Inclusion Care Ltd

Inclusion Care

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 8, 9 and 10 July 2015 and was announced. Inclusion Care provides personal care to people with a learning disability, autistic spectrum disorder, physical disability and or mental health needs living in their own homes in Gloucestershire and Worcestershire. People being provided with personal care had a range of needs. Not everyone who took part in this inspection was able to tell us about the care and support they received, but we were able to meet with them and observe them with staff in their homes. Inclusion Care was providing personal care to 55 people at the time of our inspection.

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 and associated Regulations about how the service is run.

People living in their own homes were supported to live their lives the way they chose, to be as independent as they could be, to access local community activities and had their individual needs recognised and valued. People's preferences, aspirations and routines important to them were clearly identified in their care records.

Summary of findings

People's care was personalised and their care records mirrored this. People's changing needs were responded to appropriately and action was taken if needed to make sure the care they received reflected their actual needs.

People's health and well-being were promoted through access to their GP and other health care professionals. They were supported to have a healthy diet and were involved in planning and preparing their meals. People were informed about the costs to them of living together and what their share of the bills would be. People had access to a variety of activities and pursuits both in their homes and in the local community. People enjoyed going swimming, playing golf, meeting with friends, using sensory rooms and going on holiday.

People were kept safe from harm by staff who had a good understanding of safeguarding and how to recognise and report suspected abuse. Staff were confident any concerns they raised would be listened to and responded to appropriately. Comprehensive systems were in place to make sure new staff were thoroughly checked before they were appointed. Staff had access to an extensive training programme starting with their induction and promoting their professional development. Bespoke courses were provided to help staff understand and support people for example with autistic spectrum disorder. Considerable effort had been taken to make sure all staff had access to the resources, knowledge and support to help "people live as best a life as possible". Staff said they felt supported in their roles by managers and communication in the teams and the service was robust.

Changes to the structure of the service had a positive impact on people's experience of their care and support. Systems monitoring accidents, incidents and near misses were more responsive. Lessons were learnt from these and from complaints were used to improve the quality of care. Monitoring and auditing of the standards of care were developing in line with our key questions. People, their relatives and staff were encouraged to feedback their views of the service. People benefitted from an organisation which had achieved national awards and which shared best practice across it's services. Staff and services had celebrated success reaching the final stages of several national awards. By working and liaising with local and national networks and organisations the registered manager and senior management kept up to date with changes in legislation and best practice.

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?

Good

The service was safe. People were safeguarded from the risks of potential harm or abuse. Learning took place from incidents, accidents and near misses to prevent further risks to people.

People were supported by enough staff with the right skills, knowledge and understanding to meet their needs.

People's medicines were managed safely and given to them at times they wished to have them.

Is the service effective?

Good

The service was effective. People were supported by staff who had access to a comprehensive training programme which kept their knowledge and skills up to date with current best practice.

People's capacity to consent to their care and support was assessed in line with the Mental Capacity Act 2005 and decisions made in their best interests when needed. When people's liberty was restricted applications had been made to the Court of Protection.

People were supported to have a healthy diet which reflected their personal and cultural needs. People had access to health care professionals to help them to stay well.

Is the service caring?

Good

The service was caring. People were supported patiently, kindly and with care by staff. Staff were respectful of people's wishes and routines and were attentive to their needs. People were treated with dignity and respect.

People were supported to express their views and feelings about their care. Creative communication was promoted encouraging all people to have a voice.

People's independence was nurtured providing them with opportunities to develop skills and work towards their aspirations.

Is the service responsive?

Good

The service was responsive. People received individualised care which reflected their personal preferences, likes, dislikes and routines important to them. People's care and support was reviewed and reflected any changes in their needs.

People were supported in a range of social opportunities in their local communities. Creative methods were used to enable people to express their views and control their lifestyle.

Complaints were listened to and used to make improvements to the service provided.

Is the service well-led?

Good

The service was well-led. People benefitted from an open and transparent culture, where their complaints and feedback were listened and responded to. Lessons were learnt from mistakes and action was taken to improve people's experience of care.

Positive and proactive leadership was demonstrated throughout the organisation. Challenges were explored and achievements shared to drive forward service developments.

Summary of findings

Robust quality assurance processes were being embedded to make improvements to people's care and support.

Inclusion Care

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.

The inspection took place on 8, 9 and 10 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector and an expert by experience carried out this inspection. 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's area of expertise was learning disability. Before the inspection, the provider completed 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. Questionnaires had been sent to people using the service, staff and social and health care professionals. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We had also received information from a local commissioning team.

As part of this inspection we spoke with eight people using the service, the registered manager, two representatives of the provider, two managers, 12 care staff and the training lead. We reviewed the care records for six people including their medicines records. We also looked at the recruitment records for five staff and their training records, quality assurance systems and health and safety records. We observed the care and support being provided to people. After the inspection we received feedback from two social care professionals and a relative. Additional information was sent to us by the provider.

Good

Is the service safe?

Our findings

People were protected against the risks of abuse and bullying or harassment. Everyone who responded to our questionnaires said they felt safe using the service. People told us they would talk to staff if they had any concerns. One person told us, "I feel very safe here because the staff know what they are doing." Staff had a good understanding of how to keep people safe and confirmed if they raised any concerns about people's well-being the appropriate action would be taken by managers. A member of staff said, "We make sure we keep people and staff safe." Another member of staff described how it had taken "five years for people to feel secure and to start feeling self confident in their independence." Staff had completed training in safeguarding and had access to local policies and procedures. Staff described how they would respond to suspected abuse which included making sure the person was safe and reassured as well as keeping robust records.

Where abuse had been reported, action had been taken to make sure people were kept safe from the risks of this reoccurring. For example, in the case of an allegation of financial abuse. The provider had responded to safeguarding alerts raised with the local authority by thoroughly investigating the concerns. Where systems had been found to be poor they had replaced these with new systems for the management of people's personal affairs. People had been provided with individualised summaries for estimated charges for rent, bills and food. Financial records had been audited and robust systems were in place to make sure people's personal monies were managed efficiently. The provider had reviewed arrangements for the purchase or leasing of vehicles on behalf of people. New more cost effective arrangements had been discussed and people had been encouraged, if able, to use public transport.

People were safeguarded from the risks of potential harm. Any known hazards they were likely to face in their day to day lives had been assessed and strategies were in place to minimise any risks to them. The registered manager described a new electronic system into which staff entered data about accidents, incidents and near misses. This enabled managers to analyse and pick up on any trends quickly. The result was that risk assessments and additional records could be reviewed and scanned into the system making sure changes were identified promptly.

Wherever possible the least restrictive solution was found to keeping people safe and promoting their independence. For example, a new one cup drink maker was available for people at risk of scalding themselves when using a kettle.

People had some restrictions in place to keep them safe, such as keeping their front door locked.

The registered manager said they had reflected on the rationale behind some restrictions such as locking a kitchen door. The kitchen door was now left open and people had freedom of access. For those people assessed as at risk of using the kitchen staff support was provided. The registered manager said, "There had been no positive risk taking and there were lots of restrictions."

People were protected by staff who understood and had confidence in the provider's whistleblowing procedure. They said they would not hesitate to raise concerns and managers would take the appropriate action to stamp out poor practice. The representative of the provider stressed, "We would never ignore whistleblowing. We don't want people to feel they can't talk with management." They confirmed action had been taken in response to concerns raised with them. Information was provided discreetly as prompts for staff about who to contact including local managers and the Chief Executive of the organisation.

Each person had a personal evacuation plan which described how to support them to evacuate their home in the case of an emergency. Staff had access to emergency information should there be a problem in people's homes. There was also an emergency system for staff to seek advice or support out of working hours. One member of staff said, "We have our line manager to contact and if they are not available then a manager is on call. We are never left alone to cope with a situation." Staff confirmed they had access to a new maintenance team to help people with day to day repairs in their homes.

People's individual support needs had been assessed before they started to receive a service. For some people this meant times when they were supported by one member of staff, or two members of staff to access community activities. Staff allocations were indicated on rotas. Some people liked to have a visual display of which staff would be supporting them with aspects of their care or support. Photographs of staff were displayed on notice boards alongside the activity they would be helping the person with.

Good

Is the service safe?

People were supported by staff with the skills and knowledge to meet their needs. A person said they were able to choose the staff supporting them. Mixed feedback was received from questionnaires. Staff and health care professionals were concerned about a high turnover of staff and the impact this had on people. A member of staff commented, "The company are seriously recruiting and offering us incentives if we introduce successful new starters." The registered manager said they had acknowledged the challenges of keeping staff and had made changes to the organisation and support for staff teams. Staff were positive about the changes and were hopeful they would be sustained. Consistency was important and staff said teams were organised to make sure this was provided. Occasionally agency staff were used who worked alongside staff who knew people well. Managers said they used the same agency staff to ensure consistency and continuity of care. They were also able to access bank staff and staff working with other people would help out if needed. Senior managers said staff were always willing to help out.

Robust recruitment procedures were in place to make sure new staff had the skills, competency and character to work with people. Checks were carried out before staff were appointed to ensure a full employment history was obtained and the reasons for leaving former employment with children or adults were verified. A disclosure and barring service check (DBS) had been returned prior to employment. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. New staff completed an induction programme and shadowed staff before being assessed as competent to carry out their roles.

People were supported to manage their medicines safely and in line with national guidance on the management of medicines. They were given their medicines at times when they wanted them reflecting their individual lifestyle preferences. Staff had completed training in the safe handling of medicines and observations had been carried out to assess their competency. People's medicines were kept securely and their medicines administration records completed when they had received their medicines. All errors were reported by staff and analysed by managers for any emerging themes. In response to errors the registered manager said they had put new systems in place to monitor and audit the administration of medicines, as well as providing annual refresher training for staff. For people taking "as needed" medicines there were clear guidelines in place describing the reason for giving this medicine and the maximum dose prescribed.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and understanding to carry out their roles and responsibilities. People who responded to our questionnaires all said staff had the skills and knowledge to support them. Staff had a good understanding about people's conditions and their care needs. Staff told us, "The training is brilliant", "It's amazing the difference it's made" and "Yes we have lots of training". Staff had access to an induction programme which was delivered on a rolling timescale throughout the year. This provided new staff with training considered to be mandatory by the provider and included safeguarding, the Mental Capacity Act 2005 and Maybo training (the management of conflicts by creating a safe environment). Staff confirmed they had access to refresher training. This was monitored by the training department and staff were prompted when to book for updates.

A range of training was delivered. The training team had a "blended approach" to training enabling staff to learn in the classroom and test out their knowledge by shadowing staff. In addition to face to face training, staff could access learning on line or attend workshops as part of their team meetings. Staff had been given booklets summarising their training in areas such as sign language or person centred planning. Training reflecting the individual needs of people using the service was provided in response to their specific needs or conditions. For example, moving and handling focussed on an individual person's needs. The training room had been provided with moving and handling equipment to support practical learning. Training in the use of sign language could also be provided using the signs preferred by individual people. Staff had access to social care television and assessments enabling them to access national best practice. Training had been delivered by the National Autistic Society which was specific to the needs of people being supported. They also completed training provided by local authorities.

Staff confirmed communication between them, managers and the organisation was "very impressive" and "amazing". Staff said they had individual support meetings and annual appraisals to assess their competency and to give them the opportunity to feedback about their role and responsibilities. Staff proudly talked about their achievements such as opportunities for personal development through professional qualifications or promotion. Managers confirmed "we want to keep and value staff" and "trainers give staff a positive impression of care".

People made choices and staff encouraged them to make decisions about their daily routines. For example, people chose their activities for the day and when to eat or drink. People's capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Care plans identified when people might be unable to consent to aspects of their care. For example, when people needed help to make larger decisions such as moving house, these would be carried out in their best interests. A best interests decision is made when people are assessed as not having the capacity to make a decision and involve people who know the person well and other professionals, where relevant. The registered manager described how people had been assessed by a speech and language therapist in relation to making decisions about tenancy agreements and their living arrangements. When decisions needed to be taken in their best interests these evidenced who had been involved in this process such as relatives or advocates. When people had a person appointed as a deputy by the Court of Protection in relation to health or welfare, there was evidence of this authorisation in the person's file.

People occasionally became anxious or upset. Staff discussed the strategies they used to help people regain control of their emotions and to become calm. They said they effectively used distraction and de-escalation for example, taking them for a walk, putting on music or offering a drink. Sensory and extra care (a low stimulus environment without distractions) rooms were provided for some people which they could choose to use if they needed to be quiet. Staff knew what might upset people and what signs to look for should they start to become agitated. There were clear and concise behaviour support plans in place providing staff with guidance to help people in these situations. Staff kept monitoring records which could be analysed to look for any new trends or changes in people's behaviour. They had the support of a behaviour support therapist and local health care professionals. Staff confirmed they rarely used physical intervention and this would only be as a last resort. Robust records were kept of any incidents. These records were audited by managers

Good

Is the service effective?

and also monitored by the provider's health and safety team to make sure the appropriate action had been taken. The registered manager said staff reflected on what worked well and shared with each other "proactive strategies" they used to support people.

Where people had been restricted of their liberty to keep them safe applications had been made to the Court of Protection to apply for a Deprivation of Liberty Safeguard (DoLS). DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager and staff had a good understanding of the MCA and DoLS.

People had help and support to plan and prepare their meals. People chose the meals they wished to eat and shopped for ingredients. Creative methods had been developed to help people decided what to eat using photographs and menu plans. If they lived with other people they shared the costs of food and drink. Staff confirmed they brought their own food and there was a separate budget funded by the provider to pay for drinks. Where people had specific dietary requirements these were acknowledged in their care plans. Their daily records confirmed these were respected. For people at risk of malnutrition, dehydration or obesity support was provided to monitor their dietary intake. If needed people had access to a speech and language therapist or dietician. Training was provided for staff to support people being fed through a percutaneous endoscopic gastronomy tube (PEG).

People were supported to access a range of health care professionals. Each person had a health action plan which described their medical history and any medicines they were taking. A record had been kept of health care appointments and any action taken or follow up appointments. People had seen their GP, dentist, community nurse and optician. People had access to annual health checks. When people's health needs changed they were promptly referred to the appropriate health care professional for support.

Good

Is the service caring?

Our findings

People told us, "I like staff, they are nice", "They are very good at helping us" and "They treat all of us well". Everyone who responded to our questionnaires said they were happy with their staff who were kind and caring. They confirmed they were treated with dignity and respect. A relative commented, "Apart from being very professional and kind with the clients, [name] is also a good diplomat." Staff were observed supporting people with patience and care. They were attentive to people's needs and responded in a timely fashion to their requests for help or support. Staff tenderly offered to wipe a person's face or offered a tissue for another person to do this themselves. Staff offered reassurance when needed and people enjoyed their company sharing jokes and laughing. Staff were respectful of people's routines when these were important to them, taking the lead from people and not rushing them to make decisions or complete activities. One person's care records prompted staff to "don't be impatient, give me eye contact, praise and gentle prompts".

People's spiritual and cultural beliefs were recognised in their care planning and how these may impact on their activities, their diet or the delivery of their personal care. People confirmed they went to their chosen place of worship. Some people preferred to have a specific gender of care staff to help them with their personal care and this was respected. People were supported to maintain relationships with people important to them. One person described how important it was to them to see a friend who lived in another town; "I like to be with [name], staff take me to see her." People were supported to access their local community and use community facilities such as swimming pools and restaurants.

The way in which people preferred to communicate was clearly detailed in their care plans. People had a communication care plan which described if they used sign language or how to interpret body language. Staff were observed using sign language. One member of staff said, "I have just learnt to use Makaton (sign language) it's amazing the difference it has made." Good use was made of objects of reference to ensure people had choices about their day to day lives. For example, if deciding what to drink, they were shown a choice of squashes, tea or coffee. Pictures were also used to reinforce the spoken word enabling people to have visual clues about activities, meals or the staff helping them. Easy to read information was provided for people to help them understand how to make a complaint or their tenancy agreement.

When people were upset or distressed staff responded to them quickly using their knowledge and understanding of people's background and history to support them to become calm. Staff reflected on what worked well with people and always used the least restrictive practice when helping people to control their emotions. When people were unwell or there were changes in their physical well-being staff showed concern for them by accessing the relevant health care professionals. For example help and advice was sought due to changes in a person's weight which could not be readily explained.

People had a variety of ways to express their views and to be involved in making decisions about their care and support. They told us they talked with staff about their care. People either had individual meetings or house meetings to chat about how they would like to spend their time and what meals they would like to have. Each person was being supported to explore their individual tenancy agreements and what these meant for them. Some people had the help of an advocate or a representative from social services. People were also involved in reviews of their care with staff and people important to them.

People had the opportunity to learn new skills and to maintain areas of independence. People said they helped around their home, prepared meals and went shopping. People were observed being involved in tasks no matter how small such as taking a cup to the sink or fetching their washing. People who had not previously had the opportunity to use their kitchen now helped themselves to drinks or snacks and helped to wash up. One member of staff commented, "The changes and independence enhancements I have seen in the people I support is outstanding."

People said their friends and relatives visited them. Staff had recognised for some relatives improvements were needed to keep them informed and up to date about people's care and well-being.

Good

Is the service responsive?

Our findings

People were involved in the development of their care plans and the support they would like to receive. One person who had never shown an interest in their records had with staff support shown ownership of their care records by signing their name. The registered manager said staff had created the right environment for the person to achieve this. People were being supported to personalise the folders in which their care records were kept to reflect them and their interests. Everyone who responded to our questionnaires confirmed they had been involved in decision making about their care and support.

The registered manager explained changes to the care planning system which were to be introduced to make care plans even more person centred and to provide clear information about the involvement of people in developing their plans. For some people who had been assessed as unable to make decisions about their care, their care plans had been developed with staff and other people important to them to reflect their known needs. People's records provided information about their background and personal histories, their likes and dislikes and routines important to them. Individualised care plans provided clear guidance for staff about people's preferences. These were monitored and reviewed as necessary.

People's care records had been updated with their changing needs, evidencing how staff had responded to changes in their health or well-being. For example, one person needed more help with their personal care due to ageing or another person had started to do more for themselves. The challenge for staff was to amend the records in the office to reflect the care being provided. The representative of the provider described how this had been recognised and they were looking at ways in which care records could be kept electronically.

People talked to us about the activities they liked to do both inside their home and out in their local communities. One person liked to go out to play golf and another enjoyed swimming. A person told us they liked to have organised activities in their week but also liked to have time to spend at home. Another person discussed a job they had at a local supermarket, "I enjoy this very much." People were encouraged to use their gardens as a source of sensory stimulation and sensory rooms had also been developed in their rooms where they could relax. Holidays had been planned and people were getting ready to go away during our inspection. People who liked to know their routines for the day were helped to control their anxieties around the timing of the next activity by using photographs on a visual display. This illustrated what the next activity was, once completed they removed the photograph and replaced it with the next activity. Staff said this had considerably removed people's unease and helped them to engage positively in their day. Another person was helped to plan their days and appointments by using a calendar which they coloured in to reflect the passage of time.

People were supported to maintain friendships with people important to them through social clubs, college and meeting informally. One person met regularly with their sister and photographs were used to make sure they knew when and where they meeting.

People living with autistic spectrum disorder (ASD) benefitted from staff and an organisation who had access to training and guidance from the National Autistic Society. The representative of the provider said three services which supported people with ASD were undertaking autism accreditation. This had provided them with the opportunity to test out new assessments and reconsider how they communicated with people with ASD and the tools used to support them. The provider information form (PIR) stated, "The autism lead for the organisation is ensuring that the needs of individuals on the autistic spectrum are being met and reflected in current paperwork". The registered manager gave an illustration of how people with ASD were supported to gradually decorate and accept fixtures and fittings in their homes where previously it was thought they would not tolerate these.

People told us they would talk to staff if they had any concerns. Easy to read information was provided about how to make a complaint. Three complaints had been received since April 2015. There was evidence these had been responded to and investigated by senior management. Face to face meetings were held with complainants wherever possible to discuss their concerns and to give them feedback about any action taken. If necessary complaints could be escalated through the organisation to the Chief Executive. The Chief Executive told new staff at their induction they wanted staff to be able to raise concerns with them personally. The registered manager confirmed that complaints were seen as an opportunity to learn from mistakes or to make

Good

Is the service responsive?

improvements. The registered manager described how they had invited relatives to meetings to discuss the care and well-being of people. Actions taken in response to complaints included reviewing the provision and financing of transport for people and the auditing and monitoring of services delivered to people in one area. Staff confirmed they had more confidence about raising concerns on behalf of people. One member of staff said, “If we have any concerns at all our area manager (registered manager) is very good at dealing with them - we can go to her with any problem”.

Good

Is the service well-led?

Our findings

People had different ways in which they could give feedback about the service they received. They had individual meetings with staff, as well as house meetings, local meetings independent of the provider as well as an annual survey. Their participation in review meetings and day to day involvement in the delivery of their care shaped the service they received. Creative methods were used to help people give feedback such as the use of video. Staff had the opportunity to reflect on the service they provided through individual meetings with managers, their annual appraisal, an annual survey and through the provider visits to services as part of the quality assurance process. A quality lead had been established to carry out visits to services who was independent of managers of the services. Staff were able to contact them in confidence if they did not wish to give feedback to their manager. Staff forums also provided an additional way for staff to share their experiences and views nationally.

The registered manager and representatives of the provider described the changes to the service as a result of a restructuring of management and the positive impact this had on people in receipt of personal care. Staff commented, managers are "enthusiastic", "they make sure we are up to date and I think they are one of the best services" and they are "moving the company around". A team round up from the Chief Executive kept staff informed of service developments and improvements. Staff had been supported to reflect on the visions and values of the organisation and were led by "proactive and positive leadership" which had driven changes in culture, "developing us and making us think about the service delivered to people". Staff were encouraged to be involved in service developments, with feedback flowing from them to the senior managers and senior management giving staff direction and driving through improvements. The registered manager said, "We have retained a big group of loyal staff committed to supporting people."

Quality assurance audits monitored a range of systems including health and safety in people's homes, care records, the administration of medicines and accident records. Services were assessed in line with our key questions and audits focussed on actions for improvement in line with these. The registered manager recognised the challenges of keeping records up to date to reflect changes in people's needs and alternative systems were being explored to help achieve this. A new information technology infrastructure was being invested in to reduce the risks of poor record keeping and to make sure the organisation had access to the information they needed as quickly as possible. A representative of the provider said, "This will help us work smarter, within our budgets, and will have a positive impact on the quality of lives of people we support."

An open and transparent culture was promoted; for example making sure people or their relatives had feedback about their complaints, staff and people were kept informed about future changes and social and health care professionals received feedback and information about the people they placed with the service. When things went wrong, the registered manager said they acknowledged this and put things right. "Lessons are learnt but we also share good practice." The organisation was also keen to recognise the achievements of staff and celebrate this nationally.

The registered manager was supported by managers to oversee services provided to people receiving personal care. Senior carers working with people in their homes ensured robust communication between staff and management. Staff commented, "We are well supported, the registered manager is brilliant" and "An outstanding manager, not least because of the changes brought about and the positive impact for people". The registered manager was aware of their responsibilities with respect to the Care Quality Commission and notifications of significant events had been shared with us in line with the requirements of the law. The registered manager attended twice yearly national conferences to meet with her peers within the organisation to share and learn about best practice and changes in legislation. Their visions for the service, "to provide person centred care" reflected those of the organisation, "to provide high quality care, individuals free to have choice … so that the dreams and aspirations of individuals can be met". A representative of the provider said, "We believe our services would be suitable for our family and friends."

The registered manager took part in a variety of networks to discuss best practice with local providers and commissioning groups. They kept up to date with national guidance and legislation changes through resources provided by the Care Quality Commission and the Social

Good

Is the service well-led?

Care Institute for Excellence. The provider had received national awards in recognition of their effective people management and the registered manager, individual staff and services had reached the finals for national awards in recognition of their achievements. The provider was working towards accreditation to achieve a national health and safety benchmark. Representatives of the provider said the impact of these national awards and accreditations helped to “drive quality assurance forward” raising “the profile of people” and “valuing staff”.