

Consensus Community Support Limited

Consensus Community Support Limited- Redan Street

Inspection report

15 Redan Street
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Suffolk
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Consensus Community Support Limited -Redan Street is a domiciliary care service which is registered to provide people with personal care. The service has four 'supported living' environments that operate in Suffolk and Essex, providing personal care to people who have a learning disability and may have complex needs. Staff support is available up to 24 hours per day. At the time of the inspection there were 19 people who used the service.

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.

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.

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

A positive and empowering culture had been firmly established within the service. This meant people were supported by exceptionally caring and attentive staff that knew them well and helped them to achieve their potential. Care was inclusive, bespoke to the individual and delivered by committed and dedicated staff. People's rights to independence, dignity privacy was consistently promoted, and their choices encouraged and respected.

The leadership of the service was outstanding. Robust quality assurance systems had sustained continual development and improvement throughout the service resulting in positive outcomes for people. The registered manager, supported by their senior management team, had established a person- centered culture amongst the staff team, that consistently delivered high quality care.

Staff and the management team were passionate and motivated about their roles and understood their responsibilities. They actively engaged and included people, their relatives and professionals in the ongoing design and delivery of their care and support. Without exception feedback about the service was complimentary about the caring, attentive nature and approach of the staff and management team. It was evident that feedback was valued and used to further enhance people's experience of using the service.

Staff were skilled in communicating and understanding the needs of the people they supported. There continued to be enough staff safely recruited, trained and supported appropriately in their roles to care and meet people's needs.

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 to people were assessed and mitigated, which reduced the likelihood of harm. Staff were knowledgeable about people's risks and how to care for them safely. They understood how to protect and safeguard people and demonstrated a transparent attitude to reporting concerns.

Where people required support with their dietary needs, health and their medicines, this was done safely and effectively. Infection control processes protected people from the risks of cross infection.

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.

Since our last inspection, the service has grown from strength to strength. Clear leadership and effective management had led to a visibly person-centered culture that was embedded throughout the service. This consistently delivered high quality care and support achieving positive outcomes for people. This was underpinned by the provider's principles, values and expectations of staff which demonstrate the characteristics of an outstanding service.

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 27 June 2016)

Why we inspected

This was a planned 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 good.

Is the service effective?

Good ●

The service was effective

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Is the service well-led?

Outstanding ☆

The service was exceptionally wellled.

Consensus Community Support Limited- Redan Street

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 undertaken by one inspector.

Service and service type

Consensus Community Support Limited - Redan Street service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. 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 meant they were 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 we needed to be sure that the

provider or a member of their management team would be in the office to support the inspection.

Inspection site visit activity started on 26 November 2019 when we visited the office and two of the supported living environments and ended on 12 December 2019 when we gave feedback.

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 who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met with four people who used the service and watched a video one person had especially prepared for us about their experience of using the service. Some people could not always readily tell us about their experiences. We observed the way people interacted with the management team and staff.

We spoke with the registered manager, two managers from two of the supported living environments, one senior support worker, four support workers and a support worker from another agency that worked with the service.

We received electronic feedback from eight relatives about their experience of the service provided, 12 members of staff and eight professionals involved with the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to understand their roles and responsibilities in keeping people safe from harm. They were supported by the management team to raise safeguarding concerns appropriately when they were worried about people's safety.
- People's relatives were positive that their family member was safe with the care they received. One person's relative told us, "The safety of people is paramount." Another relative commented, "We are very pleased with how [person] has settled in to their new home. The support workers are all very friendly and we are so pleased at how well they have interacted with [family member] resulting in us feeling relaxed that [family member] is happy and safe in their care."
- Policies and procedures in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.

Assessing risk, safety monitoring and management

- Staff knew people's identified risks well and continued to support people to be safe. Staff protected people whilst supporting them to maintain their independence. This included support with managing epilepsy, mental health and accessing the community independently.
- People's care records contained detailed information about their support needs and the associated risks to their safety. These included risks associated with specific medical conditions, mobility, nutrition, within the person's home environment and accessing the community.
- People had detailed Positive Behaviour Support (PBS) plans in place where needed. PBS is a person-centred approach to support people with a learning disability who may be at risk of displaying distressed behaviours that can challenge them and others. The PBS plans contained information about potential triggers, signs for staff to look out for and actions to take to de-escalate situations.
- Where interventions or de-escalation situations had occurred, they were closely monitored by senior managers.

Staffing and recruitment

- There continued to be enough safely recruited staff to meet people's needs in a person-centred manner. No agency staff were used, and any staffing gaps were covered by existing staff to ensure continuity of care.
- Safe recruitment practices were followed to check the staff were of good character and were suitable to care for the people who used the service. Staff confirmed they had relevant pre-employment checks before they commenced work and records we looked at verified this.

Using medicines safely

- Effective systems and processes were in place to make sure people received their medicines as they had been prescribed with clear records kept. Systems were also in place regarding the storage and safe disposal of medicines.
- Staff received training in medicines management and had their competency regularly assessed.
- Some people had epilepsy. This was often managed by regular medicines and where necessary with an additional medicine to have in an emergency, in case of a prolonged seizure. Staff were knowledgeable about people's epilepsy and trained in emergency epilepsy medicine where this was relevant to a person they supported.
- Regular medicine audits and staff competency checks were completed. Where an error had been identified this had been followed up by the management team.

Preventing and controlling infection

- People continued to be protected from the risks associated with infections. Staff had received training in infection prevention and control, including food hygiene, and used personal protective equipment to mitigate associated risks.

Learning lessons when things go wrong

- There was a culture of continuous learning when things went wrong. Details of accidents and incidents were logged, recorded with appropriate actions taken to reduce the risk of re-occurrence.

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 remained the same. 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 were assessed before being supported by the service, with family members and significant others involved in the process as much as possible to ensure the service could meet the person's needs. Ongoing care and support arrangements including information about people's preferences, needs and choices were regularly reviewed to ensure people were receiving the right care and support.
- People had detailed assessments that were used to develop their support plans and guide staff on how to meet their individual needs. The plans included communication profiles, personal history, important routines and health action plans.

Staff support: induction, training, skills and experience

- Relatives and professionals involved with the service spoke highly of the abilities of staff describing them as skilled and well trained. One relative commented, "The support workers are very competent and knowledgeable, they really understand the medical, emotional and physical challenges my [family member] faces on a daily basis and the compassion they have, you can't teach that." A professional shared with us, "The staff have a good understanding of people's level of needs and requirements."
- Staff received an induction when they first started which included working alongside an experienced member of staff. Induction procedures and further ongoing training provided staff with the skills and competencies required to carry out their role effectively.
- Specific training to meet people's needs was provided to staff for example, in Autism, epilepsy and in PBS techniques,
- Staff told us that the induction and training they received assisted them in their role and with meeting the often-complex needs of the people they supported. One member of staff said, "I came with little knowledge of caring for individuals with complex and challenging behaviours and I have learnt so much from colleagues, training and support from management."
- Staff continued to be supported to professionally develop through formal supervision, team meetings, training and opportunities to gain industry recognised qualifications.

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

- Staff were aware of people's individual dietary needs, their likes and dislikes and supported people to eat and drink in accordance with their assessed needs.
- Staff worked closely with health professionals to ensure people's nutritional needs were met. One health professional shared with us how they had provided diabetes training and support to the staff in order for them to, "Safely deliver insulin injections and also to monitor and recognise signs and symptoms of high and low glucose levels," and to take the appropriate action.

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

- Staff continued to ensure people had the access to healthcare support they needed in a timely manner. One person told us, "I see the doctor when I am sick."
- People had a 'hospital passport' that was used in the event of a hospital admission. The information contained in the 'passports' provided information to medical staff on the person's medical history, prescribed medicines, health conditions, mobility and communication needs.
- Professionals involved with the service confirmed they had good relationships with the service. One health professional commented, "Staff and management show a good understanding of clinical practice. They are exceptional individuals, who work cohesively with all professionals as well as service users and families."

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

- People continued to be supported to make decisions and the service adhered to the MCA.
- People's care records showed that people had consented to their care and support when they began to receive the service and were involved as much as possible in their ongoing development.
- Our discussions with the management team and staff showed they were clear about their role under the MCA and in assessing people's capacity.
- Where people did not have capacity to make decisions this had been properly assessed. Any best interest decisions were always made in accordance with legislation and people's wishes.

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 now improved to outstanding. This meant people were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

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

- People told us the staff who supported them were always caring, kind and respectful. One person pointing to two staff members said, "I love them they are my best friends." Another person added, "I am happy here. They [staff] make me laugh."
- Relatives were equally favourable about the care and support provided and the positive impact this had on their family members health and wellbeing. One relative commented, "This is the happiest and most content [family member] has been. It takes a special kind of person to do this job, a person with a kind and caring heart, compassion, and for the love of the people they are caring for. The care team here deserve acknowledgment of the wonderful job they all do and to be shown appreciation for their dedication." Another relative added, "I would like to express my gratitude to all the staff who look after [family member] exceedingly well."
- A third relative stated, "All of the carers that I have known always have the welfare of [the people they support] as their priority, often going above and beyond to make sure everyone is well cared for."
- A proactive and person- centred culture was clearly evident in the service. Staff had an enhanced understanding of people's needs including potential triggers of behaviours that may be challenging to them and others and how best to care and support them in those situations. For example, when one person started to become distressed, we saw staff immediately provide comfort and reassurance which settled the person.
- For another person staff had recognised the potential uncertainty and distress an upcoming health appointment was going to have. With the involvement of the person they coproduced information in a format that would be understood, explaining to the person what to expect about their medical procedure. This has resulted in less challenging behaviour and distress for the person.
- All the staff including the management team, spoke about people in a caring and compassionate manner and knew the people they cared for well. They recognised and celebrated people's achievements in a kind and thoughtful way.
- We saw that staff positively interacted and engaged with people, encouraging them to be involved in daily living decisions and fully respected their choices. We consistently saw respectful and warm interactions that fully involved the person in daily living and gave them encouragement and praise.
- Our observations were that staff treated people well was echoed in feedback from a professional who stated, "It was clear from interactions observed that [staff] have a very good relationship and understanding of [people]. It was clear [people] were being considered as individuals; as their care and support plans were tailored to their particular interests."
- Staff had received training in equality, diversity and inclusion to help effectively support people with

protected characteristics. They had access to a range of guidance and this was observed during our inspection.

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

- Staff were skilled in helping people to express their views and to make choices about their care. Staff used a variety of tools to communicate with each person according to their needs. This included verbal and nonverbal ways of communicating. For example, during the inspection one person provided us with video footage of them being supported to pursue their interests as well as getting to grips with their mobility equipment. We saw them smiling and engaging with staff and communicating their views using assistive technology.
- People were included in making decisions about their care and support. A relative told us, "[Member of staff] has been an amazing advocate for [family member] with their health throughout the year. [Member of staff] is passionate about standing up for their rights, especially in relation to access to medical care."
- Professionals praised how the service was proactive in involving people, "The day to day support offered is respectful and facilitating." Another professional stated, "Staff encourage independence and support people to be involved in their care and support packages."
- People's views were clearly reflected and detailed in their care plans and where possible they had signed these in agreement to their plan of care and support.
- People's care plans contained information about their life histories from childhood through to present day including significant life events and the people and interests that were important to them. This helped the staff to build a relationship with people, talking to them about things that mattered or interested them.
- People's decision-making abilities were encouraged and respected, and people were able to access independent advocates when needed. This enabled people to receive impartial advice and support.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and respect. A relative shared with us, "I cannot praise [the management and the staff] highly enough for the excellent care they provide for my [family member who] has quite a challenging personality. They cope brilliantly and always treat [family member] with respect whilst trying to gently coach them towards more appropriate behaviour and being the best version of them self."
- People were supported to have improved independence through positive risk taking. Such as accessing the community and developing daily life skills. One professional commented on the positive impact of this, "Support workers have used tools and rewards to help individuals learn what is safe to do when out in the community. They have risk assessed potentially dangerous or risky situations and have made adjustments to [the support provided] to ensure person is safe. These adjustments have been effective in improving the individual's quality of life."
- We saw that staff were tolerant, patient and supportive when communicating with people about choices. Staff went at the person's pace and did not rush them to decide.
- Staff clearly understood the importance of supporting people's independence and were able to explain to us how they achieved this. Care records supported this approach.

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 improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Relatives shared numerous examples of how the service provided person centred care that positively impacted on their family members. One relative shared with us how a member of staff, "Regularly goes out of their way for [family members]. For example, attending accident and emergency early one morning in their own time when [family member] was taken there after a [medical emergency]. They and the manager stayed with [family member] and made sure [family member] was not frightened." They shared how they had appreciated this support as they had been unable to be there and had been kept informed of what was going on which had given them reassurance. They added, "I have nothing but praise for the dedication of the management and staff."
- Another relative commented, "The efforts of staff to get to know [family member] and their likes and dislikes have been excellent and the effects of this have resulted in positive and effective improvements in their behaviour."
- Professionals were effusive in their praise for the tailored care and support provided and how this benefitted people. One professional stated, "From the point of the referral [manager] has been very responsive to any issues and concerns and has been able to deal with these in a timely manner with very positive outcomes. The [person] has developed significantly since moving in." Another professional commented, "The service provided is excellent. The staff have a very good understanding of the commonalities in autistic people and are very sensitive to the individual profiles of the people they support."
- People received care and support that was individual to them and met their needs. One relative explained how impressed they were with the quality of care and service provided and shared that since their family member had moved in, it was the 'best they have seen them in a long while.' This the relative attributed to the 'brilliant care' and person-centred approach of staff.
- People had comprehensive care and support plans in place that were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively and safely and according to their preferences.
- People's care records were personalised and included information such as the person's history, skills and interests to aid staff in developing a professional relationship and rapport with the person. Language in people's care records consistently valued and respected people.
- Where people had PBS plans in place this supported staff understanding of people's individual behaviours and what they were communicating, as well as identifying any environmental changes the person needed if they were feeling anxious or worried.
- A fully embedded person-centered culture was evident in the service. Staff were committed to ensuring

that people had the same rights and opportunities as everyone else. For example, some of the people including those with complex needs had been supported to attend a two-day mini festival event that the provider had arranged in a UK holiday park. This had included 150 people from the provider's other services supported by 350 staff participating in a range of activities including karaoke, laser tag, bingo as well as watching live bands. This had been a positive experience resulting in reduced behaviours for some people, and for several people the first time they had experienced a holiday. Feedback from those that had attended was complimentary. This included a member of staff who commented on the positive experience, "It was a lovely time everyone was happy and enjoyed it."

- People were supported to overcome barriers to education and employment and were actively encouraged and enabled to pursue their hobbies, interests and participate in activities of their choice.
- Staff continued to support people to maintain relationships, community links that were important to them and this reduced the risk of isolation.

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's support plans included personalised information about the way they communicated such as objects of reference along with guidance for staff to follow to help them engage and communicate with people.
- Information was available and presented to people in a way that was accessible to them. For example, documents were available in easy-read style with pictures. Some people used communication boards and planners. Staff supported them to keep these up to date and were adept in supporting people who used assistive technology to communicate.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaints received were dealt with in line with the provider's complaints policy.
- Staff had a clear understanding of each person's individual communication preferences and were able to understand each person's requests and concerns should they have needed to support them to raise a concern or complaint.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- Staff had sensitively considered this aspect of care with people and their relatives and people's end of life care plans were documented and were personalised. This provided staff with the information needed to support people if they entered the final stage of their life. This included people's preferences relating to protected characteristics, culture and spiritual needs. This information is important as a sudden death may occur. Where people had declined to share their end of life wishes these were respected.

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

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

- A person centred, open and inclusive ethos was clearly evident at the service resulting in positive outcomes for people. Staff had an enhanced understanding of people's needs and knew them well, enabling them to make decisions about their care and support.
- Staff were empowered and supported and told us they found the management team approachable and receptive. They had their competency assessed by a member of the management team, to ensure they were working to the standards expected.
- The registered manager was supported by a highly effective management team who oversaw the day to day running of the four supported living settings. Without exception feedback about all of the management team and the staff was positive from relatives. One relative commented, "They [manager] has always been first class, with communicating any issues that arise, and is always approachable and available and leads the team well." Another relative stated, "I trust [manager] and their team completely as partners in the journey of ensuring that [family member] is happy, healthy and progressing."
- There were numerous examples in feedback from professionals about a well-run, person-centred service which significantly valued people and amplified their voice. One professional stated the service, "Keep the individuals family involved with care and support [arrangements] every step of the way and continue to involve the person as much as possible throughout any decision-making process." Another commented, "I cannot state enough how brilliant the support at [name of supported living setting] has been. [Names of individuals] have a home for life with a supportive provider they trust."
- The management team and staff repeatedly demonstrated a commitment to providing high quality care to people. One staff member told us, "We are all passionate about providing the best support for our individuals to live an ordinary life as much as possible and to support them to achieve their dreams."
- In addition, a manager and their team from one of the supported living settings in the service won the Home Care Team Award at the Great British Care Awards 2019. This external award was in recognition of demonstrating a, "values-based approach, showing innovative solutions to person centred care."

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

- An established staff team was in place. Staff praised their colleagues and told us they worked well together with one staff member commenting, "I feel part of a team, we always aim to do our best and work to exceed expectations." Another staff member shared with us how, "It is nice to work in an environment

that you see the people we support smile and you know at the end of the day, that you made a difference."

- There was an inclusive and transparent culture in the service that enabled learning from events and supported reflective practice. This included supporting people to overcome their anxieties in accessing the community independently, attending hospital appointments and with daily living tasks.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their responsibilities around this. They received alerts and sector magazines to keep their practice up to date and received ongoing training and support that they shared and discussed with staff.
- Duty of candour requirements were met. The management team understood their roles and responsibilities relating to the duty of candour and there was a process in place.

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

- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered. Professionals and relatives described this as meaningful engagement where their contributions were valued.
- There were multiple ways people could engage with the service and share their views. This included meetings, complaints procedures, pictorial menus, regular care reviews and surveys. Information was provided in accessible format to encourage feedback and was used to continually develop the service.
- Staff told us they attended and participated in regular team meetings and their feedback was respected. There were weekly meetings for the people who used the service where they could decide on, for example, menu choices and how they wanted to spend their time.
- Annual surveys were completed and analysed, and we saw that actions were taken where any less than positive comments were made. These had been completed by those that used the service, their relatives, staff and professionals.

Continuous learning and improving care; Working in partnership with others

- A robust system of quality monitoring checks was regularly completed covering all aspects of the service such as medicines, finances and risk management. Where actions were required as a result, these fed into an improvement plan for the service and were shared with the provider and staff team.
- Any incidents or accidents and notifications were reviewed by the management team. This was to analyse and identify trends and risks, to prevent re-occurrence and improve quality.
- The management team shared examples with us of how they worked collaboratively with other professionals. This included professionals who commissioned care from the service and others involved in people's care. Without exception feedback from professionals was complimentary and cited highly effective working relationships.