

Live n Care Limited

Live N Care Limited

Inspection report

Sarrington House
39 High Street
Corby
Northamptonshire
NN17 1UU

Tel: 01536601250

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Live N Care is a supported living service that was providing personal care to 17 people at the time of the inspection.

People's experience of using this service:

People's lives were positively impacted by Live N Care staff. People were empowered to achieve their goals and dreams and supported to live active busy lives.

People and relatives were very happy with the care and support they received and spoke positively to us about staff, saying they thought of them as family. We were told, "There's nothing I'd change about the service I receive from Live N Care," and "It's a great company, I much prefer being with Live N Care [to previous provider]."

The registered manager and director were passionate about placing people at the heart of the service and encouraged staff to do the same. They constantly strove to identify ways for people who use the service to achieve their potential and improve their quality of life.

People's needs and wishes were met by staff who knew them well and enjoyed working with them. We saw and were told of many examples of staff going 'above and beyond' to help and support people they cared for.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. People were involved in staff recruitment.

Staff received comprehensive training to enable them to carry out their roles effectively. Staff were encouraged to pursue professional development goals.

Staff were happy working for the service and felt supported by the registered manager and colleagues. We were told, "There's good teamwork, I get on with everyone, they've all been really nice."

Care records contained extensive, clear information covering all aspects of people's individualised care and support. Risk assessments were comprehensive and emergency evacuation plans were produced in a format that ensured people using the service could understand how to keep safe in a crisis situation.

Information about people was written in a respectful and personalised way and people were involved in the recording of their daily notes which ensured transparent and collaborative results.

People and their relatives were always involved in the planning and delivery of their care, and were regularly asked for feedback which was acted upon when appropriate.

People were supported in making healthy lifestyle choices for themselves and to maintain good health. Staff at the service worked collaboratively with healthcare professionals to ensure good outcomes for people.

The service had established links in the local community and had worked in partnership with key organisations including local authorities and other agencies that provided social care services to improve people's opportunities and experiences.

The service had an open approach to feedback and encouraged people and staff to be actively involved in service development. There were robust systems in place to monitor and improve the quality of the service. When there were problems, the provider dealt with them properly and quickly, working with all those involved to reduce the likelihood of recurrence.

Rating at last inspection: The service was rated Good overall at the last inspection (28 January 2017)

Why we inspected: The inspection was brought forward due to information of concern.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Live N Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part a whistleblowing allegation. During the inspection we looked at areas relating to this and we found no evidence to support the concerns.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Live N Care is a supported living service. This service provides care and support to people living in a number of '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 means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

We visited the office location on 15 and 16 April 2019 to see the manager and office staff; and to review care records, staff files, policies and procedures. We visited people who used the service in person on 16 April and spoke to a relative on the telephone on 17 April 2019.

What we did:

Our inspection was informed by evidence we already held about the service, such as notifications. These are

events that happen in the service that the provider is required to tell us about.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information, called a Provider Information Return (PIR), helps support our inspections. Due to the inspection being brought forward the provider had not been asked to complete a PIR.

We checked for feedback from members of the public and local authorities. We checked records held by Companies House.

We spoke with three people who used the service and one relative.

We spoke with the provider's director, the registered manager, the trainee manager and one care support worker.

We reviewed four people's care records, three staff personnel files, audits and other records about the Management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff completed safeguarding training during their induction and received regular refresher training.
- The service had safeguarding and whistleblowing policies and we saw the registered manager had set up an internal whistleblowing process and staff were able to report concerns via an anonymous email system.
- Staff told us they knew what to do if they had safeguarding concerns.

Assessing risk, safety monitoring and management:

- People's care plans contained thorough risk assessments and clearly set out how staff should care for and support people safely.
- People had very detailed Personal Emergency Evacuation Plans (PEEPs) in place which included photographs to help people understand where they should go to be safe in the event of an emergency.
- One person told us, "I get on with my staff, I feel safe." A relative told us they were confident people were safe in the care of staff.
- The registered manager regularly reviewed risk assessments and ensured necessary changes were made. Staff told us they were always told in writing about changes to people's care plans to ensure they continued to meet people's needs.

Staffing and recruitment:

- Safe and robust recruitment and selection processes were followed. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff to meet people's needs.

Using medicines safely:

- People told us they were supported to take their medicines correctly. One person said, "[Staff] help me with my medicine – that's my choice".
- Staff received medicines training and knew what to do in the event of a medicines error.
- Senior staff carried out regular assessments and spot checks on staff who administered medicines. This helped to identify when there was a need for extra training or support.
- We saw staff had correctly completed medicine administration records.

Preventing and controlling infection:

- Staff had completed infection control training.

- Care plans included information about people's health conditions and instructions for staff on how to manage these. This helped to ensure people weren't at risk of infection.

Learning lessons when things go wrong:

- Where incidents or accidents had occurred, these were analysed to prevent a recurrence. For example, one person was regularly becoming distressed and exhibiting behaviour which was challenging carers. The registered manager identified a pattern with the timings of their visits. These were adjusted and the issue resolved.
- The director told us they had supported people who used the service to attend training courses meant for care staff. This helped people understand what treatment they should expect from staff, identify when things had gone wrong, and empowered them to raise concerns. We saw that when one person had been unhappy with an aspect of the care they received, the registered manager had acted quickly and appropriately to reduce the chance of recurrence.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were encouraged and supported to live healthy lives. For example, one person had complex and long term health needs. As a result of staff implementing a healthy eating and exercise plan medical professionals had confirmed medication was no longer required to manage the person's condition. Staff actively supported people to understand and improve their own health which had led to an outstanding improvement to the quality of their life. For example one person told us they had lost a significant amount of weight with the help of staff and were working towards further healthy and sustainable weight loss goals.
- People told us staff empowered them to pursue fitness goals. One person told us, "[Registered manager] has taken time out of [their] own day to take me to the gym."
- We saw that when there had been concerns about people's health needs, staff had worked collaboratively with people, their relatives and healthcare professionals in line with best practice. Care plans included timetables for health check reviews and people were supported to attend hospital or other medical appointments if needed. A relative said, "Doctors appointments, hospitals, they take [person], they're really good, they keep me informed about the medical side of it."
- Staff worked with community and medical services to support people and maintain their health. One person told us, "I do my physio with the carers, they understand the importance with doing it and what to do."

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

- Care plans showed that people, and their relatives when appropriate, were involved in decisions about their care. We saw that people had been involved in decisions including activity choices, daily routine preferences, plans for work placements and life goals. One person had been encouraged to try a work placement and found it such a positive experience that this became permanent and funding for a support programme that had been in place was no longer required. We saw that one person had expressed a 'life aim' of seeing a famous musician in concert. Records showed that as a result, this had been arranged which showed that people's hopes and dreams were listened to and mattered to staff.
- Staff and people had worked together to create 'transition plans' in case people had to move to alternative services at short notice, and each care plan included a 'hospital passport' which contained information to help healthcare professionals provide the right care and support in the event people are admitted to hospital.
- People's needs were thoroughly assessed before they started to receive care. Assessments were extensive and included information about their medical conditions, dietary requirements and communication needs. This meant staff were easily able to understand people's requirements and support them fully. One person told us, "I love being with Live N Care, I get supported the way I like."

- Care records were reviewed on a regular basis and any changes clearly recorded. Staff told us they were given plenty of time to familiarise themselves with people's needs and were expected and supported by the registered manager to keep up to date with changes.

Staff support: induction, training, skills and experience:

- Staff received training in different ways, including face to face and online to ensure that they had access to information they fully understood. The trainee manager was qualified to provide staff training in-house. Staff attended external training courses including from specialist charities.
- Staff told us the training they received was of good quality and enabled them to carry out their roles effectively. One staff member said, "The equality and diversity training was good, it helped me understand people better."
- Staff were encouraged to pursue additional qualifications and supported by management to achieve these. We were told, "They want you to become the care support worker that you want to be and they support you to do that" and "I asked for further training in first aid and [registered manager] sorted that out."

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

- Care plans included information about people's food preferences and staff supported people to cook and eat the food they wanted. One person said, "I have my own menu, and [people] have theirs. My food is all healthy and all homemade." We saw that people had weekly menus on display in their home and people told us they were involved in planning these. One said, "Me and [person] get to choose our menu. My favourite is fish pie - I make that." Another said, "It's all healthy food, chosen by me and [person]."
- When people's medical conditions affected the food they were able to eat, this was clearly documented in care records and plans were in place to monitor their needs closely.

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 with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Best Interest meetings had been held and the right people had been involved. Processes were clearly documented.
- Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.

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

Good: People were supported with dignity and respect; and involved as partners in their care.

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

- People valued the relationships they had with staff. One said, "One day I was sad, I called [director] and [they] said 'I'll be there in 5 minutes'. [They] took me out, we talked, I felt better. I don't see [registered manager and director] as carers - I see them as auntie and uncle."
- People were encouraged to identify things they had in common with staff and foster two-way relationships. Every member of staff had created an 'all about me' pack which included photographs and information about likes, dislikes, hobbies and interests, and these were available in people's homes.
- People were happy with the support they received. One person told us, "There's nothing I'd change about the service I receive from Live N Care." A relative said, "They give such good care. [Person] is very happy [and] gets on with all the carers".

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

- People were encouraged to express their views and their opinions were wholly respected. For example, when new staff were employed, people were provided with a form in an easy read format, to obtain their views about the staff member. The registered manager supported people to complete these and we saw that action was taken in response to what people said.
- People were empowered to think about their personal safety, self-esteem and resilience. For example, people had monthly sessions with their keyworker to help them recognise situations where they may feel worried or unsafe and identify people they could trust to talk to about this.
- People's communication needs were always considered and measures were put in place to overcome barriers. Care records contained a detailed section called 'How I Communicate' and this was reviewed regularly. The information helped staff understand and communicate when people struggled to share information verbally.

Respecting and promoting people's privacy, dignity and independence:

- The director is trained to provide advice and supporting material to people about developing and maintaining healthy intimate relationships. One person said, "[Director] is helping me to further my relationship with my girlfriend," and told us of plans they had made for day trips out. When people had expressed a wish to pursue relationships, appropriate professional support had been identified and plans had been put in place to sensitively and discreetly support them to do this.
- We saw from records that people made regular trips to a group activity but due to changes in the way this was run, they were no longer able to take part as fully as they would like. The director collaborated with management at the venue and arranged for people to have access to a private room during the activity and the use of equipment ordered specially for them. This means people can still take part in an activity they enjoy which promotes their wellbeing and improves their quality of life.

- The director recognised the importance of people using their right to vote and arranged for people to attend a voting surgery during local elections. This enabled people to understand the voting process and assert their independence by having a say in the way their local area is run.
- People told us, "[Staff] definitely respect my privacy and dignity when helping me with care" and "[Staff] give me space, they respect me." We were present when a staff member asked one person's permission to go into their bedroom to put clean clothes away.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People enjoyed a variety of activities and experiences which significantly improved their quality of life and would not have been possible without the support and generosity of Live N Care staff. For example, the registered manager and director paid for flights and provided support and accommodation to enable people to go on holiday. People were involved in choosing and planning their holidays and this included destinations such as Thailand and Bulgaria. We saw letters of thanks from people and their relatives and people told us how much they had enjoyed the opportunity to experience a trip of a lifetime.
- We were told of many occasions when staff had 'gone the extra mile' for people. For example, we heard that the director had bought gifts and accompanied one person on a trip to London to celebrate a birthday in their own time, staff had arranged for another person to attend a live show and had organised in advance for the celebrity hosts to provide signed photographs. We saw a letter of thanks from a relative commending the trainee manager for staying outside of hours to ensure one person's medication was received and we saw photographs of staff teaching another person to ride a bike.
- Staff had an excellent understanding of people's social and cultural diversity, values and beliefs and were innovative in suggesting additional ideas to accommodate this. For example, one person was invited to an event at a college where they were accessing further education but felt unable to attend for a number of reasons. The registered manager recognised the person's concerns, arranged to transport them to the event and stayed with them throughout for support and guidance. This was undertaken in the registered manager's own time.
- Each person had their own unique goals about how they wanted to live their lives, some with a greater focus on earning money or having their own sense of satisfaction. People had been supported to develop their own CV's and some people had been successful in gaining paid employment. One person told us they had two separate jobs and how they very much enjoyed being so busy.
- People were able to access information according to their needs. For example, we saw booklets and leaflets were available in easy read formats on subjects as diverse as keeping safe, 'flu, eating healthily, contraception, food poisoning and oral care.
- People told us staff enabled them to make their own choices. One person said, "[Staff] support me with everything - they let me make decisions but they guide me."
- People hosted regular events of their choice in their home for others who used the service. This included events such as 'diversity nights' where people shopped for, prepared and ate food from other cultures; and fun nights such as 'I'm a celebrity, get me out of here'. Calendars for these events were in people's care records so they could choose and plan for which events to attend.
- People who had been supported to achieve qualifications were empowered to use their skills. For example, one person who had completed courses in beauty therapy had made posters offering free treatments to other people who used the service and these had been distributed by staff with instructions

on how to book an appointment.

- Staff were able to identify when people's needs could be better met by additional support. We saw that requests and referrals had been made for assistive technology and specialist equipment and people had been actively involved in decisions about this.
- Professionals involved in people's care recognise the quality of support given to help people achieve. We saw a letter from a consultant psychologist which said, "I am constantly impressed by Live N Care's dedication to the people whom they support. Appointments and meetings are never missed, attended by the right people and communication is excellent. I find the tight organisation of Live N Care means the CTPLD [Community Team for People with Learning Disabilities] expertise is very effectively used."

Improving care quality in response to complaints or concerns:

- The provider took a comprehensive and innovative approach to complaints. Staff were fully involved in the complaint process and people were empowered to understand the way complaints were dealt with as information about this was included in easy-read formats in their homes. One person told us, "I had a complaint, I spoke to [director] and she [took action] the same day. It has made a difference". The action taken in relation to this particular issue was considered so successful that it was put into practice across the service.
- There was a complaints policy in place. We saw there was a clear process for staff to follow to ensure consistency in the way concerns were handled and analysis was completed to reduce the likelihood of recurrence. This process included asking staff to reflect on what had gone wrong and identify ways they could have dealt with the situation differently. This created a positive and collaborative approach to problem solving which was used to further develop the service.
- Relatives told us they knew who to raise concerns with and were confident they would be dealt with appropriately. One said, "Anything I've raised before [trainee manager] dealt with it for me."
- The registered manager acted on feedback to improve the service. We saw that the recruitment process for new care staff had been changed as a result of what people and relatives said during a recent survey.
- Staff told us they would be comfortable to speak to a senior member of staff if they had any worries or concerns and they were regularly reminded that the registered manager was available to support them. One told us they had reported a health and safety issue in a person's home and this had been dealt with immediately by the registered manager.

End of life care and support:

- At the time of our visit, no one was receiving end of life care.
- The service had an end of life policy which focussed on ensuring people would be consulted, empowered and listened to at the end of their life, and this was reviewed regularly to ensure it remained relevant and appropriate.
- The director told us that should a person require end of life care, staff would receive training immediately to enable them to provide the right support.

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The vision and culture of Live N Care ensured the people they supported could fulfil their hopes and dreams and lead as independent a life as possible. The director told us, "We don't say 'you can't do that', we say 'how do we make that happen.'"
- People were at the heart of the service. People told us, "I get to choose activities and stuff, staff listen to me," and "[Staff] sorts things out the way I want [them] to."
- Feedback and teamwork were key components to the success of Live N Care. For example, people were asked to give feedback before staff appraisals. This was then discussed with staff and used to identify both training needs and where care support workers deserved recognition for good work. We saw people's feedback about staff was consistently very positive, for example, 'you knock and wait before entering bedrooms and are really nice'.
- The registered manager had a visible daily presence in the service and led very much by example. They told us one of the organisation's priorities was the importance of treating staff well, with good pay and rewards. We saw that a Christmas bonus had been paid and gifts had been bought for all staff to mark Easter.
- People were supported to explore social networks and build positive safe relationships. For example, the registered manager had created a Facebook page for staff and people who use the service to share achievements, good news and photographs. We saw the page was appropriately secure and the relevant permissions had been obtained before information about people was shared. The use of social media in this way helped to build a sense of community and reduce social isolation.

Working in partnership with others:

- The registered manager constantly sought opportunities for people to learn and achieve, and to turn people's negative experiences into positive ones. For example, we saw from care records that people had certificates of achievement from the Fire and Rescue service after visiting the local fire station to learn about fire safety; and after one person's disappointing customer service experience with a local transport company, the director arranged for every person who used the service to have a free bus tour.
- People were able to depend on staff to act in their best interests and support them to work with other agencies. We saw that the director had advocated with the local council for a person whose tenancy was at risk. As a result of this intervention, the person was able to remain in their home and the issue had been resolved.
- The registered manager recognised the value of external influences and staff worked well alongside other agencies. We saw a written compliment from a nurse after one person's emergency admission to hospital,

which praised the way the professionalism of the care support worker had allowed healthcare staff to treat the person promptly and appropriately.

- The registered manager had set up an arrangement with a local cinema so that staff did not have to pay for their ticket when accompanying a person using the service. This meant people were less restricted by budgets when planning activities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service was led by a director and registered manager who showed compassion and empathy in their commitment to providing meaningful, person-centred, high-quality care by engaging with everyone using the service. The director and registered manager demonstrated effective leadership skills within their roles, they led by example and demonstrated a 'hands on approach'.
- People were treated as partners in their care. At the end of each staff member's shift, people were asked to read what was written in their daily notes and sign them. This ensured staff were polite and respectful when recording information and also encouraged people's input in their own records. As a result, when the registered manager reviewed the notes, any issues were quickly identifiable and more easily resolved. One person said, "I can look at my notes whenever I want to."
- The registered manager understood their responsibility to ensure notifiable incidents were reported to the appropriate authorities and we saw that this had been done.

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

- Governance was well embedded in the running of the service and was recognised as a key responsibility. The director and registered manager regularly reviewed the progress of the service and discussed their findings during meetings with staff. Frequent audits were carried out and any improvements or changes were identified and followed up by the registered manager.
- We found the culture to be open and positive. Accountability within the organisational structure and staff roles were well understood and innovative ways of improving the service were used. For example, if the registered manager had any concerns staff were becoming less person-focussed, a quiz was held in which staff were required to answer questions about the people they supported and a prize was offered for the winner. This encouraged staff to pay close attention to people using the service.
- Staff were positive about the registered manager and working for the service. One said, "[The best thing about working for Live N Care] is the way it makes me feel about supporting people and helping them with their lives. There's not much I'd change about my job, I come in smiling."
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to. This extended beyond the scope of daily support provided by Live N Care. For example, we saw when staff were concerned a partner agency was not following one person's risk assessment and care plan, this was correctly raised and addressed by the registered manager and the matter was resolved.
- The provider was planning for the long term future by building up the knowledge and experience of the trainee manager, with the aim of them eventually taking on the role and responsibilities of the registered manager. This will help to ensure a smooth transition and reduce the impact of the change on people who use the service.
- Effective performance management processes were in place and there was evidence that managers provided clear feedback to staff which led to improvement, for example when concerns were identified during spot checks this was followed up with staff in a timely manner and additional training was implemented.

Continuous learning and improving care:

- The provider recognised the importance of developing links with the community. We saw evidence that people were supported to engage and develop this. The director told us of plans that were in place to expand the service to offer a day centre to help reduce social isolation and encourage better links with the community. A new office with a large hall area and disabled access had been found and activities planned including gardening in an attached allotment area and events that are open to the community.
- The registered manager was committed to consistently driving improvements and the governance systems helped to support this. Governance systems within the service were effective and efficient at identifying where improvements could be made. Records showed the registered manager completed regular audits including checks of daily records, risk assessments, complaints, personnel documentation and care plans, and actions were taken quickly to make any required improvements when necessary.
- The registered manager and director have forged and maintain close links with an extensive network of sources of learning and support. Staff make contact on a monthly basis to ensure learning and information is current and correct. The organisations include charities, forums and national groups where good practice and tools are identified and implemented. For example, people who use the service and staff who support them now regularly access a phone app designed by one of the charities which enables them to make safer food choices.
- The director identified and sourced specialist training when it was required to meet people's needs. They worked in partnership with other organisations to ensure people had a greater understanding of community values whilst being empowered to exercise choice and control.
- Opportunities for feedback were crucial and the registered manager valued new ideas, suggestions or areas for improvement and acted on information received. The registered manager used regular questionnaires and surveys to gather feedback from staff, people and relatives. We saw the most recent relatives' questionnaire had a high response rate. All of those who responded said the service was 'good' or 'very good'. The registered manager had made changes to the induction process for new care support workers as a result of a suggestion made during a staff meeting.