

Mrs Sharon Clark

Your Choice

Inspection report

Suite One
The Limes Business Centre,
Broad Street
Deal
Kent
CT14 6ER
Tel: 07717 503866
Website:

Date of inspection visit: 24 April 2015
Date of publication: 08/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection visit took place at the agency's domiciliary care office on 24 April 2015. On 29 April 2015 we visited people in their own homes and spoke to relatives and personal assistants (P.A's). We also contacted relatives and P.A's by telephone. P.A's are members of staff providing care and support.

The agency's office is based in the middle of Deal town centre and the agency offer support and care to people in Deal and the surrounding areas. Your Choice is registered

to provide personal care to younger people who had physical and learning disabilities. People lived in their own homes in the community. At the time of the inspection the agency provided personal care for six people. They also provided support for other people with their shopping and activities but this type of support is not regulated by the Care Quality Commission (CQC). The provider and office manager assisted with the inspection. They worked as a team to make sure we had the information we requested.

Summary of findings

The majority of the people who used the agency lived with their relatives. The agency provided 19 self-employed P.A's to support people with their personal care and their social activities. (Because the people who worked at the agency were self-employed they were referred to as personal assistants and not staff). The agency also provided support and respite for relatives throughout the week. The support hours varied from 24 hours a day to an hour or more.

Some people required two P.A's at each visit. For some people the routine was that the P.A's would go into their homes in the morning to assist and support them with their personal care and get them ready for the day. P.A's would then take them out to participate in activities in the community. On other days relatives/parents gave all the support. Each package of care was tailored to meet the personal needs of each person. The agency worked to give people the care and support they wanted and needed to remain at home and to be as independent as possible.

There was no registered manager in post. This was because the agency was registered to one person who is the provider and therefore the agency does not require a registered manager. The provider was the registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered provider had overall responsibility for this agency. The provider was at the agency office every day and there was an office manager in post who gave support with the day to day running of the agency. The registered provider and office manager also provided care and support to people.

Safeguarding procedures were in place to keep people safe from harm. People felt safe using the service; and if they had any concerns, they were confident these would be addressed quickly by the provider. The P.A's had been trained to understand their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. P.A's had received training in how to keep people safe and demonstrated a good understanding of what constituted abuse and how to report any concerns.

People received support in line with their assessed personal care needs. Systems were in place to manage risks to people using the agency and P.A's, including risk

assessments. In some cases further detail was needed in the risk assessments so that P.A's had full written guidance of how to keep risks to a minimum. P.A's were able to tell they would do if an incident did occur.

People indicated and relatives told us that they were very happy with the service the agency provided. P.A's knew people's individual needs and how to meet them. People and their relatives were fully involved in the assessment and the planning their care. The details in the care plans contained the information needed to support people in the way they preferred and suited them best. People were confident that P.A's provided personalised care and knew their routines well.

People care plans had been reviewed by senior P.A's and any relevant changes were made when required. P.A's said the communication between them and the office made sure that they were up to date with people's changing needs.

People and their family were involved in developing care plans, and they were able to make decisions about their care and support. Although P.A's had not received formal training in the Mental Capacity Act 2005 they were able to explain current guidance to support people to make decisions. They were able to tell us about the importance that everyone should be deemed to have capacity to make decisions about their lives. They knew what to do if a person did not have capacity to make a decision. They told how they supported people to do this. The Mental Capacity Act 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The provider told us that recently a person had been referred to health and social care professionals to make decisions about their care and support. A best interest meeting had been held to collectively decide what action should be taken to act in the person's best interest.

People received their medicines safely and when they needed them. They were monitored for any side effects. The agency made appropriate referrals and worked jointly with health care professionals, such as community nurses, doctors and specialist services to ensure that people received the support they needed.

P.A's supported people to prepare meals to make sure they had a range of nutritious food and drink.

Summary of findings

There were sufficient numbers of P.A's available to make sure people's needs were met. They had permanent regular schedules of calls so that people received care from a consistent team.

People were protected by robust recruitment procedures and new P.A's had induction training which included shadowing experienced P.A's, until they were competent to work on their own.

P.A's received an induction, core training and specialist training, so they had the skills and knowledge to meet people's needs. They fully understood their roles and responsibilities as well as the values of the agency.

P.A's were caring and treated people with dignity and respect. People received care from a team of consistent P.A's who knew their routines well. They were kind, compassionate and polite. Relatives told us that the P.A's arrived on time and stayed for the duration of their call. P.A's often took people out during the day to attend various activities in the local community. The activities varied depending on what the person liked and enjoyed.

People and P.A's were supported by an out of hours on call system. They told us that the provider and office manager were always responsive and any queries raised were sorted out promptly.

People felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback about the agency informally and formally. The feedback received had been positive.

The culture within the agency was transparent, personalised and open. People, their relatives and P.A's could drop in at the office at any time to discuss any issues or concerns. There was a clear management structure in place and P.A's told us they were all part of the team. They said they felt comfortable talking to the provider about their concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service being provided. The agency looked at new ways of working to continuously improve the service.

Summary of findings

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 not consistently safe.

Risks to people were assessed but written guidance was not always available to make sure all P.A's knew what action to take to reduce risks to people. P.A's were able to tell us the action they would take.

Personal assistants (P.A's) knew how to protect and keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

The agency had effective systems to monitor equipment in people's homes to make sure it was safe to use.

There were sufficient P.A's on duty to meet people's needs. P.A's were recruited safely and completed induction training so that they had the skills and knowledge to look after people safely.

There was support from the provider and office manager outside of office hours and systems were in place to respond to emergencies.

Requires improvement



Is the service effective?

The service was effective.

People were asked about their preferences and choices and were supported to remain as independent as possible. The manager and staff understood their responsibilities under the mental Capacity Act 2005.

People received care from P.A's that were trained to meet their individual needs. P.A's arrived on time and spent the allocated time caring for and supporting people.

Staff supported or prepared meals for people to make sure they had a range of nutritious food and drink.

People were supported to access appropriate health, social and medical support as soon as it was needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and P.A's respected their privacy and dignity.

People indicated that they liked the P.A's and looked forward to them coming to support them.

Care plans were personalised with people's choices and preferences and people were involved in making decisions about their care.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's needs were assessed and this information formed part of the care plan. The care plans were reviewed and updated regularly.

People were supported to make decisions about their care and support as far as possible.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to make complaints.

Good



Is the service well-led?

The service was well led.

The provider of the agency completed a number of checks to ensure they were providing a good quality service.

People and P.A's had the opportunity to develop the agency as there were regular meetings to discuss all aspects of the agency. The P.A's had a clear understanding of their roles and what their responsibilities were.

The provider reviewed policies and practices to ensure the quality of service provision. They monitored the support provided to people that used the agency.

Good



Your Choice

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 24 and 29 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the agency and the personal assistants (P.A's) who support them. On the 24 April 2015 we went to the agency's office and looked at four care plans, three P.A's files, audits and other records. We spoke with the provider

and office manager. On the 29 April 2015 we visited and talked with people and their relatives in their own homes and spoke with two P.A's. We also contacted a relative and a P.A. by phone.

One inspector completed the inspection. This was because the agency only provided personal care to a small number of people.

The agency had not completed a Provider Information Return (PIR) as we had not yet asked them for one. The PIR is a form that asks the provider to give some key information about the service, what the agency does well and improvements they plan to make. We reviewed information we received since the last inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

At the previous inspection on the 18 April 2013 there were no concerns.

Is the service safe?

Our findings

People indicated that they felt safe and trusted the personal assistants (P.A's) that supported them. Relatives said that they had total 'faith' in the P.A's. They stated the P.A's looked after their relative as well as they would.

P.A's had received training in safeguarding adults. They were knowledgeable in recognising signs of potential abuse and how to report abuse within the agency and to outside organisations. P.A's explained that each person had a range of risk assessments and individual support plans that gave P.A's guidance on how to help keep people safe. P.A's explained that they had built up good relationships with the people they supported and were able to tell when something was wrong. They told us the signs of abuse may include unexplained mood swings, or other behaviour that was out of character. P.A's told us they would not hesitate to report any concerns to the management. The provider was familiar with the process to follow if any abuse was suspected and knew about the local authority safeguarding protocols. The agency had not had to report any potential abuse and there had been no other safeguarding issues reported by any other source. P.A's were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management or other agencies. The agency had systems in place to investigate and respond if any issues were raised and to question P.A's practice.

There were arrangements in place to help protect people from the risk of financial abuse. This included procedures for staff supporting people to manage their day to day spending.

Risks to people had been identified and assessed. Some of the written guidelines lacked detail on what to do if an incident did happen. Some people were identified at being at risk from choking or exhibiting self-injurious behaviour. There was information and guidance available for each person to tell P.A's how to prevent this from happening or the signs to look out for; but in some cases there were no written instructions to say what to do for people if they did start to choke or exhibit behaviours. We asked the staff what they would do. The staff knew people well and they were clear and knowledgeable about what to do if a person did start to choke or exhibit a behaviour.

P.A's were aware of the reporting process for any accidents or incidents that occurred. The provider had policies and procedures to investigate and carry out any required actions to help ensure people remained safe and to reduce the risk of further occurrences.

People were receiving care from adequate numbers of competent and skilled P.A's. The number of P.A's required for each visit was determined by the level of care and support each person needed. This varied at different times of the day and night. Some people required two P.A's during the day but only one at night. No one had experienced any missed calls and people told us the P.A's were rarely late and if they were going to be they always telephoned. The provider confirmed that no visits had been missed for people using the agency. The agency had sufficient numbers of P.A's to meet people's needs and cover holidays and sickness absences. P. A's told us if there was an unexpected absence due to sickness or an emergency then the provider or branch manager covered the short fall.

There was an on-call system covered by the provider and the branch manager. Relatives and

P. A's said when they had contacted the agency out of hours they had received a prompt reply. One person told us that they could always rely on the P.A's coming when they requested additional calls.

P.A's were recruited safely. All of the relevant checks had been completed before P.A's started work. This included an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

P. A's had received training in medicine administration and their practice was observed during spot checks carried out by senior P.A's. P. A's were able to talk through the procedure they followed when administering people's medicines, which followed safe practice. There were detailed personal medicine guidelines available for each person to make sure people received their medicines safely and in a way that suited them best.

There were policies and procedures in place to make sure that people received their medicines safely. People's

Is the service safe?

medicines were stored safely in their homes. People's medicines were handled safely. Relatives and P.A's said people received their medicines when they needed them. P.A's signed medicines records to show that people had been given their medicines. This included creams that were applied to people's skin to keep it healthy.

Equipment used by people was serviced regularly and maintained. The equipment that people used in their

homes like hoists, special mattresses and wheelchairs were regularly checked to make sure they were safe. People were supported to use the equipment safely as P.A's were trained to use it properly and safely. Systems were in place to monitor the servicing of equipment that was used in people's homes. This was monitored by the senior P.A's to make sure the records were up to date, and the equipment was safe to use.

Is the service effective?

Our findings

Relatives said that the P.A's were very well trained and the provider did not let new P.A's do anything until they had done a lot of shadowing and were fully confident and competent.

One relative said, "All the staff have put in a lot of extra time making sure they know how to positively support my relative. They have worked with the local specialist team to make sure everything is done right and it's working".

People were satisfied with the care and support they received. People indicated that they got on well with P.A's. They were relaxed and happy in their company. People smiled and laughed with their P.A's. People were able to let the P.A's know what they wanted by facial expressions, body language and noises. The P.A's knew people well and were able to respond to them immediately. A relative said, "I am very happy with the P.A's and the agency". "I cannot fault the P.A.s whatsoever. I totally trust them with my relative. They know exactly what to do." Another said, "The personal assistants are fantastic. Everyone involved has been has been great. I have no problems with the agency".

There was a stable and consistent team of P.A's who knew people well and knew how they liked to receive their care and support. They had knowledge of people's medical, physical and social needs. Staff were able to tell us about how they cared for each person to ensure they received effective personal care and support. New P.A's completed an induction training programme when they first started to work at the agency, which included shadowing senior P.A's. They completed a probationary period before becoming a permanent P.A. The provider said they did not let any new P.A's do anything unsupervised until they were totally confident in their skills and abilities. The provider or the office manager assessed the competencies of the P.A's by observing their skills in people's homes. They observed areas like moving and handling, supporting people to eat and giving medicines.

People were supported by trained P.A's who had the knowledge and skills required to meet their needs. P. A's had completed training courses, such as health and safety, first aid, moving and handling, infection control and food

hygiene. P.A's had also received specialist training in areas like supporting people to eat through a special tube and had completed training in behaviours which may challenge and epilepsy.

P.A's had spot checks on their practice by the provider and attended meetings at the agencies office. Spot checks were undertaken on an unannounced basis whilst they were caring for and supporting people. People and their P.A's often popped into the office when they were out in the town and had a chat with the provider and office manager.

P.A's were aware of and were able to explain the principles of the Mental Capacity Act (MCA) 2005 and how it impacted on people they supported. They said that aspects of the MCA had been included in other training they had completed. The provider was in the process of accessing more in depth training in this area. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest meeting was held involving relatives and social services care managers and specialist nurses and staff from the local learning disability team. This had recently happened when a decision had been made in a person's their best interest to covertly give them medicines. This was to make sure the person's medical condition remained stable. Some people could make some day to day decisions for themselves like what they wanted to wear and what they wanted to do. Most of the time people were supported by family members. P.A's explained to people the care and support they were going to give and waited for them to indicate if they were happy with that or not.

P. A's received regular supervision. Supervision was not planned but P.A's regularly met with the provider or the office manager to discuss any concerns or issues. P.A's and the provider told us that any issues were dealt with immediately. P.A's received an annual appraisal. These processes gave them an opportunity to discuss their performance and identify any further training or development they required. There were regular meetings at the office when P.A's could discuss any issues, suggest different ways of doing things and raised ideas about how they could improve things for people.

People had regular P.A's and they were matched with P.A's who had the right skills to meet the person's individual care needs. When P.A's were allocated to a person the provider checked to make sure everything was going well by visiting

Is the service effective?

the person and their relatives. If for any reason the person or the relative thought the P.A and person were not well matched and were not building up a positive relationship then the P.A was changed. Relatives told us that this had happened.

The P.A's were reliable and turned up on time. If for any reason they were going to be late they let the person know. Relatives said this happened rarely. P.A's always gave the care and support people needed for the amount of time that was agreed. One relative said, "They go over and beyond the call of duty. Another said, "We wanted continuity and that's what we have got. They get to know us and our ways. They are like our extended family". People's visits were allocated permanently to P.A's so that people received consistent care from P.A's who knew them well. Each person had a small team who provided them with all the care and support that they needed.

People's needs in relation to support with eating and drinking had been assessed during the initial assessment. People were supported and encouraged to eat a healthy and nutritious diet. P.A's had received training on how to safely care and support people who had percutaneous endoscopic gastrostomy (PEG). PEG feeding was used when people could not maintain adequate nutrition with oral intake and a tube was inserted directly into their stomach. A relative said, "They have a plan to give fluids throughout the day; I feel (my relative) gets the diet that they need. The P.A's are fully competent in using the PEG".

People received the amount of nutrition that they needed and they were monitored to ensure this continued. If people were able they were supported to prepare their own meals. Most people's evening meals were prepared by their families. P.A's took people out for lunch to local pubs and café's.

P.A's supported people with their health care needs. P.A's were attentive and knew when people were unwell or may need a doctor's appointment. They supported people to attend medical appointments at their doctors or at clinics and hospital. A relative said: "The personal assistants always seem to know what to do". Some of the people who received support from the provider had difficulty in communicating verbally. Each person had communication book called 'All about me' which provided key information which would be of use to another agency, such as a hospital or clinic, and would help to make sure that the person received the right communication support. People were supported by P.A's that knew them well and who could advocate to help health care professionals understand people's needs.

Records showed that personal assistants reported any concerns regarding people's skin integrity to the office who notified the district nurses. People had the relevant equipment to reduce the risks of pressure sores to keep their skin as healthy as possible. P.A's had received training on how to support people with their continence care.

Is the service caring?

Our findings

People indicated and relatives told us that they found the P.A's to be caring and kind, and that they had a small number of regular P.A's that supported them. They said the P.A's were reliable and considerate and had spent time getting to know people. Relatives told us that people enjoyed a positive relationship with their P.A's and that support was provided by a consistent and familiar staff team. One relative told us, "They are very caring and understanding" whilst another said, "They've got to know my relative very well and they know if they are not happy". "I'm absolutely very happy with the agency. They keep me up to date with what's going on. I am completely satisfied".

When people first started to use the agency they were visited in their own home by the provider or office manager. An assessment of the person's wishes and needs was completed with the person and a support plan was put in place. People were given a copy of their support plan before their care started. This ensured that people and their relatives were fully involved in the assessment and support process and had the opportunity to address any changes.

People had support around social needs and community involvement. People were involved in choosing what activities they did to meet their needs and wishes. Everyone worked together to make sure people got everything they needed.

Support and care was planned in a way that ensured people's privacy and dignity. One support plan detailed how to recognise and deal with challenging behaviour in the community. The details included warning signs and triggers and guidelines for staff to follow which ensured the person was supported discreetly. This ensured the person's dignity was maintained and they were treated with respect

The P.A's, the provider and office manager had a good knowledge and understanding of the people they were caring for. People received care and support from P.A's who knew and understood their history, likes, dislikes preferences, needs, hopes and goals. P.A's were able to talk in detail about people. They knew how people preferred to be supported and what worked well for them and what did not. The relationships between P.A's and people receiving support demonstrated dignity and respect at all times. P.A's listened to what people said and responded to them in a way they could understand. They made sure that when people were in the community they had access to public facilities that met their needs. P.A's planned for eventualities like knowing the location of toilets and bathrooms that could accommodate wheel chairs before they took people out.

P.A's explained to us how they made sure people received help with their personal care in a way which promoted their dignity and privacy like leaving people alone in the bathroom and closing the door and waiting for people to ask for support with their personal care. P.A's encouraged people to do things for themselves so that their independence was maintained as much as it could be. People were encouraged and supported to do as much as possible for themselves.

People looked very comfortable with the P.A's that supported them. P.A's understood what people wanted and acted promptly when they indicated they wanted something. When people communicated non-verbally and staff were able to understand what they wanted through facial expressions, noises and body language. When one person did not like having their hair brushed, the P.A's were able to make it fun and were able to win them around so they were able to help them to get ready to go out.

Is the service responsive?

Our findings

Relatives said the care and support people received was developed and built around the person. They said that most domiciliary care agencies concentrated on delivering care to the elderly, but 'Your Choice' offered specialist care and support for younger people with physical and learning disabilities. One relative said, "The agency offered a 'bespoke' service. People were at the centre and everything else revolved around them making sure they had everything that they needed".

People were involved in their assessment and care planning. They had choices about how they lived their lives. There was information about their choices and preferences and how they liked to be cared for.

The agency usually received their referrals from the local social services team. When people first requested the agency they had an assessment from the provider or office manager which identified their care and support needs. From this information an individual care plan was developed to give P.A's the guidance and information they needed to look after the person in the way that suited them best. P.A's had to have full knowledge and understanding of the person and how to care for them before they were allowed to support people on their own. The provider met with P.A's to discuss all aspects of the care and support and how the person and their relatives wanted it to be carried out.

The care plans were personal and gave a full picture of the person. There was step by step detail on how people preferred to be supported with their personal care, communications, behaviours, money, medicines, meals and activities. They contained all the information needed to make sure that people were receiving everything they needed in the way they preferred. One plan stated, "Don't wash X face till last as they do not like water on their face. Show X the flannel so they know what you are going to do and wait until they are ready".

There was information about how to support a person to help prepare a meal, including what spoon to use so that they could be more involved. There was information on what people could do for themselves to promote their independence and where they needed support. One

person was able to and liked to put the foot plates on their wheel chair and P.A's encouraged them to do this before they went out. There was specific instruction about how a person preferred to have their bed made.

P.A's were given specific, training and guidelines for people when they had conditions like epilepsy. It gave information on how epilepsy might affect the person's mood and general health. It gave them instruction on what action they had to take to meet the persons specific needs, like don't let the person get too hot and how to reduce anxiety.

Behaviour support and communication plans had been developed to meet people's individual needs. Behaviour support plans gave details on the reason why a person might show a behaviour, like boredom or being told what to do. They stated how the person might present and then gave techniques on how to avoid a behaviour that might challenge, like singing loudly or doing something silly. People were developing skills and independence. All aspects of individual people's lives were considered and planned according to what they wanted, what they could do to promote their independence and self-esteem.

People's family members were consulted with regards to care given and important relationships were nurtured, facilitated and encouraged. People's care and support was reviewed monthly in case any changes to the care and support were needed.

There was a range of activities that were made available in response to people's needs and wishes. People, relatives and P.A's worked together to find out what people enjoyed doing and arrangements were made for them to participate in activities in the community. People enjoyed going out and about. The agency responded to people's requests and took people to places they wanted to go. People had been on trips to the zoo, cinema and some people went swimming on a regular basis. They attended local centres to meet other people and do arts and crafts and enjoyed sing-alongs. People were part of the local community. They went to the local town on a regular basis to get things they wanted from the shops or to the pub for lunch. People were supported to go on holidays with their P.A's

A policy and procedure had been implemented to manage complaints. The procedure explained how complaints were recorded, investigated and resolved. Relatives said that they would feel comfortable raising concerns or making suggestions about the agency and were confident that they

Is the service responsive?

would be listened to and their feedback acted on. Everyone had information on how to complain and it was written in a format that made it easier for people to understand. The agency had not received any formal complaints in the last 12 months prior to the inspection.

Is the service well-led?

Our findings

The agency had been started by the present provider and office manager about six years ago. Their vision was to develop an agency which provided a tailored service to make a difference to people's lives. Their focus was providing personal care and support for younger people with physical and learning disabilities. They said they wanted to make a difference by giving people choices, promoting independence and self-esteem and giving people the support and care to do this. Their values were for people to live the way they wanted to. Their logo was 'Your life, your way'. People's relatives and P.A's agreed that these values were adhered to and they were always looking for different ways to develop and support people to live their lives as they wanted to and support them to reach their full potential.

Our observations and discussions with relatives and P.A's showed that there was an open and positive culture between people, P.A's and management. People, their relatives and P.A's felt confident to discuss any issues with the provider or the office manager. New ideas were welcomed and issues or concerns were taken seriously and sorted out.

People and their relatives thought the service was well led. They knew who the provider was and said they had the opportunity to speak to them whenever they wanted to. They said the provider listened to what they said. If there were any issues these were dealt with quickly and efficiently. Some relatives said that on rare occasions their relative did not 'get on' with certain P.A.s. They had discussed this with the provider and action had been taken so that the P.A did not work with the person again.

P.A's said that they felt supported and valued by the provider and said that the whole staff team worked well together. The provider and the office manager demonstrated a good knowledge of the people who used the agency.

Regular meetings were held with P.A's and the management to discuss any issues, concerns and any new ideas that might enhance people's lives. The provider telephoned or visited people and their relatives in their homes. Satisfaction surveys were sent to people each year so they could comment on the quality of the service the agency offered and they received. The provider analysed

these and if any areas for improvement were identified these were addressed immediately. In the last survey it had been highlighted that a person needed to be more involved in conversations that were held between the P.A's when they were supporting a person. This was addressed immediately and the issue was resolved. Changes were made and the outcome was that different ways to communicate with the person were developed.

People and their relatives were satisfied with the agency. They told us that communication with the office was very good. They said that the office telephoned when P.A's were running late or if they had to change the P.A who was supposed to be visiting. Relatives and P.A's said that communication was good and that was one of the main reasons, they thought, the agency ran smoothly.

The agency had good links with the community including the local library, resource centres and the local heritage centre. People were able to access the local learning disability team and the resources they had when they needed to. People were able to have sessions at the sensory room and were supported by specialist community nurses, district nurses and occupational therapists.

The quality of the service the agency was providing was being regularly monitored by the management team, which included completing regular audits of medicines management and care records. They evaluated these audits and created action plans for improvement, if they were needed. These helped the provider to ensure that a good standard of service was provided.

Each P.A received a copy of the agency's policy and procedures when they first started to work at the agency. Personal assistants confirmed that they had read the policies and procedures of the agency and also had a 'personal assistants handbook'. These were reviewed and kept up to date. Records were stored securely. Although care plans and risk assessments had been reviewed and updated on a regular basis, there was a lack of detail for staff follow if there was a risky situation. When we pointed this out to the provider they were receptive and agreed to make sure this information was added straight away.

The registered person knew that they had to notify the Care Quality Commission of certain events, like serious injuries or safeguarding concerns. At the time of the inspection no notifiable events had occurred.