United Response

United Response - Bradford Community Support

Inspection report

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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

Summary of findings

Overall summary

United Response – Bradford Community Support provides care and support to people with learning disabilities across the Bradford district. The main objectives are to support people to make meaningful relationships and networks in their local communities and have fulfilling daytime opportunities. Support is delivered in a flexible way to meet the needs of each individual. Most support is offered out and about although some support may be in the person's own home or at a community base. The inspection took place between 21 and 27 July 2017 and was announced. This meant we gave the provider a short amount of notice of our visit to ensure a manager would be present to assist us. At the time of the inspection 27 people were using the service, with 16 of these people receiving support with personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection in November 2015, the service was rated 'requires improvement' overall, with two breaches of regulation found relating to 'Safe care and treatment' and 'Good governance.' We found improvements had been made to care plan documentation and as a result the service was no longer in breach of these regulations.

Overall, we rated the service as 'Good.' People, relatives and staff spoke highly about the organisation and said they would recommend. We saw overall, people received high quality care that met individual needs. The management team were responsive to people's concerns and complaints and took them seriously. Staff treated people with kindness and compassion. We found the registered manager was open and honest with us and we felt assured that any areas for improvement that we identified would be promptly addressed.

At this inspection we found some improvements were needed to the safe domain. People and staff raised some concerns over the reliability and consistency of staff and high staff turnover. Whilst people said personal protective equipment (PPE) was worn by staff, staff said there was sometimes a lack of availability aspeople or their relatives were responsible for providing this rather than the service. Overall medicines were safely managed, although some medicine profiles required more detail as to the exact nature of the care and support provided.

People said they felt safe and secure in the company of staff. Detailed risk assessments were in place which provided staff with clear information on how to keep people safe. Staff we spoke with had a good understanding of people and how to keep them safe. Incidents and accidents were recorded and action taken to learn from adverse events.

Staff received a range of training and support relevant to their role caring for people with learning

disabilities. A person who used the service had delivered training to people which made staff appreciate things through their eyes and was a creative approach to training provision. People received care from a consistent team of staff who knew people and their needs well. Safe recruitment procedures were in place to ensure staff were suitable to work with vulnerable people.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's capacity to make decisions was assessed and where people lacked capacity, best interest processes were followed. People were involved in decision making to the maximum extent possible and people had control and choice over their daily lives.

Staff treated people with a high level of dignity and respect. People spoke positively about staff and gave positive examples of how they had helped and supported them. Regular staff knew people well and had developed good positive relationships with them.

People said care needs were met by the service. People's care needs were assessed and detailed and person centred plans of care put in place. These were well understood by staff and gave us assurance that people's care needs were met. People were supported with their health care needs.

People had access to a suitable range of activities and opportunities to build self-confidence and independence. These were subject to regular review.

People were encouraged to provide feedback on the service. People completed quality questionnaires, attended review meetings and were encouraged to approach management through more informal means. We saw people's feedback had been acted on to make improvements to the service.

Systems to check and improve the service were in place. We saw these had been effective in driving improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some improvements were needed to ensure a more consistent and reliable staff team. Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

People felt safe using the service. Risks to people's health and safety were assessed and detailed plans of care put in place which were well understood by staff.

Overall medicines were safely managed although improvements were needed to some documentation.

Is the service effective?

Good

The service was effective.

Staff received a range of training and support relevant to their role caring for people with learning disabilities. People spoke positively about the staff supporting them.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People's consent was sought and choices promoted.

People's healthcare needs were assessed and the service worked with external healthcare professionals to ensure these needs were met.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and said they were kind and caring. They said staff provided friendship and companionship.

Staff demonstrated a good knowledge of the people they were caring for. Work had been done to match people with staff with similar interests.

People's choices were promoted and respected and as a result people felt listened to.

Is the service responsive?

Good

The service was responsive.

People's needs were thoroughly assessed before using the service and clear and detailed plans of care put in place. People said care needs were met by the service.

People had access to a good range of activities and social activities which were subject to regular review.

People felt able to complain and said the management team were approachable. We saw complaints had been appropriately logged, investigated and responded to.

Is the service well-led?

Good

The service was well led.

Overall, people, relatives and staff spoke positively about the way the service was managed. We found the registered manager approachable and committed to continuous improvement of the service.

Audits and checks were undertaken which helped monitor and improve the service. People's feedback was valued and used to make positive changes to the service.

United Response - Bradford Community Support

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 between 21 and 27 July 2017. The inspection was carried out by three adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 21 and 22 July 2017, the expert by experience made phone calls to people who used the service and their relatives. On 24 July 2017, two inspectors visited the provider's offices to review documentation connected with people's care and support. Between 24 and 27 July 2017, two inspectors made phone calls to staff to ask them for their views on the service.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned to us in a prompt manner.

During the visit to the provider's office, we spent time looking at records which included two people's care records, staff recruitment records and records relating to the management of the service. We spoke with four people who used the service, seven relatives, six members of staff, the registered manager and regional manager.

Requires Improvement

Is the service safe?

Our findings

We found staffing levels kept people safe although some improvements were needed to ensure a more consistent and reliable service. Staff told us that on the whole people received the support they needed. People said it was rare that care and support was missed and this was confirmed by rotas and records we looked at. On the rare occasion calls had been missed due to staff sickness, people were informed the community support could not take place and offered another slot on another day to ensure their planned activities happened. Staff said if there were supposed to be two staff on duty, two staff would usually be allocated. However, they told us there were occasions when two staff were not available but said this was usually because one of the staff members had called in sick and additional cover could not be found. This had on occasions, reduced the depth of activities available to some people.

Records showed that overall people received support from a small staff team matched with people based on skill and shared interests. However many of the staff and relatives we spoke with told us the service had a high turnover of staff which caused anxiety to some people. We saw 13 of the 27 support workers had started work in the last year. Staff also told us there were not always suitable contingency plans in place to cover for unplanned absences. Staff gave examples where they had been asked to work when they were unwell or supposed to be on leave because there were not sufficient staff to cover. One staff member told us, "I feel as though if I am ill who will they get to cover me? This puts pressure on me as there is no capacity if I am off. I know staff go in when they are not feeling 100% as management have told them there is no one else to cover their shift for them. If they had more staff people could have a bigger support group which would relieve the pressure on regular workers." Another staff member told us, "I have been dragged in to work when I have supposed to be on leave and when I have told them I can't work due to illness." The week of the inspection, the service was struggling for staff, due to relief (bank) staff taking leave at the same time. This had increased the use of agency staff used. Whilst agency staff received a full induction to the service, and the service tried to use the same staff, they did not always know people well and this caused anxiety for some people that used the service. The registered manager told us they were making amendments to policies to prevent this occurring again.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We looked at recruitment files for four recently recruited staff and saw the provider's procedures had been followed. Staff confirmed that the recruitment process was comprehensive and that the provider had completed thorough recruitment checks prior to them starting work.

People said they felt safe whilst using the service and in the company of staff. One person said, "I feel very safe when (support worker) is with me." A relative said, "Yes I feel (person) is safe with the staff." Staff we spoke with told us they had received training in safeguarding vulnerable people and were able to confidently identify different types of abuse. Most staff told us they would report any concerns to their line manager and felt assured that appropriate action would be taken. Safeguarding was a regular agenda item

at staff meetings and competency checks were undertaken to assess staff understanding. We saw appropriate referrals had been made following safeguarding incidents to CQC and the local authority. It was clear that systems in place to prevent and investigate abuse had been operated effectively to minimise the risk to people.

Systems were in place to protect people from financial abuse. Staff told us they always ensured that they had receipts for any items they purchased on behalf of people so that people and their families could see how their money had been spent. People and relatives raised no concerns in this area.

At the last inspection we found risk assessment documents were not always in place to guide staff on how to protect people from harm. At this inspection we found improvements had been made. Risk assessments covered a comprehensive range of areas connected to people's care and support. This included behaviours that challenge, support in the community and any medical conditions such as epilepsy. These were clear and detailed and provided staff with good information on how to keep people safe. We spoke with staff about how they ensured people were safe. In each case they were able to tell us very detailed information about what each individual person liked and what specific actions they would take to ensure people received safe and effective care. This provided us with assurance that care plans and risk assessments were followed.

Incidents and accidents were recorded and investigated and action was taken to help prevent a re-occurrence. For example, we saw one person had recently fallen in the community. Whilst it was of concern that the incident had occurred in the first place, we saw the incident had been thoroughly investigated and comprehensive measures put in place. This included a new care plan, referral to health professionals and disciplinary action with the staff involved. Information on how to keep the person safe was communicated to all staff through a memo. We spoke with the person's relative who was happy with how the incident had been managed. This demonstrated the service was committed to learning lessons from adverse incidents.

Incidents of physical restraint were robustly documented on a dedicated form. A review of incident forms, care plans and discussion with staff showed that physical restraint was only used as a last resort if people were in immediate danger. Other techniques such as distraction, and redirection techniques were preferred, and care plans provided clear guidance on these.

People told us that staff wore appropriate PPE when supporting them. However, staff told us that personal protective equipment (PPE) was primarily provided by the person and/or their family members rather than the service. Staff told us they had to remember to ask the person or their family for this if they were taking them out for the day. Some staff told us it would be easier if the company primarily supplied them with their own PPE that they could use when supporting people in the community because it would reduce the risk of them forgetting to ask for it or it not being available at the person's home. The management team confirmed families were asked to be the primary supplier of PPE, but said staff could also pick it up from the office should it not be available. However it was clear that some staff felt this system did not work effectively. In addition, the current system meant there was no standardised set of equipment provided by the service and therefore quality could vary dependant on where family purchased items from.

Most people who used the service were either self-medicating or supported by their families. Staff provided minimum support with medicines to some people in conjunction with other care providers or families. We spoke with one person who was supported with medicines. They said staff were, "Meticulous on medication," filling in the relevant Medicine Administration Records (MARs). Staff only administered medicines to two people during the lunchtime period when they took these people out. Staff completed MAR charts after administering medicines. We identified the medicine profiles and care plans for these

people required more detail as to the exact nature of the medicine support provided. In addition, more information needed to be documented regarding the support provided to another person who was prompted to take their medicines.

We recommend the service consults National Institute of Health and Care Excellence (NICE) Guidance: 'Managing medicines for adults receiving social care in the community' to ensure its procedures consistently follow recognised guidance.

Good

Is the service effective?

Our findings

Overall, people and relatives spoke positively about the staff providing support. They said they felt that staff were "well trained" although because of high staff turnover new staff were regularly having to be trained. Staff we spoke with demonstrated a good knowledge of the people we asked them about, showing they understood people's needs.

Staff received a range of training relevant to their role. Staff received a full induction to the service. This consisted of a mixture of training, some face to face, and some computer based, plus self-learning in their own time. Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support. New staff confirmed they had received a thorough induction which included training on key subjects and had completed a number of shadowing shifts. Relatives also confirmed that shadowing shifts took place. Some staff were concerned new staff did not always shadow the most experienced staff employed by the agency, which risked that key skills and confidence were not always promptly established as part of the induction process. However new staff we spoke with told us they felt the induction they had received provided them with the necessary skills for the role.

We looked at the provider's training matrix and saw staff received regular training updates. This showed staff received training in 31 subjects including food hygiene, autism awareness, dementia, capacity, safeguarding, epilepsy, medication, manual handling and first aid. Staff feedback about the standard of training provided was mostly positive. The staff we spoke with demonstrated a good understanding of the key topics we asked them about which showed us that their training had been effective.

One person who used the service had been involved in the training of staff. They had a specific condition and had delivered training on two occasions to help staff understand what good care and support looked like through their eyes. We saw this training had been positively received and was a creative way to provide additional and thought provoking training to staff.

The registered manager told us every employee was invited to a supervision session with their line manager every eight weeks or more often if a performance problem was identified. Records showed staff had regular supervision meetings with line managers. These showed meaningful conversations took place in which staff were able to talk openly about their performance, concerns and any training needs. We saw evidence of appraisal interviews taking place annually. Staff confirmed to us regular supervisions took place and that these were effective in helping them to plan for their future development, identify any training needs and raise any concerns.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection.

We found the service was acting within the legal framework of the MCA and Deprivation of Liberty Safeguards (DolS). The registered manager had assessed the restrictions placed on people and concluded that a number of people may be being deprived of their liberty by care and support arrangements. They had made DoLS applications which were currently with the local authority who were liaising with the Court of Protection over these applications. There were no authorised DoLS in place at the time of the inspection.

Care plans focused on the support people needed to make decisions relating to their care and support and demonstrated people were involved to the maximum extent possible. This included showing people pictures to help promote choice and understanding. People and/or relatives were involved in the creation and review of care plans. Where people lacked capacity to consent to aspects of their care and support, best interest processes were followed; for example, around the need to ensure physical intervention care plans were in people's best interests. This showed the service was acting within the legal framework.

People's nutritional needs were assessed and clear and detailed plans of care put in place detailing the level of support people needed; for example, over the consistency of food. Where specialist advice was required we saw the service had worked with speech and language therapists to help ensure plans of care were effective.

People's healthcare needs were assessed and clear plans of care put in place to support staff to meet people's needs. Each person had a health action plan, providing information on the support they needed help keep healthy. This is important for people with learning disabilities who often experience poor health outcomes. Hospital passports were also in place; a document summarising people's care and support needs which could be given to the hospital should they be admitted. This aimed to reduce distress and ensure people's care needs were known by hospital staff. We saw liaison took place with a range of health professionals including learning disabilities nurses and speech and language therapists.

Good

Is the service caring?

Our findings

Overall, people and relatives spoke positively about the staff that provided them with care and support. One person said, "They are spot on; they empower me and work with me rather than to me." A second person said, "They are very friendly and positive; (care worker) goes out of (care worker's) way if (care worker) can do; sometimes (care worker) stays extra time so we can finish what we are doing." A third person said, "They do anything you ask them to do." A relative said, "They are really caring and calm (relative) down when (person) is upset." Another relative told us the caring work of staff had supported their relative effectively when they were having a bad time. One person did say, "Some (staff) are more willing than others," and felt that a small proportion of the staff didn't have as much of an eye to detail. Without exception everyone told us staff treated them with dignity and respect.

People told us good caring relationships had developed with staff. One person said, "Staff have really supported me through a difficult time this year," and a relative said, "There is a genuine interest in the people they care and support." A second relative said, "Relationship building, getting to know (relative), they went out of their way to find out as much as possible. The fact finding in the beginning was very in-depth which was reassuring." A staff matching tool was used to match staff interests and preferences with that of people who used the service. This led to the development of small teams who supported people. Whilst some people raised turnover as a problem in the long term, we saw in the short term people were largely supported by the same people each day.

Staff confirmed they supported the same people each week which meant that they could get to know people and their needs. All of the staff we spoke with were very knowledgeable about the people they supported. We specifically asked staff about some of the people they supported. In each case they were able to tell us very detailed information about what each individual person liked. People were informed of any changes to their regular staff by phone or text message. People confirmed staff asked lots of questions about people's lives to understand them. We saw this information was recorded in care and support plans.

Staff provided examples of how they respected people's specific cultural and religious needs. For example, one staff member demonstrated a good understanding of what steps they took to ensure one person was supported to consume a Halal diet. The relative confirmed this person was supported correctly to get the right diet. One person did not speak English as their first language. Staff explained they had been provided with some words and phrases in the person's first language to assist them with this. This demonstrated the service was working within the principles of the Equalities Act 2010.

People said independence was promoted by the service. We saw people were involved in the setting of goals to increase independence and self-confidence. For example one person had delivered training to the staff team which had helped them building confidence and develop skills.

People said they felt listened to and were involved in making choices. This included what activities they wanted to do and the level and type of support they were provided with. Each person had a communication profile in place which provided staff with guidance on how to effectively communicate with them. These

were clear and person centred and demonstrated staff had taken the time to interpret body language and phrases to establish people's needs and choices. People had speech and language assessments to assist with good communication. We saw evidence care planning focused on maximising people's choice and involvement in activities of daily living. Daily records provided evidence people's choices were respected and refusals for care and support respected

Good

Is the service responsive?

Our findings

People and relatives spoke positively about the overall standard of care provided and said it met individual needs. One person said, "Very caring and friendly; they push you and encourage you to try new things. I have grown in confidence since they have been working with me." A relative said, "(Person) has a good team around (person. They manage him well. (Person) has had a horrendous time and they have worked with (person) and provide (person) with a routine that works for (person)." Another relative said, "They get (person) to interact with others and have built up (person's) confidence." People and relatives said staff arrived on time and stayed with people for the agreed amount of time. This helped ensure people received appropriate care.

People told us a pre-assessment of needs was carried out by the management team before care was provided. This including asking people about themselves, what they liked, the level of support they wanted and about the person's history to truly understand them. People said this then led to the development of a detailed care plan. People and relatives said it felt like staff made a huge effort to get to know them so staff could have a good knowledge and understanding of them before care commenced. Our review of records confirmed this process was followed. This showed a robust pre-assessment process was in place.

At the previous inspection we found care plans were not always appropriate and up-to-date. At this inspection improvements had been made and the registered manager had worked hard to ensure documentation was brought up-to-date and reflected people's individual needs. Staff told us significant improvements had been made to care plans in recent months. They told us these were now more detailed and they were able to access them on their work phone which meant they could easily refer back to the information whenever they needed to. Staff told us if a care plan had been changed they would receive an email to inform them of this. One staff member told us, "We all work really well together as a team and communication is really good. The managers let you know about changes straight away."

We looked at care plans which were detailed and clear and provided a good level of detail on the person. People had one-page profiles which provided summary information on the person, their likes and what made for a good day. Care plans covered areas such as eating, personal care, activities and behaviours that challenge. These provided staff with clear guidance on how to care for people and were regularly amended as people's needs changed. Daily records confirmed people received regular care and support. These were regularly reviewed by the registered manager to ensure people were receiving the required amount of care and support.

People and relatives told us annual reviews took place to check things were going well. Everyone was also confident that should any changes be needed in between these reviews, the service would be flexible and fit in with their needs. Records confirmed these reviews took place. Each person was supported by a small staff team. Team meetings took place about each individual, where any problems and subsequent solutions could be discussed. This helped ensure appropriate and responsive care.

People had access to a range of activities and opportunities based on their likes, preferences and skills.

People and relatives said activities were appropriate and took place in line with people's planned schedules. Activities helped people build self-confidence, skills and helped meet people's goals. One person described how they had provided training to the staff team and this had increased their confidence and, "Changed their world." They said with the support of staff they had gone onto providing training to other organisations. Another relative praised staff and said, "The staff has worked with (person) to try and broaden (person's) hobbies." The service had two community bases where activities could be provided. In addition, people were taken out to undertake a range of other activities such as shopping, trampolining, swimming, garden parties and out for meals. Daily records of care showed people accessed a varied range of activities. Some staff said there had been occasions when people had not always received their activities due to lack of a second staff member to ensure they were able to be taken out safely. However, we found this was not a common feature of the service.

We found complaints were appropriately managed by the service. People and relatives understood how to complain and felt able to do so if needed. They all said they were confident at ringing the service and speaking to the management team about their concerns. They reported good relationships with the management team and said concerns and complaints were resolved.

We looked at the provider's policies and procedures for recording and resolving complaints and concerns. We saw all feedback including verbally raised concerns was recorded together with a clear course of action. This included ensuring the person raising the concern or complaint had the opportunity to discuss it during any investigation and was given feedback on the conclusion. We looked at records of complaints and saw there was detailed information about the issue and clear recording of actions taken to investigate and resolve the concerns. The registered manager said any learning from complaints would be discussed with the staff team meeting once any investigations had concluded.

Compliments were also recorded and we saw a number of these had been received. Comments within them included, 'Can't praise you enough', 'Your staff are amazing, thank you for all your support at this difficult time,' and, 'I just wanted to tell you I saw your girls support people, they were amazing really impressed'.

Good

Is the service well-led?

Our findings

Overall, people and relatives were very satisfied with the service and the overall quality of care provided. People felt they had good relationships with support workers, office staff and the management team. They spoke about everyone on first name terms and spoke fondly of individuals within the organisation. People said they had the contact details of senior management should they need to contact them. One person said they had a recent issue and it had been sorted quickly and smoothly. People said they would recommend the service to others.

Staff also told us that United Response provided good quality care and they would recommend the provider to others. One staff member told us, "If my own family needed this kind of support I wouldn't hesitate in using them." Another staff member told us, "The values of the organisation are excellent. They teach you how to value people and to always provide person centred care." Staff cited a number of recent improvements that had been made, including changes in structure and organisation which had enhanced the way the service worked.

A registered manager was in place. Staff provided overwhelmingly positive feedback about the registered manager. For example, one staff member told us, "The best manager you could ever have," and another said, "Extremely supportive." However some staff told us they sometimes struggled to get hold of managers when they needed additional support. One staff member said,
"Sometimes managers are hard to get hold of. This is a real worry for me. You can be trying most of the day and not get hold of anyone to help you." Some staff also told us management staff who planned the rotas were not always effective and they did not have the skills to ensure the rotas were planned appropriately. We raised this with the registered manager to look into. We found the registered manager open and honest with us during the inspection and committed to improvement of the service. For example, following the inspection they promptly sent us an action plan addressing all the minor areas of negative feedback we gave them verbally during the inspection.

Systems to assess, monitor and improve the service were in place. This included a range of audits and checks. For example, comprehensive quarterly audits were undertaken by management staff. These looked at a range of areas including employment and training records, staff competency and understanding, care plans and people's care and support arrangements. These included observation of care practice. We saw where issues were identified these were followed up with staff via supervision or individual meetings. Spot checks of care delivery were also undertaken, with increased visits where areas of concern had been identified. We saw these were effective in driving improvement. Staff were required to send a copy of people's daily care records to the office on a daily basis so that registered manager could review people's activity. In addition all daily care records were collated on a monthly basis and checked in more detail by management staff. A 'mock CQC inspection' had taken place in 2016 with a number of actions produced which the registered manager had worked through. The findings of all audits and checks, along with organisational priorities were structured onto a service improvement plan which the registered manager regularly updated. This demonstrated the service was committed to continuous improvement.

Plans were in place to introduce quality checkers into the organisation over the coming months to involve people who used the service in auditing, checking and governance.

We saw evidence of staff meetings taking periodically taking place. These covered areas including training needs, rotas, engaging with people, professional boundaries, complaints/concerns and safeguarding. These were a usual mechanism for continuously improving the service.

People's feedback was regularly sought on the quality of the service. This was done via a number of methods. People had regular contact with the management team and review meetings were periodically held. People and relatives said they were asked for their views on the service through an annual quality questionnaire. We looked at the results from the 2017 surveys which had been collated and were largely positive. The service wrote to each of the respondents thanking them for completing the survey with an individual action plan put in place to address any negative comments they wrote. This showed the service valued people's feedback and put plans in place to address any negative comments.