has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated. Relatives said they found staff very supportive. They spoke positively about the overall kindness and caring attitudes of staff fostered by the overall ethos of the management team. They told us how helpful the staff had been to them personally at times of crisis. For example, one relative told us, "When I was ill they stepped in and took over my family members care until I was better."
- Relatives told us that they felt they worked in partnership with staff and continuity in staffing had enabled them to build supportive relationships with staff. Relatives spoke positively about how careful the service provider and registered manager were about matching the right staff to people. For example, one relative said, "The carer is near my relatives age, so it's nice for them to spend time doing things with someone else of a similar age."
- Staff looked at ways to enhance and sustain the relationships people had with their own relatives. For example, a staff member told us that they had suggested a person meet up with their relative for coffee outside of the family home. This would provide a different aspect to their relationship and help enrich their joint experience. This had been discussed with the relative who was in favour and was to be introduced into the persons activities each week.
- The registered manager was confident any needs associated with people's protected characteristics would be met. Policies were in place that highlighted to staff the importance of not discriminating against people and treating them equally. Staff received equality and diversity training to raise awareness. The registered manager ensured any diversity needs were considered through assessment and reflected in care planning. For example, people with special dietary needs, or preferences around the gender of staff supporting them.

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

- Relatives told us that staff offered people choices about their day and how they spent their time. Staff had detailed knowledge of people's personal histories, social needs, potential for personal growth and independence and day to day preferences. Staff helped plan and suggest activity ideas and to facilitate these. For example, people liked spending time in community-based activities such as swimming or bowling. A few sometimes chose to stay home, staff respected this and tried to engage them in activities at home, such as puzzles, games, watching films together.
- Staff said they always consulted people and relatives in conversations about the care they provided. Relatives told us that they felt well informed and consulted about all decisions relating to their family members care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood what was important to people. They helped people to learn new skills, gain confidence and independence. For example, the registered manager had been actively involved in a housing application for one person to get their own more suitable accommodation. Service staff had helped the person to move in their belongings and make it homely. The person was now supported with learning life skills suited to their abilities, so they could be more independent of staff in some aspects of their support.
- Staff had worked in partnership with a relative to ensure the person followed a correct diet. This had been important not only for improving the persons health but to build their self-esteem and dignity.
- Staff and the registered manager were very aware that they worked in people's homes. They took care to respect the privacy and dignity of the whole family. Relatives felt staff did this well.
- Staff understood how to maintain people's dignity and privacy when delivering personal care support, including when out in the community in accordance with people's individual care plan.

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 remained the same and has been rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well. The registered manager matched staff to people to ensure that a good working relationship could develop. A staff member who had left and returned, counted one of the reasons for doing so as the people themselves and the bond they had developed with them and a desire to work with them again.
- Each person had a plan of care this made clear their daily support requirements such as assistance with personal care, medicines, planning and cooking a meal and with their socialisation in the community. This informed and guided staff in how they delivered support in accordance with the persons preferences. Relatives and carers told us "There is perfect attention to care to meet their different needs". Another said, "Her week is well structured and she knows what she is doing on each day, an activity has finished on a Wednesday and we are deciding what to replace it with, if something is not working we discuss it and change it".
- Relatives told us that they were involved and kept informed about changes to their loved one's support. One relative told us that they were recently approached to more provide background information to inform the care plan. Another told us, "If there are any changes we sit down as a team and talk about it, or if anything is not working I know I can pick up the phone and talk to [the registered manager].
- A daily record was maintained of what support people had received from staff and what they had done during their time together. This was monitored by the supervisor and registered manager to ensure the support provided matched with that recorded in their plan of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had been assessed around their communication needs. Staff had consulted with speech and language therapists to help devise communication plans. Staff understood the verbal and nonverbal cues people used, and their care plans recorded how they made their needs and wishes known to inform and guide staff. Staff used some communication tools such as now and next cards to inform people about what they were doing during the day.
- People had complex learning disabilities and autism and had variable levels of verbal and nonverbal communication. To help people feel informed about their care, pictorial person-centred plans had been developed for them. These reflected for example, things that were important to people and things they liked

to do as activities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were involved in discussions about how they spent the one to one leisure time they were allocated. A staff member told us that because sometimes the person they worked with did not wish to participate they (staff) were guided by them as to when they wanted to be left alone , or when they wanted company and activity.
- Relatives and staff told us about the range of social and leisure activities people participated in including cycling, swimming, bowling, attending local events, shopping, sports activities pub lunches. Were involved in decisions about their social and leisure time. "From day one they have loved it, they are out and about to discos, cinema, art, drama they have their own activity plan and that's good because they need time away from each other."
- The Registered manager had purchased a caravan with disabled access, this enabled service staff to support people to have respite away from home whenever possible. Similarly, a beach hut had also been purchased to give people opportunities to spend time at the beach with staff and other people. An allotment had been rented so that people could enjoy planting, and growing vegetables and plants. These activities gave people opportunities to socialise with others and have a visible presence within the community.
- Staff were mindful of helping to keep relationships healthy. A relative said the provision of support from the service enabled them "To get on with other things", and "It gives one a life" and "Provides a chance to switch off".

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place, but no formal complaints had been received. A service user guide provided information about making complaints. Staff understood how people expressed their emotions and when they were unhappy or angry, this was recorded in their care plans. An easy read version of the complaints process was included in the service user guide
- Systems were in place to share people's concerns and complaints with staff and the action taken to prevent any further reoccurrences.
- Relatives told us that they knew how to raise complaints or concerns, they said they found the registered manager very open and approachable and were confident that any concerns they raised would be dealt with immediately by the registered manager

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- However, going forward it was the intention of the registered manager to speak sensitively to relatives about people's resuscitation status and their end of life preferences.
- In the event that someone currently supported required end of life support the registered manager confirmed that they would where possible wish to continue with their support of the person. To this end they would ensure that staff received appropriate training to have a better understanding of good end of life care practices.

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 remained the same Good. This meant the service was consistently managed and well-led. Leaders and the culture they created

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a culture which was open, proactive and centred on improving the lives of people and through that the lives of people's relatives. They understood the need to provide a service that met people's diverse needs.
- Staff were confident they delivered high quality care, they worked collaboratively with relatives and the registered manager to ensure people received the care they needed and wanted and that outcomes for them remained good.
- A relative told us "[The registered manager] is one of life's kind people." Staff said, "We work as a little family, supportive of each other with good team work," and, "Everyone helps to pick you up if you are down."
- Staff said they felt valued and their efforts were acknowledged through team awards such as employee of the month and efficiency awards, staff felt good about having this recognition from the management team. Staff told us that the registered manager was always visible and very hard working for the benefit of people using the service. They thought that their ideas and suggestions to improve an individual's care and support or the service generally were welcomed by the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities under duty of candour to inform people and other agencies when something had gone wrong or concerns were raised, for example they had informed the appropriate agencies and relatives when a medicine error had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives felt the service was well run.. Staff were aware of the management structure in place and lines of accountability.
- The registered manager were actively involved in all aspects of the running of the service. They undertook regular informal checks of service delivery by covering shifts in staff absence and gained feedback from people and their relatives through this. Regular audits, of medicine, and money records were undertaken to ensure people's money and medicines were being managed safely. Checks of communication diaries, completion of incident and accident reports were also viewed to ensure these were completed appropriately. The registered manager was looking at the further development of quality audit and had

already sourced quality audit documentation to implement improvements.

- Staff said they felt supported by all the management team one said, "I feel since I started things have changed new staff get better support". Staff said they thought communication between staff and from the management team was good. Staff said they were able to keep updated with changes to peoples support quickly through home diaries or ad hoc meetings with all the staff supporting an individual. Staff meetings were held to keep staff informed about wider issues affecting the service. Another said, "if I am out in the community and something happens I know I can text or call and will get support."
- The registered manager understood the need to display their previous rating and this was clearly displayed in the office, and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager were known to people and their relatives and were easily accessible. They sought feedback from people and their relatives to help inform improvement to the service, staff also had opportunities to share their views and experiences of the service.
- The registered manager was passionate about the service and ensuring they continued to deliver high quality care. They surveyed relatives and people every six months to gain feedback and address any emerging issues. All survey feedback viewed at inspection was positive. Relatives praised the quality of the service offered and how this had helped individual people or their families. Survey feedback comments included, "Made it possible to do the things I enjoy", "I am a lot more outgoing and do not feel so isolated." "I am treated well, and they listen to me." "In [Name]'s life they have enriched it by taking him to new places and doing lots of fun activities"
- For relatives the impact the service has on their quality of life was clear "Keep up the good work, everyone is approachable, polite, the support worker we have is great and helping my relative to gain confidence." "A big difference we are all much happier.", "We have been able to have time with our younger son."
- The service produced a newsletter to keep people informed about the service and events, and whilst to date survey feedback had always been positive they agreed to feedback outcomes of survey analysis within the newsletter in future.

Continuous learning and improving care

- Accident and incident levels were minimal. The registered manager was keen to promote a continuous learning environment and analysed all incidents and accidents. Debriefs were held for staff and reflection on how the incident or accident occurred, and whether more could have been done to prevent it. This informed the updating of people's individual care plans and risk information to minimise the risk of recurrence. For example, a recent incident highlighting the risk of the person supported breaking away from staff if they saw an object they liked, this had led to their risk assessment when in the community being updated.
- The registered manager worked to their own action plan to drive improvement across the service and to improve outcomes for people.
- The registered manager valued training and development of staff and made time for this in staff rotas to incentivise them to do the training. This took away the stress of trying to train into their time outside of work, as staff were paid to train during work time.

Working in partnership with others

- The registered manager worked in partnership with people, their relatives, staff and other agencies to ensure people received good seamless care. For example, dieticians. They had developed good networks with social care and health professionals and sought their advice and support when needed.