

Positive Life Choices Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 14, 24 and 28 April 2015, and it was announced. We gave 48 hours' notice of this inspection because the service is a domiciliary care agency and we needed to be sure the registered manager was available to assist the inspection.

We last inspected this service in January 2014, at which time we found no breaches of regulations.

Positive Life Choices Limited is a domiciliary care agency that provides care and support to people living in their own homes. The service was supporting 54 people at the time of this inspection. The service had a registered manager who had been in post since 2013. 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.

Systems were in place to identify, assess and manage risks to people.

Systems were in place to protect people receiving care or support from harm. Staff had been given regular training in the safeguarding of vulnerable adults and were clear about their responsibilities to recognise and immediately report any incidents of abuse. People told us they felt safe and well-protected by their support workers.

Summary of findings

The service ensured that there were sufficient staff hours available to meet people's needs in a safe and timely manner. We saw workers had time to engage with people and give them good quality support without being rushed. Any new staff were checked to make sure they were suitably fit to work with vulnerable people.

People's prescribed medicines were administered safely, and clear records were kept of all medicines received, administered and disposed of.

People's needs were assessed before they were offered a care package, to ensure their needs could be fully met. People were encouraged to be fully involved in the assessment of their needs, and were asked for their wishes and preferences about how their care should be given. Detailed plans were drawn up to meet each person's individual needs and wishes, and these were regularly evaluated to make sure they remained appropriate and effective. People told us they felt their care and welfare needs were consistently met, and that they received a good quality of personalised care.

People told us they received their care in the ways they wanted, and that staff were flexible and responded positively to any requests. Regular reviews allowed people to comment on their care and ask for changes to their care plans.

People were supported to enjoy a varied and nutritious diet, with plenty of choice. Any special dietary needs were met.

People's health needs were assessed and workers monitored people's health and well-being closely. People were supported to access the full range of community and specialist healthcare services, where necessary, to make sure they received the healthcare they needed.

People told us they were well cared for, and were treated with warmth and respect by their workers. They said their privacy and dignity was protected at all times. We saw that staff were caring and sensitive in their approach and actions.

Complaints or concerns were taken seriously by the service and issues were addressed promptly and appropriately. Complainants were given detailed and sensitively written responses which acknowledged failings, where relevant, and gave details of actions taken.

People were supported to be as independent as possible, to pursue activities and interests, and to access community facilities.

Staff members were given regular training to enable them to meet people's needs. Staff received regular supervision and appraisal and told us they felt supported and respected by the service.

The registered manager and the management team demonstrated clear leadership and ensured there was an open and positive culture in the service. Staff told us they were clear about their roles and demonstrated a pride in their work.

Systems were in place to regularly monitor the quality of the service being provided, and the degree of satisfaction of people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were fully aware of their responsibilities to report any suspected abuse or poor practice by colleagues.

Staff recruitment processes were robust and prevented the employment of unsuitable persons.

Risks to people using the service were managed appropriately.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

People told us they received a reliable and timely service.

Staff were well-trained and had the skills necessary to meet people's needs.

Staff received regular supervision and appraisal, and felt supported by the management team.

People's rights under the Mental Capacity Act 2005 were protected. They were asked to give their consent to how their care was given.

Good



Is the service caring?

The service was caring.

People told us they were very happy with the caring ethos of the service, and received sensitive and respectful care.

People said their privacy and dignity was respected by their workers.

People felt involved in their care and were given the information they needed.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in the assessment of their needs.

Support plans were detailed, informative and included the views and wishes of the person.

Any complaints were taken seriously and properly investigated and responded to.

Good



Is the service well-led?

The service was well-led.

Staff members told us they were well-managed and given appropriate support.

Systems were place to monitor the quality of the service and to respond to any identified weaknesses.

The management team were proactive, responsive and committed to the continuous improvement of the service.

Good



Positive Life Choices Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 24 and 28 April 2015. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available to assist the inspection.

The inspection team was made up of one adult social care inspector 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. The expert-by-experience carried out a number of phone calls to people who used the service.

Before the inspection we reviewed all the information we held about the service. This included notifications sent by

the provider about significant issues such as safeguarding, deaths and serious injuries. We asked the provider to supply us with a 'provider information return'. This is a form that asks the provider to give some key information about the service including what the service does well and improvements they plan to make. We received this form in March 2015. Relevant information from this has been included in the report. We contacted other agencies such as local authorities, NHS clinical commissioning groups and Healthwatch to gain their experiences of the service.

During the inspection we talked with the registered manager, regional operations manager, service manager, and four support workers. We 'pathway tracked' the care of four people, by looking at their care records and talking with them and staff about their care. We visited four people who used the service in their own homes. We telephoned 16 people who used the service. We reviewed a sample of eight people's care records; six staff personnel files; and other records relating to the management of the service. We contacted two social workers and four local authority commissioners of care for their views on the service.

Is the service safe?

Our findings

People told us they felt well protected by the service. One person told us, “I feel safe with my carers and I have the same one all the time.” A second person said they “felt safe with the carers coming in.” This person told us they knew their regular carers, although at weekends there were different carers that they did not always know. They said the carers wore identification badges and they were sent a weekly rota so they knew which staff to expect. Other comments included, “I have no worries. I trust my carers. I was involved in my risk assessments”, and, “I definitely feel safe with my carers.”

A social worker told us, “The managerial staff have proved to be very effective in trying to ensure the safety of my service users.” They told us that, where a safeguarding issue had arisen, “this has been dealt with very appropriately: all safeguarding procedures were used correctly and service users were safeguarded against future risk.”

The service had a clear policy on safeguarding people from abuse. This was in line with current government and local authority guidelines. The policy stated the service operated a ‘zero tolerance’ approach to any allegation of suspected abuse; and that all staff had an obligation to identify and report such situations. Safeguarding records showed five safeguarding alerts had been raised with the local authority safeguarding team and notified to the Commission. The registered manager told us safeguarding issues were raised with staff members in every supervision session, to maintain their awareness. Support workers we spoke with said they had been given good safeguarding training and knew what was expected of them in this area. Staff were also instructed to raise any issues of poor practice they encountered in their work.

Financial tracking systems were in place to ensure any monies spent on behalf of people using the service were recorded and audited by the registered manager and their line manager.

Assessments were carried out by trained risk assessors regarding any risks to people receiving support. Where the person had complex needs, risk assessments were suitably

detailed, identifying probability and severity of risks. Appropriate risk control measures had been put in place to minimise the chances of harm to the person of, for example, smoking or foreign travel.

All staff were given guidance and training on equality and diversity issues. This included information on the background, religions, personal care and hygiene implications for a wide range of ethnic minority populations. Policies were in place regarding human rights, equal opportunities, sexuality and prevention of harassment. People were reminded of their right to contact other agencies such as police, ombudsmen, the Care Quality Commission and local authority if they felt their rights were being impinged by the service.

Staff were provided with 24 hour support from the office and the ‘on-call’ manager/care co-ordinator. The registered manager told us they had sufficient staff to cover most short notice sickness, but where necessary the on-call senior staff member would cover the support worker shift.

The service had a policy for reporting and acting upon any accidents and other significant incidents, in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Written records were kept of such incidents. Accidents and incidents were analysed and steps taken to minimise the risks of future events.

The registered manager told us commissioners of care provided assessments of people’s care needs at the initial referral stage. If the registered manager believed the number of staff hours proposed by the commissioner would not adequately meet the person’s needs, this was renegotiated. The service refused to accept any care packages it did not feel could be managed safely. We saw documentary evidence that there was continuous assessment of the staffing levels necessary to keep people safe from harm. Changes in need were communicated to the person’s care manager and appropriate staff hours renegotiated. People we spoke with told us they felt their support workers had enough time to meet their needs safely.

Records of staff recruitment showed a robust approach to ensuring only suitable applicants were employed. Checks were made on applicants’ employment history, criminal record (if any) and identity. A support worker told us their recruitment had been thorough, and their week-long induction had prepared them well for their new role.

Is the service safe?

The registered manager told us the service was in the process of introducing a new system for supporting people with taking their prescribed medicines. To ensure this system was safe, they had made contact with the pharmacies supplying people's medicines to get their agreement to clearly mark the medicines dosette boxes and medicines administration record (MAR) with the name, strength, size, shape and colour of each medicine. This was to enable support workers to be able to recognise each medicine they administered. Detailed medicines care plans

were being drawn up to address the support needs of each individual. These included details of, for example, medicines that needed to be taken in water or at exact times before or after meals. Systems were in place for auditing each person's MAR, to check for any medicines not administered or other anomalies. Staff who supported people with their medicines were given regular training in safe administration of medicines. Checks were made annually to re-assess the competence of support workers to administer people's medicines safely.

Is the service effective?

Our findings

People told us their care was effective and met their needs. One person said, “I get the support I want.” A second person told us, “My carers are knowledgeable and are trained well. They sometimes accompany me to the hospital. They ask my consent before carrying out tasks for me. They also help me with my shopping for my meals so that I have a choice every day.” Another person said, “The staff have the skills they need.” Other comments included, “The carers come on time and stay as long as they are meant to”, and, “They know how to support you. They are properly skilled.”

A social worker told us, “Positive Life Choices (PLC) have proved themselves to be a professional agency which instils practitioners with confidence in their abilities. All the social workers in my team have agreed they generally approach PLC when in need of a complex care package.”

Most people we spoke with said they received a reliable service with workers arriving on time and staying for the agreed period of time. One person told us this was important to them, due to their physical condition. People told us they received a copy of their support staff rota in the post each week, so they knew who was coming. We noted, in the service’s own survey of people’s views (2015), 87% rated the consistency of their care as either ‘good’ or ‘very good’.

Managers and supervisors had relevant qualifications, including National Vocational Qualification (NVQ) levels three, four and five in health and social care, care management and team leading. The service had an experienced training manager, qualified to deliver all the training required by legislation.

All new staff members underwent a five day induction process covering the national training agency ‘Skills for Care’ requirements. This covered areas including health and safety; first aid; moving and handling; fire safety and food handling. As well as direct training, the induction process included group activities, work books and scenarios. New staff also completed a ‘preparing to work in adult social care’ qualification. Workers who were to support people with learning disabilities had a separate three day induction in this specialised area. The registered manager told us the service were preparing for the implementation of the new Care Certificate. This is a set of

standards that health and social care workers should adhere to in their daily working lives. Staff members were given an employee handbook detailing their rights and responsibilities on induction.

Regular refresher training courses were held, and the registered manager told us all but a small minority of staff were up to date with all required training. Training records showed 17 staff members held NVQ level two qualifications, and a further 30 staff were working towards this.

Training specific to the needs of individuals was given before staff undertook support duties with them. Examples of this included people living with dementia, learning disabilities, Huntingdon’s disease, autism and multiple sclerosis. The registered manager told us they made links with local health professionals and agencies for specialist training.

Each staff member had a personal development plan in place identifying their training and development needs. Support workers we spoke with told us they were up to date with their training and were encouraged to ask for additional training. One told us, “I think I have the skills necessary, but I’m still learning. We are given other training on request. I’ve asked for some training on autism, and I think I will get it.”

The registered manager told us staff were given supervision on an eight-weekly basis. Areas covered included work performance, safeguarding and other safety issues, personal development needs and objectives, as well as discussions about the care given to individuals using the service. We saw any work performance deficits identified were treated seriously and addressed directly with the staff member. Support workers confirmed they had regular supervision. They said they were treated with respect by the management team and felt they could challenge decisions. One worker told us, “We get good support – really good. And we can always ring the office for advice.” There were annual work appraisal meetings with all staff. The registered manager told us about the provider’s ‘You are a Star’ scheme which celebrated the good work of individual staff members.

The service had systems in place for assessing whether or not a person receiving support had the capacity to make informed decisions about significant life events such as accepting a package of personal care. Where this

Is the service effective?

assessment established the person lacked such capacity, a meeting was held with the person, their representatives, and involved professionals to make decisions agreed to be in the person's best interests. Such decisions took account of any existing delegated authority such as Lasting Power of Attorney or formal advanced decisions previously made by the person.

The service operated a 'no-restraint' policy. If a person being supported displayed behaviours that caused distress to them or to others around them, advice was sought from the local 'Behaviour Assessment and Interaction' team. They worked closely with the person, their representatives and professionals to identify what triggered such behaviours, and draw up a support plan.

People were asked to give their written consent for how their care was to be given. Each care plan had a section which stated the person had been involved in developing their support plan, which they or their representatives were asked to sign to show their agreement to its' content. Separate consent forms recorded people's agreement to sharing information with involved professionals and to being supported with their medicines. Staff told us that the importance of gaining consent was stressed as part of their induction. People we spoke with confirmed their workers always asked for their permission before carrying out any care tasks. One person said, "They always ask. And they ask

if you want anything else done, as well." The registered manager told us they emailed people's care and support plans to their social worker or care manager and asked for their approval of the plans.

People's nutritional needs, including the risk of malnutrition, were identified as part of their initial assessment. Where required, a nutritional support plan was put in place, describing the person's needs and any specialist feeding techniques to be used. Support staff were given specific, certificated training by appropriate professionals, who also assessed the staff member's competence in delivering nutritional support. Where needed, records of people's food and fluid intake were kept by staff to ensure an adequate diet was taken.

Health needs were assessed on a regular basis and appropriate care and support plans were drawn up. We saw evidence of the input of occupational therapists and other professionals in the development of such plans. If a person required specialist equipment, such as moving and handling aids, the service contacted the relevant professionals to access these. Support workers told us they were alert to any changes in people's health or demeanour, and reported any concerns to the office and the person's family. They gave people support with their health needs, such as making or accompanying them to GP or hospital appointments.

Is the service caring?

Our findings

People told us they received a very caring and respectful service. One person said, “The staff care for me. They are very friendly and we have no arguments.” A second person told us, “I get on alright with the regular carers, I was asked for my preference for the gender of the carers and I get a male.” A third person said, “Staff are friendly and do a great job.” Other comments included, “Very friendly staff. I’m very, very happy with my care. I can’t see how it could be improved” and, “They are marvellous. They are good company and we have a good rapport. They encourage me to be independent.”

A social worker told us, “I have found most staff have been very caring with a professional attitude.”

We visited four people receiving services in their own homes. We observed relationships between people and their support workers were relaxed and open, with good communication and mutual respect demonstrated. People were supported to give their views, where they wished such support, but their privacy was respected with workers offering to leave the room whilst we asked people for their comments. Workers were attentive to people’s needs, but also encouraged them to make their own choices.

People told us they felt they could tell their workers how they wished their care and support to be given, and that staff listened to them. One person told us, “I can change my mind every day, if I want to.” People said they felt involved in their care, and that the service took a genuine interest in their well-being. One person said, “They (office staff) keep in touch. They ring me and ask if I’m alright.” Another person told us, “I was very low but my carers have helped me to fight back. I’m as happy as a pig in muck with my care.”

We noted, in the service’s own survey of people’s views (2015), 45% rated their care as ‘good’ and 45% as ‘very good’.

A ‘service user guide’ was given to people when they started receiving a service. This gave them information about the services on offer, how to make a complaint, and their rights and responsibilities. The service user guide contained web-links which people could access if they wished to read the company’s policies and procedures. The

registered manager told us information for people using the service was also available in languages other than English, in braille, and via workers trained in British Sign Language and Makaton.

The contact details for local independent advocacy services were given to people in their service user guide. Details were also given to help people contact the CQC and local councils, if they wished to discuss any issues. The registered manager told us they made referrals to advocacy services in advance of any major decision a person might have to make. They said they worked with a local charity that provided people with help and advice about their personal finances, including the nomination of a representative to act as appointee for the person.

An ‘employees’ handbook, issued to all staff members, reinforced to them the importance of maintaining the confidentiality of people’s personal details and care packages at all times. Staff members told us this was covered in their induction.

People we asked told us staff always treated them with respect and courtesy, and were good at protecting their privacy and dignity. One person commented, “They definitely treat me with respect.” Another person said, “They let me speak to my family and friends in private.” We saw in people’s care and support plans that they were encouraged to describe what constituted privacy and dignity to them as individuals, rather than having this defined by staff. We noted, in the service’s own survey of people’s views (2015), people who responded rated the service as either ‘good’ (44%) or ‘very good’ (47%) regarding respect, protection of privacy and the maintaining their dignity.

People told us they were encouraged to be as independent as possible. One person commented, “They don’t do anything for you unnecessarily.” We saw support plans included instructions to workers about what they should not do for people, to avoid compromising their independent skills. We saw, in people’s care records, there was an emphasis on planning support that helped people become more independent in their daily living. Examples seen included, “Provide support for X around developmental skills around the home”; “Y has gained confidence in showering independently with support”; and, “Z is supported to budget and shop for food and essential items.”

Is the service caring?

The service kept clear records of people who had made advanced decisions about their care, for example, to refuse treatment under specified circumstances.

Is the service responsive?

Our findings

People told us they felt the service responded well to their changing needs and wishes, and to any concerns they might have. One person said, “I am fully involved in my care.” A second person told us, “I enjoy life. I decide what I want to do. I go to the pictures, bowling, play pool and golf. Staff are taking me on holiday to France.” This person said they had never had to complain, but if they did, they would tell a care worker. They also told us they knew that if they did not get on with a care worker they could ask for a change. Other people told us, “If I had to complain I would ring the office but I have not had to, so far”, and, “My carers have shown me how to use the phone and how to iron my clothes.”

A social worker told us, “Managerial staff have changed care packages at short notice to ensure continuity of service and to provide a safe package of support.”

When a person was referred for a service, the person’s social worker or care manager was asked to provide all relevant current assessments of the person’s needs. The service also carried out its own initial assessment of a person’s needs. This included their physical and mental health; medicines; communication needs; mobility; continence issues; skin care and social and spiritual needs. A ‘personal expectations’ section of the assessment required the assessor to ‘add any statements that reflect the views, wishes, strengths, hopes, fears of the individual, preferably using their own words.’

From this information a ‘My person-centred care plan’ was drawn up, which included the person’s personal history, preferred routines, relationships and communication needs. We saw examples of very person-centred care developed from these assessments, with some people describing their care needs and preferences in great detail. Examples seen included one person who stated, “Involve me in everything you do. Ask me if you are not sure about something”, and went on to detail every aspect of their daily routines. A second person told us, “I was fully involved in my assessments and care plans. I’ve studied them and I agree with them, so I’ve signed them. New support workers always read my care plans and ask me if they have any questions. I can also tell them if I want something done differently.” Another person commented, “Anything I need, they do. The care is good. I can’t fault them.”

Where a person had difficulties in expressing their wishes verbally, the service provided a variety of aids including speech generating devices, communication boards and the use of Makaton sign language.

People were asked if they preferred a male or female support worker to attend to any personal care needs, and their requests were honoured. One person told us, “The office is always in touch and they make sure the service adapts to my needs.”

People’s support plans were formally reviewed at least annually. Particular elements of a person’s plan might be reviewed at different times, depending on their complexity. Support plans were also kept under regular informal review. Workers told us they were encouraged to take responsibility for updating or amending plans, with the agreement of the person, in the light of changes or developments.

Detailed daily records of people’s care and support were kept. These clearly demonstrated people were given choices, were asked for their consent to care, and were treated with respect and dignity. For people with more complex needs, the daily records were suitably detailed and specific.

We saw evidence in care records showing the service supported people to access their local community facilities and social activities. One person had been supported to achieve a City & Guilds qualification in cookery. Another person told us they were planning a foreign holiday, accompanied by support workers. A third said they were involved in national sporting events. Other activities evidenced included attending gyms, outdoor activities, community work and on-line shopping. Some people attended a local college every week, taking courses in life skills, literacy, numeracy, I.T. skills and personal care courses. One person was able to work in a local shop, with support. These activities enabled people to enjoy fulfilling lives and avoid the risk of social isolation.

The registered manager told us the provision of choice was central to the ethos of the service, and that people were actively supported and prompted to make choices in every area of their daily lives. This was confirmed in the highly-personalised support plans and by what people told us. For example, one person told us they had dictated every part of their care plan, but also reserved the right to change their mind about what was in their plan whenever they

Is the service responsive?

wished. We saw another person asking their support worker what they should do that day, and the worker gently and sensitively reminded them of their ability to make their own choices, as well as helping them think through the various options they might have. We noted, in the service's own survey of people's views (2015), 85% of people who responded rated their ability to make choices as being either 'good' or 'very good'.

The policy on complaints stated the service "welcomes complaints and looks on them as opportunities to learn, adapt, improve and provide better services". The policy aimed to resolve complaints promptly, and at the local level, but included people's rights of appeal, and gave information about other agencies able to provide assistance. The complaints log was detailed and contained descriptions of the areas of concern; investigation; findings; actions taken; and the degree of satisfaction of the complainant with the outcome. We saw the service

responded professionally to complaints, offering explanations and apologies where necessary, and took disciplinary action or made changes to systems where appropriate.

All the people we spoke with told us they knew how to complain. We saw a section regarding complaints was included in support plans. Only one person said they had had cause to make a complaint. They said they had experienced some episodes of rudeness and disrespect of their privacy, and had complained about this. They told us the management had dealt with the issues promptly, appropriately and to their satisfaction.

Transition between services was handled well. The service held meetings with other providers and care managers and planned support, including shadowing for new workers, in advance of any transfer of responsibility.

Is the service well-led?

Our findings

People we spoke with in their own homes told us they felt their service was well-managed. One person told us, “My team leader manages my service really well.” A second person said, “I don’t know how the service could be improved. I’d give my team 10 out of 10.” They told us the service kept in touch regularly and asked them for their views.

A social worker told us, “There has been very high praise from my social work team for the managerial staff.” A commissioner of services said, “We find the manager to be responsive to any contacts. We have received no negative comments about this service.”

There was an experienced and well-qualified management team in post. Both the registered manager and the service manager, who led on services for people with learning disabilities, held NVQ level five qualifications. The service had a training manager and an experienced team of co-ordinators and supervisors, all with relevant qualifications.

The registered manager was accountable to the regional operations manager. Weekly reports were submitted regarding areas such as the effective delivery of care services, employment issues, concerns and complaints. They told us they received good support from their regional manager who visited the location weekly, and kept themselves well-informed about the progress of the service.

We found the service to have an open and self-questioning culture regarding its practice. Having recently merged with its current parent company, it was in the process of evaluating the best elements of the component parts of each organisation. The management team were keen to discuss issues, ask advice and share good practice. We noted some issues discussed in the previous inspection had been incorporated into current practice, including the better integration of information into streamlined care documentation. Staff members said the management team were open, accessible and supportive, and welcomed new ideas and challenges. One staff member said, “You can ask them anything, and they respond well.”

The management team demonstrated a clear commitment to delivering a quality service to the people it supported.

The service manager told us, “We are very driven regarding the quality of care. It’s really important to us.” Staff members told us the management team modelled this commitment to quality in their work and led by example.

The statement of purpose stated the service’s commitment to the principles of independence, choice, dignity, rights, fulfilment and safety. Staff members we spoke with confirmed these principles were expected to be applied in practice in all areas of service delivery, and were regularly reinforced in supervision and appraisal meetings.

There was evidence of auditing of the service at all levels. These included audits of care records and of care reviews, with people being asked to rate the quality and consistency of their care, their degree of involvement in planning care, and the promotion of key principles of care. We saw issues identified were addressed promptly, by for example changing a person’s service delivery times in response to their feedback and providing extra staff training. We noted some audits were overdue. The registered manager told us there had been a temporary disruption to some elements of the audit process, due to a recent restructuring of the company’s management team and the introduction of new audit tools and software systems.

As part of the service’s quality management framework, there was a ‘continuous improvement programme’. People using the service, their relatives, staff and partner organisations were encouraged to share their views and ideas using suggestions boxes, a website and blogs. These were collated monthly and an action plan developed to share new and best practice between the providers’ various locations. Potential improvements to services were piloted before being rolled out. Examples included a new ‘person-centred support plan’, developed by the location and now implemented within the provider’s other locations. The service was working to map its policies to the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force in April 2015.

A ‘customer satisfaction’ survey was carried out twice a year to capture the views of people and their families, and the views of staff members were surveyed annually. The service held monthly learning disability and dementia forums, which included people, relatives and staff to give

Is the service well-led?

feedback and shape future service delivery. Staff were encouraged to suggest improvements to the service and the best suggestions were financially rewarded and implemented.

The registered manager told us there was a rolling programme of telephone calls to people using the service to gauge their views. Some people we spoke with told us they had been contacted by the service's office and asked for their views. People also said they were responded to appropriately if they ever had to ring the office. One person said, "I get a good reception when I ring."

The registered manager told us they kept abreast of current good practice developments in the sector by accessing professional website such as Skills for Care, the Health and Social Care Information Centre and Care Quality Commission.

We found the records of people's care and the management of the service to be comprehensive, detailed, up to date, accessible and securely stored.