Future Home Care Ltd

Future Home Care Ltd Southampton

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

Summary of findings

Overall summary

This inspection, which took place on 9, 15 and 18 November 2016 was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would available in the office.

Future Home Care provides personal care and support to people in their own homes. At the time of our inspection, the agency was providing a service for eight people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. The agency was managed from a centrally located office base in Southampton.

The service did not have a registered manager however shortly before this inspection the manager applied to become the registered manager. 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.

The provider encouraged people to be as independent as possible. People were encouraged to set themselves goals and targets to achieve. Staff's role in supporting them was clearly identified within people's care plans meaning people were empowered, not de-skilled.

People and their families were encouraged to help develop and review their care plans. People told us the provider was responsive to feedback, suggestions and complaints and was willing to make changes to improve the service. People were encouraged to express their views and had access to advocacy services if required.

Care plans were detailed and contained information which helped enable staff to support people effectively with their health and wellbeing. The provider identified the level of support people needed with their medicines and when accessing healthcare. Staff supported people to engage as independently as possible in managing their medicines and attending health appointments.

People were supported with their dietary needs and were encouraged to make choices around their nutrition, playing an active role in shopping and cooking. Where people required specialist input, the provider consulted speech and language therapists to help ensure that people were being supported to safely follow their dietary requirements.
Risks to people's safety were assessed and measures were put in place to minimise the risk of harm to people and staff. When incidents happened, the provider investigated them to identify causes and looked for ways to avoid them reoccurring. When significant incidents occurred within the service, the provider notified CQC.

There were a sufficient number of suitably trained and skilled staff to meet people's needs. The provider

made necessary recruitment checks to help ensure suitably skilled staff worked with people. Staff received an effective induction and training programme which was updated regularly or when guidance or procedure changed. Supervisions were effective in assessing and feeding back to staff about their work performance. The provider gave staff the opportunity to make suggestions and share learning in staff team meetings.

Staff treated people with dignity, respect, and followed legislation, which protected people's rights and dignity. Staff told us they were confident in identifying safeguarding issues or concerns and were knowledgeable about the provider's whistleblowing policy.

People, families and staff told us that the manager was approachable and honest and that they could come to them with concerns or issues. The manager had put in place quality assurance systems, which assessed and monitored the quality of care being provided. Improvement plans were regularly reviewed and updated which resulted in continuous improvements being made.

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.

Risk assessments were in place to identify and minimise the risk to people.

There were sufficient staff to meet people's needs. Staff had gone through recruitment checks to help ensure they were suitable for their role.

People were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were effective in their role and supported through training, induction and supervision.

People had to access healthcare services when required.

People were encouraged play an active role in meeting their nutrition needs and following their dietary requirements.

Staff followed legislation designed to protect people's rights and freedoms.

Is the service caring?

Good

The service was caring

Staff were knowledgeable about the people they supported and encouraged them to be as independent as possible.

Staff treated people with dignity and respected their privacy.

People were encouraged to express their views and advocacy services were made available to those who needed them.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning and reviewing their care and support.

Care plans detailed people's preferences and people were supported to develop independence and life skills.

The provider listened to feedback and complaints from people in order to improve the service.

Is the service well-led?

Good

The service was well led

People, their relatives and staff told us they felt the manager promoted a clear vision of the provider's values.

Quality assurance systems were in place to monitor the quality of the service.

The provider had a whistleblowing policy which staff were confident in using.

The provider investigated incidents to look for triggers and ways to stop incidents reoccurring.

Future Home Care Ltd Southampton

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, which took place on 9, 15 and 18 November 2016 and was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection, we reviewed notifications we had been sent by the provider. A notification is information about important events, which the service is required to send us by law.

During the inspection, we spoke with ten people who used the service or their relatives. We spoke to the manager, a regional manager, a project manager and six staff members. Following the inspection, we spoke with two health care professionals who had regular contact with the service, to obtain their views about the care provided. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training and recruitment records.

Good

Is the service safe?

Our findings

People felt safe receiving support from Future Home Care. One person told us, "I like it that staff stay with me and come out with me, it makes me feel safe", another person said, "Yes, very safe with staff". Relatives felt confident that staff looked after their family members well and kept them from harm. One relative commented, "They do a good job over there, they have created a safe environment for [my relative]", another relative told us, "[My relative] needs on-going support to ensure they are happy and safe, that is what they [staff] do".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff were knowledgeable about people's individual needs and the steps required to keep people safe. One person had a risk assessment in place to enable them to go swimming safely in light of their epilepsy. Staff told us that they always ensured that the person swam near the side of the pool and was under the supervision of lifeguards who were aware of their condition. The person also took their medicines with them so staff and lifeguards could respond if the person had a seizure whilst in the pool. Another person's epileptic seizures were triggered by certain water temperatures. Staff supported them to monitor water temperature when having a bath to reduce the risk of triggering a seizure. The person was also supported to not exceed certain water depth and agreed for staff to check on them whilst in the bath to reduce the risk of drowning if they had a seizure.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or safeguarding concerns. All staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. One member of staff told us, "Because we are sometimes working on our own, it's important that any concerns or problems get reported so we can do something about it". Another member of staff told us, "I have had to raise an issue before about [person], the project manager came over to investigate and it was all dealt with very quickly".

People involved in accidents and incidents were supported to stay safe and staff took action to prevent further injury or harm. One person could place themselves and others at risk when they were highly anxious. Staff took action to reduce the likelihood of these behaviours causing harm. A quiet area in the house where music and relaxing lighting had been created for the person to use which helped calm them when anxious.

Risks within people's home environment including emergency equipment were assessed and monitored to reduce risk of harm. People were supported to regularly test fire safety equipment and each individual had a personal evacuation plan in place. This plan detailed steps people and staff needed to take to maintain their safety in an emergency.

People were supported by sufficient staff to meet their individual needs. One person told us, "I always get the staff I want, it is never somebody I don't know, and I have three staff". The manager told us that there were two vacancies in their staff team, for which they were interviewing candidates. In the meantime, existing staff were helping by covering additional shifts. One member of staff told us, "It can be a bit

stretched, especially over the weekends, but there is always someone next door or at one of the other houses who can give you a hand".

Staffing was arranged by assessments of people's needs by the funding local authority. Each person had their staff, a senior staff member and a project manager who oversaw the administration of people's support in the local area. The manager told us that they were constantly assessing the level of support people required to keep them safe and enable community access. The manager told us they had recently requested additional support hours for a person. This was to give the person more flexibility to go out with staff during the weekends, as it was felt that increased activities would benefit them.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. The manager conducted interviews themselves to help ensure the right staff were employed to work with people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were safe medicine administration systems in place to help people receive their medicines when required. The provider had assessed people to identify their capacity to manage their medicines independently. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely. One person told us, "I like staff to look after my medicines for me and remind me to take them so I don't forget". Another person would frequently decline their medicines. Their support plan instructed staff to respect the person's choice but to remind the person why it is import to take their medicines. Records also detailed how medical advice was sought on occasions where a person missed their medicines as they had declined them.

Staff were confident in reporting and seeking medical advice if they noticed any errors or missed medicines during administration. This would help ensure that people receive timely medical intervention if they had not received medicines as prescribed. Senior staff in the home audited people's Medicine administration records (MAR) weekly and returned records to the office where the project manager would check them. This helped to identify any missing entries, errors or trends and enabled the project manager to take the appropriate action to support staff to help ensure errors do not reoccur.

Some people were prescribed 'when required' (PRN) medicines for pain, anxiety or epilepsy. Guidance was clear which set out the steps staff needed to take in order to ensure these medicines were given appropriately to people's needs.

Good

Is the service effective?

Our findings

People told us that staff were well trained and knowledgeable in their roles. One person said, "They are all very good, they know what they are doing". Relatives of people were also positive about the staff. One relative told us, "Yes, the staff are very good at their jobs". Another relative said, "They are supportive and attentive to [my family members needs]".

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff tailored their communication to meet the communication needs of the people they supported. For example, one person responded to short, concise sentences with staff giving them lots of time to respond to questions. Staff told us that the tone of voice and eye contact were important factors in helping the person understand what was asked of them.

Staff received training specific to the needs of the people using the service. They were knowledgeable about the people they worked with and how to effectively support their health and wellbeing. New staff received training that was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff had received additional training in specialist medicines, which they updated when people's needs changed. One member of staff told us, "We received training in [specific medicine] and how to administer it. The guidelines were recently updated by the doctor so we got some additional training when it changed".

New staff completed an induction programme before working on their own. This consisted of working alongside more experienced staff before working alone. This enabled new staff and people to get to know each other. The induction also included time for staff to read the provider's policies and procedures, review care plans, risk assessments, and undertake a meeting with the manager.

The manager monitored staff performance through supervision. Supervision involved office based meetings, observation whilst working with people and a set of competency assessments. Supervisions focussed on a review of staff's performance, discussing any issues with people, training needs, future targets and staff wellbeing. One member of staff told us, "This is probably the most support we have ever received from the office, it's great". Another member of staff said, "We now receive regular supervisions. This has never happened before. Since the new manager has come in, it's got better", and a third staff member told us, "The main difference is that now if I have a question there are people to support me to find the right answer, I feel much better supported".

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions such as the decision to independently manage their medicines. Where necessary, best

interest's decisions had been made following involvement of external professionals and people related to, or who knew the person well. One staff member told us, "If things change or the decision needs to be reviewed, we will go back to people's circle of support, doctors, families, care managers and go through the process again".

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. In one person's care plan it instructed staff not to ask a person directly about a subject as it could make them anxious. Staff were to be patient and ask the person about the matter indirectly, talking around the subject so they were able to calmly make a choice. One member of staff told us, "We do our best to encourage with medicines. If they ever do not take it, we wait, come back and encourage them again. If they still don't want to take them, we call the office to get advice".

The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. One person required support to monitor their fluid intake due to a medical condition. Staff supported the person to remain independent when making and choosing when to have drinks, but reminded them of their recommended daily fluid intake and why it was important to keep a record of what they had drunk. Where people required specialist diets, the provider had consulted Speech and Language Therapists, who were able to recommend an appropriate diet to safely meet people's dietary requirements.

People were supported to be involved in the choice of their meals. One person told us, "I do my food shopping once a week. Staff help me to choose the things I like and support me not to buy too many things". People were supported to participate in meal preparation, One person said, "Oh yes, I love cooking". One member of staff told us, "We get them involved as much as we can, stirring, chopping, measuring and searching for recipe ideas. Its makes it more meaningful and teaches people skills".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, podiatrists and an optician and that they attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Staff supported people to understand what was happening in health appointments, encouraged them to be as informed, and involved as possible. One person was supported to attend some health appointments independently. They told us that they wanted staff to wait outside so they could come in if they needed them to go through anything they did not understand. One member of staff told us, "We have encouraged [person] to go for injections on their own and collect repeat prescription, it works really well as they are more independent". People also had a 'hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical and nursing staff understand more about the person.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and they were treated with kindness and compassion by staff. One person told us, "The staff team are all perfect and deserve a pay rise". Another person smiled, nodded and put their thumbs up when we asked if they liked staff. A relative told us, "[Staff member] has a really positive effect on [my relative], it's because they have a real bond".

Staff were knowledgeable about how changes in daily routines affected people. Many of the staff had worked with the same people for a long time and told us it was important to keep a consistent approach when supporting them. One member of staff told us,"[Person] goes through cycles of behaviour, when they are very high, it's important that we are calm, keep eye contact and offer reassurance through familiar activities and trying to keep things constant ".

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, religious and cultural beliefs. People's cultural and religious needs were identified in their care plans. For example, their preferred language was identified along with any religious and cultural festivals they would like to celebrate. People were given a choice about the gender of their staff for support with person care. Daily records showed these preferences were followed.

Staff promoted people's dignity and privacy. People told us staff gave them personal space in their homes. One person said, "I go to my room after dinner, staff respect that". Where people shared homes, they were supported with personal care or to talk about personal issues away from communal areas. This respected their privacy and helped to uphold their dignity. Staff ensured that all care documentation was discreetly stored away from view. They told us this was because they wanted to avoid people's homes looking like a care environment. One member of staff told us, "We put things like care plans away because it is their [people's] home and we want to keep it that way".

People were encouraged to be as independent as possible. One person told us, "Now I do a lot more things for myself, it's so much better then [previous living arrangements].The staff help me along, I can go wherever I want, I have a car outside which staff will drive me if I need to get something". Another person said, "Staff are encouraging me to do more things for myself. I now wash up my bowl and can do the cups too". Areas in people's daily lives where they would like to be independent were clearly identified in their care plans and staff were encouraged to work with people to develop their independent skills. One person wanted to mow their lawn on their own. Staff provided supervised support until the person was able to safely mow the lawn independently, gradually reducing their input as the person became more confident. A staff member told us, "We always look for ways to support people to do things for themselves. We have slowly built up things over time, but the progress [person] has made is remarkable. They are attending appointments, helping round the house, making choices and decisions for themselves. They have come a long way".

People and their relatives consistently told us they were supported to express their views and were involved when decisions needed to be made. One person said, "They [staff] will always ask my opinion about things". A relative told us, "Staff always take the time to go through things with [my relative]. They are patient and try

to find ways in which to be involved and understand". One person was supported to be involved in choosing a new bed. They struggled to make complex decisions, so staff went through catalogues, made visual budget plans and went to visit shops before the person settled on a decision.

The provider supported people to access advocacy services. Advocacy services work in partnership with people to ensure they can access their rights and the services they need. Where people were identified as needing advocacy support, the provider had made links with local advocacy services to be involved in care planning and reviewing of people's support. This helped to ensure staff were aware of how to act appropriately to meet people's requests and follow their wishes.
People's preferences and choices about their end of life arrangements were documented to help ensure their final wishes were respected. Where people had capacity to make decisions, the provider had worked with them to identify preferences. Some people had prior arrangements in place, which they forwarded to the provider for their reference.

Good

Is the service responsive?

Our findings

People and their relatives told us the provider was responsive to their needs. One person said, "I never have any problems with getting hold of them, I would say they respond well yes". A relative told us, "Since the new manager has come in, we have been more involved and they get back to us a lot more than before".

People or their relatives were involved in developing their care, support and treatment plans. One person told us, "They [staff] listen, if I suggest something or want to do something, staff support me". People and families were asked to share information about people's life history, hobbies and preferences. This information formed part of people's care plans. The manager told us, "We always ask people how they want to be supported and like to get families involved if people allow us. They know people the best".

People's needs were reviewed when required and where necessary health and social care professionals were involved. One person told us, "They [staff] regularly come round, if there is a change that's needed, they make it". A relative said, "We were invited to a review with the manager and social services. I thought it was really positive. We discussed lots of issues and found the best way forward". The manager was open to making changes when people's needs changed. One person recently showed a change in behaviour. The manager met with the person, their family, social workers and doctors to ensure that they were being appropriately supported and had taken all necessary steps to ensure the person was safe. The manager told us, "We can be as flexible as people need. We are honest and ask them for reasonable time to make the adjustment".

Care plans were comprehensive and helped enable staff respond to changes in people's health and wellbeing. People's medical conditions were identified with background information about conditions available for staff to review. This helped to give staff a deeper knowledge about how to effectively identify and respond to changes in people's health. Preferences around people's daily routines were clearly identified with areas where people can do things for themselves highlighted. This helped enable people to maintain their independence and avoided them being deskilled by staff helping where it was not required. How people would like to be supported with their personal care was also detailed. This helped ensure that staff were supporting people in a way that was in line of their preference.

Staff were responsive to meeting people's individual communication needs. Where people could not communicate their needs verbally, person specific cues around their body language, gestures, level of engagement and additional communication aids required were identified in their care plans. This helped staff respond proactively to people's nonverbal cues and understand their requests and acknowledgments.

People's care plans help enable them opportunities to follow their interests and aspirations. People's aspirations and goals were clearly identified in their care plans, which included the level of staff support people wanted and how success of the goal was measured. This helped people to celebrate their achievements and identify new goals once existing ones were achieved. One person set the goal of being healthier through a change in diet. Staff support around healthier meal choices was required and the person's progress was monitored through regular weight monitoring. The person told us, "I have lost 5kg's

now, I feel much better". Another person was being encouraged to use public transport. This was to increase their independence and move away from a dependence on using staff's car to access the community. The person was gradually being supported to build their skills and confidence using buses, with the eventual goal of accessing transport independently.

People were encouraged and supported to develop and maintain relationships which mattered to them. Important people within people's circle of support were identified in their care plans. People's relationships, preferred method and frequency of contact was also documented. This helped people maintain sustainable contact, which was appropriate to people's specific relationships. One member of staff told us, "We make sure they are supported to keep in contact with parents and families as much as they wish". People were supported to display pictures of families, gifts and personal items from loved ones in their homes. Staff took time to speak to people to reminisce and catch up about their families. This helped people stay connected with those closest to them.

People were supported to follow their interests and take part in social activities. Each person followed an agreed set of activities as part of their care plan and used their commissioned hours of individual support to access this programme. Examples of activities that took place included: people attending day services, local social clubs, leisure and sporting clubs, music therapy and a range of individual hobbies, which suited their preference. People reviewed their activities regularly and staff supported them to try new things or source new resources when they wanted a change.

People told us that when they had concerns or made complaints, the manager would quickly respond. One person told us, "If I had any problems I would call [project manager] and they would come round immediately". People had a service user guide in their home, which gave them information about staff they could contact if they needed to make a complaint. The policy had been adapted to incorporate simplified language and symbols suitable for people it had been provided to. This allowed people to access and understand how to make a complaint. Records of complaints received by the provider demonstrated that they were dealt with quickly, investigated thoroughly and people were informed of the outcome of the investigations into their complaints.

People, and those important to them, had opportunities to give their views about the provider and quality of the service they received. The provider sent out questionnaires to people periodically to ask for their feedback about the service. Results were collated and distributed to people, staff and senior management from the provider. The manager met with people who raised issues or were not satisfied. One relative told us, "He has met with me since we have come over [to this care provider], I have had some issues, but it is so much better now". The manager said, "As long as staff and families understand that we are listening to them and learning from their feedback, then we can keep building better relationships and a better service".

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they felt the manager promoted a clear vision of the provider's values. One person said, "I like him, I see him every week in the office. He always asks how I am". A relative told us, "The new manager is fantastic. He is on the same wavelength". One member of staff commented, "One thing is we all work together, I know that I can call my manager or project manager and there will always be someone to help". The manager had only recently joined the provider and told us their priority was quality of care and safety. They said, "We are a new team and I have said that we are not going to grow until everything is in order and it is right".

There was a clear management structure in place, which included the manager, project manager and senior staff. The manager also told us they received support from the provider's regional manager who regularly visited and had helped the manager in their induction to the company. Staff knew their roles and were motivated to provide person centred care for the people they supported. Some staff told us they had experienced difficulties when people's support services transferred to Future Home Care from other providers, but staff consistently told us that the registered manager helped them work through any issues they had with policies, procedures and their working role.

The manager was committed to their role and kept them self updated with latest guidance and legislation through internal provider's managers and regional meetings where information and learning was shared. Prior to this inspection, the manager had submitted an application to become the registered manager. 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.

Staff were asked for feedback and ideas to improve the service during team meetings. One member of staff told us team meetings, "Definitely has had a positive impact as its improved communication". Recent team meetings included discussions around new policies and procedures and feedback from a recent internal quality audit. Minutes from team meetings were distributed to all staff. This helped ensure that any staff that were unable to attend would have up to date information and guidance.

People and staff had confidence the manager would listen to their concerns. One member of staff commented, "They [the manager and project manager] told us to raise any problems as we will work together to find the cause and sort it out, there is no blame culture here". The manager told us, "We tell staff, as long as you are honest, I can help you. There is no point hiding anything. If you are honest, this is how you learn". The provider had a whistleblowing policy in place and people were confident in using it. A staff member told us, "I'm pretty sure I won't have to use it, but I know if I had concerns I could speak to people like CQC or report to the council [local authority safeguarding team].

Incidents were used as an opportunity to learn and improve the service. Staff were knowledgeable about their responsibility to report and record incidents and showed us examples of incidents that occurred and

actions taken consequently. Some incidents related to people's health and the monitoring of people's medical conditions. One person's epileptic seizures were monitored over a period of time. This helped identify particularly triggers that brought on seizures. This information was used when the doctor reviewed the person's epilepsy and it resulted in a change in person's medicines. The manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The provider had a system in place that rated the quality of the service in terms of how safe, effective, caring, responsive and well led it was. The rating came from external quality auditors who carried out checks in the office and in people's homes. The results were uploaded to a computer system, which was accessible to the manager and senior managers. The audit was regularly updated and reviewed as actions required were completed. The manager told us, "It's a live document, so it's not just about everything being there, it's about the quality of the documents. It is viewed by senior managers in the organisation so everyone is aware of how things are progressing". The project manager told us, "Our quality scores have steadily got better, we need to maintain these standards and will keep looking for ways to improve".

The provider also had a system in place where support documentation such as MAR charts, daily logs and financial transaction records were regularly returned to the office and audited. One member of staff told us, "I check through my audits daily in the home ready to be submitted to the office weekly, if there are any gaps and issues, they are always followed up". This system helped to ensure that any errors or anomalies were quickly addressed by the project manager and manager.

The provider had made links to the other professional bodies to monitor and improve the quality of the service. They told us, "I have invited local authority quality teams to give us feedback and areas to improve. We want to get it right, safety is our first priority. The signs and symptoms of things going wrong are clear to see. If this happens in the future we can do something about it quickly to stop it". The provider also had made links to organisations in the community who were able to offer vocational and leisure activities for people using the service. These included; day centres, music therapy groups and advocacy groups.