

Dynamic Support Ltd

# Dynamic Support

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dynamic Support is a domiciliary care and supported living agency. It provides personal care to any adults who require care and support in their own houses and flats in the community. In addition, this service provides support to six people living in two 'supported living' settings, so that they can live in their own home as independently as possible.

Not everyone who used the service received personal care. 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. At the time of inspection, the service supported 12 people who were receiving personal care in their own homes. The service provides support to older people, people with learning and physical disabilities, sensory impairment and people living with dementia.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible

for them to gain new skills and become more independent.

Positive outcomes for people were evidenced and feedback about the service described it as exceptional. A relative commented, "We just feel so fortunate. We never thought we'd have this level of care for [person]. You can tell they [staff] want to be with [person]. They are the answer to our prayers." The service had excellent links and worked effectively in partnership with other health and social care organisations. Where people had complex or continued health needs, staff always sought to improve their care. There was a holistic approach to assessing, planning and delivering care and support. New evidence-based techniques were used to support the delivery of high-quality care and support. Staff training was developed and delivered around individual needs. There was a proactive support and appraisal system for staff, which recognised that continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. 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.

The service was consistently well-managed and led. The leadership and culture promoted the delivery of high-quality, person-centred care. It had clear, person-centred vision and values that included compassion, dignity and respect, independence and equality. The registered manager was available, consistent, and led by example. Staff felt respected, valued and supported. Management systems identified and managed risks to the quality of the service. This information was used to drive improvement within the service. The service involved people, their family, friends and other supporters in a meaningful way. Support and resources were available to enable the staff team to develop and be heard. All staff understood the fundamental need to provide a quality service. As we saw in the Effective domain of this report, there was a strong focus on continuous learning by all employees. The service worked in partnership with key organisations to support care provision, service development and joined-up care.

The service ensured that people were always treated with kindness and this was reflected in the feedback from people's families, representatives and external professionals. People were treated with dignity, respect and kindness during all interactions with staff.

People were involved in developing their care plans. These care plans reflected their individual care needs and preferences. Staff were well-supported to understand and meet these needs through learning and development. The service enabled people to carry out person-centred activities and encouraged them to develop new skills and maintain their interests. People's families felt confident that if they needed to complain, this would be explored thoroughly and responded to. People were supported to make decisions about their preferences for end of life care.

People were protected from avoidable harm and abuse. The service had effective safeguarding systems, policies and procedures in place and managed concerns promptly. The service anticipated and managed risks to people and staff had guidance to support them in their role of protecting people. There were enough competent staff on duty at all times with the right mix of skills. The service was clear about its responsibilities and role in relation to medicines and people received their medicines as prescribed. Lessons were learnt and reflected upon to improve practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 18 September 2018).

#### Why we inspected

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

The service was safe.

Good ●

### Is the service effective?

The service was exceptionally effective.

Outstanding ☆

### Is the service caring?

The service was caring.

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well-led.

Good ●

# Dynamic Support

## **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

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care and supported living agency. It provides personal care to people living in their own houses, flats and in residential care so that they can live as independently as possible. In supported living, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection because we needed to be sure the provider was available to support the inspection. Inspection activity started on 14 August 2019 and ended on 20 August 2019. We visited the office location on 14 August 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

### During the inspection

We visited the office location to review the management of the service. We later visited two people at their homes, but they were unable to verbally give their views. We therefore used some informal observation to help gain feedback about people's experience of being supported by the service.

We spoke with the provider (who was also the registered manager) two care co-ordinators and a new member of staff who was applying to become the registered manager and had been in post for the past two weeks. We spoke with three members of staff during our visits to people's homes.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management and governance of the service.

### After the inspection

Not all people supported by Dynamic Support were able to verbally give us their views. Therefore, we sought views from relatives or representatives that knew people well to help understand their experiences. We contacted three relatives after the inspection to gain their views. We had feedback from four members of care staff about their experience of working in the service. We sought feedback from six health and social care professionals who have knowledge of the service to request feedback. We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had all attended training on how to safeguard children and adults.
- People supported by the service were provided with sessions to raise their knowledge of abuse and how to report it. A relative said, "Yes, I feel they are kept safe where they are."
- Staff knew to report concerns to the provider who then investigated and reported appropriately.
- There was a safeguarding policy and procedure in place.

Assessing risk, safety monitoring and management

- Risk assessments were completed, which included risks associated with health conditions and behaviours that may challenge the person or others.
- People's records had information about how to reduce causes of behaviour that may distress them or put others at risk. Where risks were identified there were plans in place to guide staff how to manage these.
- Risk areas were identified for staff going into people's homes alone and included assessments of the general environment.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely manner. Staff confirmed they felt people's needs were met by adequate staff. Relatives confirmed this.
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before permanent staff were employed.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the proper and safe management of medicines to update their practice. The provider had made improvements.

- Medicines were received, stored, administered and disposed of safely.
- Staff were trained, and had their competency tested before administering medicines by themselves.
- Medicines Administration Records (MAR) were filled out accurately.
- Protocols were in place for people who required medicines as and when and these were followed with staff evidencing administration in line with guidance.

Preventing and controlling infection

- Staff had attended infection control training and demonstrated they knew how to prevent the spread of infection.



- Personal protective equipment (PPE) was available to staff.

#### Learning lessons when things go wrong

- The registered manager was reflective and showed us examples of learning to avoid further risks. For example, an improved system was in place to analyse medication errors.
- Recording of documents and action taken when things went wrong was robust.

## 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 has improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive, and people's feedback confirmed this.

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

- The service looked for and encouraged the safe use of best practice approaches to care and support, and how it was delivered. For example, the service had sourced, at their own expense, input of an 'intensive interaction' consultant. Intensive interaction is an approach that can be used to support people with complex disabilities, including autism or learning disabilities. This interaction helps people to relate, interact and share experiences with others on their terms. Techniques such as mirroring, rhythm and repetition, can support communication which is initiated and led by the person, and in turn promotes a positive interaction. We saw that one person had responded wonderfully to this approach. The registered manager said the first time she saw the person smile was when staff were crawling on the floor like the person was. The person's relative commented, "We just feel so fortunate. We never thought we'd have this level of care for [person]. You can tell they [staff] want to be with [person]. They are the answer to our prayers."
- The provider used relevant national guidance during assessments. For example, the National Institute of Care Excellence (NICE) guidance in relation to autism and learning disabilities. This meant people's care planning was consistent with relevant standards and evidence based best practice to improve their outcomes.
- There was a detailed approach in assessing, planning and delivering people's care and support. We had feedback from people's relatives of people making significant improvements since becoming supported by Dynamic Support. This included people accessing interests and activities which proved difficult prior to them moving to supported living. Feedback consistently evidenced that people had made significant progress. Comments included, "Dynamic support staff have brought things out of [person] that we didn't know he could do. He now goes out socialising, for meals. It really has brought out the best in him" and "[Person] has lost an awful lot of weight and needed to. This has made a massive difference to him. They help him eat healthily and he goes swimming to the hydro. So much happier now."
- Where necessary, other professionals were involved in the assessment process to ensure all provision was in place to support the person.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around people's individual needs. People's relatives were encouraged to attend training sessions. This was to support a consistent approach for people when they were supported by relatives. This meant people had a consistent approach which was beneficial to them. People had been involved in safeguarding training to raise awareness about what would keep them safe. We saw some flip charts from a session that had taken place where people had put their comments and

drawings on to portray their views. This meant the provider was aware of the importance of involving people in training that was about them and meant their input was valued.

- Relatives felt staff were knowledgeable. One relative said, "I have no doubts they receive the right training. They have learnt to manage [person's] behaviours and how to ensure she eats properly. They (staff) have a lot of skill and patience."
- Training was mostly delivered face to face and specialist training such as autism was delivered by a national society. This provided staff with the most up to date approaches about how to support people effectively to achieve positive outcomes.
- Staff induction was robust, and staff were supported through regular one to one supervision, appraisals, competency checks and observed visits and meetings regarding people's care needs. Best practise and ideas were shared on how to support people effectively.
- Staff were supported to continue progressing in their careers. All staff were encouraged to gain national social care qualifications with a government approved adult education organisation. This meant that people were supported by staff whose skills were being continually updated to provide the best level of care. It also reflected the provider's values of supporting staff to meet their full potential and recognise the importance of social care being an invaluable profession.

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

- People's health needs were monitored on an ongoing basis and health services contacted where necessary. Positive outcomes were achieved because of the care provided by the service. This was achieved by having excellent effective links with health and social care services. An external professional stated, "Access to healthcare is one of the areas where Dynamic Support excel. Staff monitor well-being and are proactive in making referrals to GP and if required specialist healthcare such as Speech and Language Therapy (SALT) and specialist nurses. Dynamic Support had success with one service user who was reluctant to visit the GP and via a process of gradually getting used to the idea, this person was able to visit the GP and get the support they needed."
- The service was committed to working collaboratively to deliver more joined-up care and support to people. We received feedback from external health and social care professionals that staff worked well as a team to provide effective care. A social care professional gave feedback about their observations in relation to carers providing 1-1 support for a person in a care home. They said, "The carer showed an incredible knowledge about the needs of the person they were caring for and how they are meeting those needs. The nursing and care staff at the care home spoke highly of the carers from Dynamic Support (a small team of 3-4 regular carers providing 1-1 support 24 hours daily). The registered nurse on duty advised that the carers were very good with the [person] and they ensure that they interact with him positively to reduce behaviours which staff may find challenging."

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

- There was a strong emphasis on the importance of eating and drinking well. A person was supported in hospital for surgery by a member of care staff from Dynamic Support. We saw recent feedback from a senior hospital professional who said, "[Name of staff member] is so professional and prides herself on delivering a very high standard of care to her clients – evidenced in how well her client was presented and the client's skin did not have a mark on it, despite her being very elderly and with reduced mobility. She also explained that through providing good meals and a nutritious diet, her client's diabetes is now so well managed she did not need insulin." Feedback concluded with the professional stating, "[Name of staff member] has a lovely sunny disposition but with a very calming manner. It seems that nothing is too much trouble. [Name of staff member] is clearly very passionate about her work. She explained that her philosophy is 'whatever you do, you should do it with love' and this was clear to see. [Name of staff member] is an absolute credit to

the caring profession."

- The service ensured staff provided people with good quality food and people were fully involved if they chose. Care staff worked with people to promote healthy eating and sufficient nutrition and hydration. Where people had identified nutrition needs, these were managed in accordance with international guidance about safe textures of food and drink thickness to ensure people did not choke. The local SALT and dietician were engaged with where necessary.

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 DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Where people could not consent, a care plan had been drawn up to deliver care in the person's best interests, with input from those that knew the person well. All aspects of providing as much choice as possible was enabled. A relative said, "[Person] wants very little but what she does want is important. They listen to her and they're fantastic. Offer her choices with clothing and shoes. It opened my eyes as I never thought about doing that. This is an achievement for [person] as well. Marvellous."
- The registered manager and care staff understood the MCA and consent. Staff were able to describe assuming capacity and providing all means to secure people's choices and consent.

# 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 has remained 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

- Care staff ensured people were treated with kindness, care and compassion. This was reflected in the feedback from people's families which was consistently positive about the caring attitude of the staff.
- Relatives told us staff were kind and caring. Comments included, "Caring is their strong point. [Person] loves routine and likes to know people. As [person] lived with me most of their life it was a major event when they left home and my care. When I see him now, he is so happy there and can't wait to go back to his home", "They are lovely. Just what I'd want for [person]. There's always a good atmosphere and they are really friendly", "They are all lovely and have people's best interests at heart", "We are more than happy with the care. [Person] is as happy as they could be as she is given the support and care she needs."
- Staff had the values and skills to make sure that people received compassionate support and had enough time to get to know them, including understanding people's care and support needs, wishes, choices and any associated risks. For example, we saw feedback from a health care professional who had complimented a member of care staff supporting a person in hospital. They said, "[Name of staff member] was also really helping in making discharge arrangements for her client and her driver for doing this was clearly looking after the patient's best interest. [Name] wanted [person] to be back in her own familiar environment where she explained that she likes to engage her client in meaningful and functional tasks to keep her going and maintain the functional abilities that she has."

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

- Where possible, the provider ensured people were involved in planning their care. They also understood when families or others may need to be involved to ensure people's views were heard. A relative commented, "We are kept up to date and are involved. This is so important as they listen to advice which some other agencies haven't done. They are so responsive when things need changing."
- People were provided with sources of support and advice where needed. For example, advocates were used to help people express their views when decisions needed to be made.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and without discrimination. An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Staff completed equality and diversity training as part of their induction. This helped to ensure that people could access the same opportunities regardless of their lifestyle, ability or background. For example, community activities such as ice skating, trampolining and swimming. People were also supported to practice their faith as staff would willingly accompany people to access places of worship.

- People were encouraged to be independent. We saw some good examples where people were being enabled with the support of staff to do things they could not before they had support from the service. A relative said, "[Person] loves shopping. They have encouraged him to become more independent. For example, they encourage him to do his laundry and help with the cooking."
- Staff told us how they ensured people's privacy was preserved when delivering personal care.
- People were supported to maintain and develop relationships with those close to them. People had free access to their family, friends and community. A relative commented, "Really good at keeping up family relationships. They support [person] to visit their [relative] twice a week and they play [activity] together and catch up. This is good for both of them."

# 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 remained 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 encouraged to take an active lead in developing their care plans. Care plans were personalised and gave staff clear instruction on how people liked their personal care to be provided.
- The registered manager made regular visits to people to give them an opportunity to discuss what was going well, or raise any concerns or changes required. Where a person lacked capacity to provide input on how their support was going, appointed persons, family members or advocates were involved in review meetings.

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.

- AIS had been integrated into the service to assess, identify, record, meet and share people's communication needs. An example of this was an "easy read" version of the local safeguarding policy. AIS was used by the service to ensure people's communication needs were assessed and met. For example, one person received a hospital appointment on a normal letter and could not understand the letter. Staff supported the person to request that the letter was resent in an easy read format.
- Staff were trained to use sign language and used pictures, videos and intensive interaction to aid communication. The consistency of care provided by the same staff at all times helped to ensure people's communication was enhanced.

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 were supported to strengthen social networks and take part in community events such as coffee mornings, shopping, trips to the seaside and shopping.
- Each person was supported in line with their care plans and encouraged to socially integrate in their communities. This engagement was reviewed daily to evidence that staff were promoting this. This contributed to enhanced outcomes for service users. The provider said they aimed to further develop activities to reflect everyday life not just leisure.
- Relatives told us people were having their preferences met. One relative said, "They tailor his needs in considering what he may like to do and can tolerate. There are times when he wants to be out and about and times he wants to lounge around, and they respect this."

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was being adhered to.
- Complaints were fully investigated. Only one complaint had been received over the past year and it had been dealt with in line with procedures.
- Relatives told us they had not felt the need to complain but were confident, that if they did, the registered manager would respond appropriately. One said, "Never had to make a complaint. I've got [registered manager's] number and she is always encouraging us to make contact if any concerns."

#### End of life care and support

- Nobody was receiving end of life care at the time of the inspection, but the service had previously supported people towards the end of their life. The service had recently supported a person who had been described as needing end of life care. However, the input from the service meant they improved and no longer required end of life care and had a new lease of life.
- Some conversations had taken place and preferences were recorded for those people who had wanted to discuss end of life care.
- Some staff had received end of life care training.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended the provider followed best practice guidance in relation to quality assurance of the service. The provider had made improvements.

- There was an effective overview of the quality of the service. This was supported through measures such as audits in areas of medicines, recording and documentation of people's records. In addition, unannounced observations took place where staff were delivering care.
- The registered manager had a good understanding of regulatory requirements. They kept updated by receiving updates from bodies such as the CQC and NICE.
- There was a clear system of delegation and staff understood what their roles entailed.

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

- The provider of Dynamic Support had a clear vision to promote dignity and equality and diversity. The provider told us, their ethos was to have, "Consistency, build a relationship and achieve good outcomes. This was underlined by written mission statements, core values and an emphasis on staff to adhere to these values.
  - We received consistent positive feedback about how the service was managed. Comments from relatives included, "[Registered manager] is fantastic. She regularly visits people including [person]. Often just pops round. She keeps staff too and that tells you something. Always the same staff which is needed as my [relative] is very complex. She is a very good boss"; "Very good. Service is excellent. Not got a bad word to say about them. They understand [person] and communication is excellent" and "[Registered manager] is fabulous. Everything is done how we like it. We go and visit each week and when we return we feel so happy."
- Staff felt supported in their roles. We heard positive comments about the management of the service including, "She is always happy to help at the time. Very approachable anytime" and "Very good, she is always there to support."
- We saw at this inspection that the service had a strong focus on people and supported them to achieve positive health outcomes and their goals.
  - Staff said they felt supported and could always approach the registered manager for guidance.

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

- Relatives told us they were kept informed about changes in needs and if a person became unwell.
- The service was acting on its duty of candour.

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

- People were involved in their care provision, from developing care plans to feeding back into how the service could be run. Regular meetings or phone calls took place with the person's family or representatives. Regular surveys also took place to gain feedback from families and other representatives.
- The service operated an 'open door' policy to all people, staff, and families or representatives. This was to ensure any queries or concerns were dealt with immediately.
- Regular team meetings were held to discuss how best to support people to achieve their goals. All staff were encouraged to deal with people's suggestions.

Continuous learning and improving care; Working in partnership with others

- The provider had enlisted the services of a social care consultant to provide guidance and support, auditing the service and to develop a service improvement plan. This ensured that the quality of the service was under constant review to embed continuous improvement.
- The registered manager was reflective on how the service could improve and linked in with other professionals and services to share best practise. For example, staff attended dementia workshops organised by the local dementia nurse. This helped staff have a greater understanding of different stages of dementia and how best to support people.
- The service had developed good working relationships and communication with GP's, community nurses, and care managers.