

Paramount Care (Gateshead) Limited

# Paramount Care (Gateshead Ltd)

## 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 took place on 26 October and 1 November 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

Paramount Care (Gateshead Ltd) accommodates 20 people with learning disabilities in six different houses in the same complex. At the time of our inspection, there were 14 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

Paramount Care (Gateshead Ltd) was last inspected by CQC in December 2016 and was rated Requires improvement overall. At the inspection in December 2016 we identified the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 17 (Good governance)

Regulation 18 (Staffing)

At this inspection we found improvements had been made in all the areas identified at the previous inspection.

The provider had taken seriously any risks to people and put in place actions to prevent incidents and accidents from occurring.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

Procedures were in place for safe the administration of medicines.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staff were suitably trained and training had been arranged to update training when needed. Staff received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Paramount Care (Gateshead Ltd). Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

People were supported to access the local community and to take part in events.

The provider had an effective complaints procedure in place.

Staff said they felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys. Family members told us the management were approachable and communication was good.

The provider had an effective quality assurance process in place and regular audits of the service were carried out.

## 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.

Staffing levels were appropriate to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people and staff.

The manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their support plans and their wishes were taken into consideration.

### **Is the service responsive?**

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

People were protected from social isolation.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other organisations.

**Good** ●

# Paramount Care (Gateshead 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 26 October and 1 November 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. One adult social care inspector, a specialist advisor in learning disabilities and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with eight people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views. Therefore, we spoke with nine family members and received feedback from a further two family members. We also spoke with two health and social care professionals involved with the service.

We spoke with the two managers of the service, one of whom was the registered manager. We also spoke with the provider, office manager, administrator, two team leaders and five care staff.

We looked at the care records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for five members of staff and records relating to the

management of the service, such as quality audits, policies and procedures.

# Is the service safe?

## Our findings

Without exception, family members we spoke with told us they thought their relatives were safe at Paramount Care (Gateshead Ltd). They told us, "Very safe", "He's a lot more controlled", "Very happy [with safety]", "The place is spotlessly clean. He is safe", "Safe? Yes, totally. They always follow protocols", "They keep him safe in the community" and "I'd be the first person to flag it up if I thought he wasn't safe."

People who used the service told us they felt safe. One person told us, "The staff are the best people in the world, they look after us, they take time to chat and I can talk about anything with them."

The provider had an appropriate procedure for reporting accidents. An accident report log included details of each accident, who was involved and what action was taken. We saw accidents and incidents were appropriately recorded and dealt with. For example, one person had experienced a minor injury on the corner of a kitchen unit. Corner protectors had been purchased and put in place to prevent a further accident.

Any incident of behaviour that challenges was recorded and included details of the incident, what happened before and after the incident, the situation in which the incident took place, and any other observations or lessons learned. One family member told us how well their relative had responded to the level of support they received and had significantly reduced the number of incidents involving them. They told us, "It has been a godsend this place" and "They know [name] as much as they can. They recognise the triggers and manage them well." Another family member told us, "They [staff] are good at spotting warning signs for negative behaviours and then in trying to prevent or deflect them. They know when calming down techniques work and when a calming down period is necessary." A health care professional told us how the service had "bought into Positive Behavioural Support" and said, "The service uses a range of proactive and reactive approaches to these challenges and are better than most providers in using the least restrictive models."

The provider had a 'Positive risk taking policy', which described how people should be allowed to take control of their own lives and that any risks should be calculated and assessed to weigh up the benefits of exercising one choice of action over another. Appropriate risk assessments were in place for people who used the service and described potential risks and the safeguards in place. This meant the provider had taken seriously any risks to people and put in place actions to prevent incidents and accidents from occurring.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw

copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff, and on an ongoing basis as necessary.

We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels depended on the needs of the people who used the service and rotas we looked at reflected the level of support people required as documented in their care records. The registered manager told us the service had its own bank staff and they rarely used agency staff. However, when agency staff were used they used the same staff each time to ensure continuity of care for the people who used the service.

Staff we spoke with told us there were enough staff on duty. One staff member told us there were enough staff to cover everyone's needs and that it worked well to have floating staff on each shift who could be called on to help out if they were needed. Family members told us staffing levels were "appropriate" and "stable". This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

The home was clean, spacious and suitable for the people who used the service and regular infection control audits were carried out. Hot water temperature checks had been carried out for all bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014).

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. Weekly checks of specialist equipment, such as hoists and slings, were carried out. Risks to people's safety in the event of a fire had been identified and managed. For example, a fire risk assessment was in place, weekly fire checks and fire drills were carried out, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw a copy of the provider's policies for the protection and prevention of abuse. These provided definitions of abuse and neglect, and the procedures to follow when suspected abuse had occurred. The service user guide included easy read information about what abuse was and what people should do if they experienced or witnessed abuse. Safeguarding related incidents were appropriately reported and recorded, and CQC was notified of any relevant incidents. The registered manager understood their responsibility with regard to safeguarding. They maintained a safeguarding report log that included details of each outcome. Staff received training in the protection of vulnerable adults. We found the provider understood safeguarding procedures and had followed them.

We looked at the management of medicines and saw that the majority of people who used the service had their medicines administered by staff. People's individual diagnosis and their capacity to understand their medicines were clearly defined in their medication files.

Protocols were in place for any 'when required' medicines. These described how many times a medicine could be given as required in a 24 hour period. However, for one person it did not clearly describe why each medicine would be given and how long it should be after the medicine was given before a different medicine could be given. We discussed this with the registered manager who agreed to add the relevant information to the protocol.

Medication administration records (MAR) we saw were accurate and up to date. A MAR is a document

showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration.

Staff were suitably trained in the administration of medicines, regular audits took place and guidance had been sought from external health care professionals when required.

## Is the service effective?

### Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "They seem to treat him very well", "[Name] talks of this as home", "Being here has changed his life, it's changed our lives", "[Name] loves the staff", "We can't fault them [staff]", "They've changed his key worker on a number of occasions. There is now continuity and they have a greater understanding of him", "[Name]'s health is brilliant compared to the past", "I don't know what we would have done without the staff here", "We are in awe of the staff. They just 'get' [name]" and "As a parent, I think this place is fantastic."

At the previous inspection it was identified that staff did not receive regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. At this inspection we found staff received regular supervisions. The provider had a supervision matrix that recorded when supervisions had been carried out and when they were due. An email was sent to team leaders on a fortnightly basis to ensure supervisions were kept up to date. Supervision agendas included well-being, working practices, time management, knowledge checks such as safeguarding and mental capacity, training, health and safety, and whether there were any other issues. We saw staff who had worked at the service longer than one year had also received an annual appraisal. Staff told us, and records showed, they were now receiving supervisions every six weeks.

The provider had a staff induction and development programme. All staff received an induction to the service, which included the completion of a workbook and the standards of the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. We looked at training records and saw the majority of staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Mandatory training included control of substances hazardous to health (COSHH), food hygiene, fire prevention, spills, safeguarding, culture awareness, person centred planning, mental capacity, first aid, and moving and assisting.

Staff we spoke with demonstrated a good knowledge of a number of areas including medication, mental capacity and epilepsy. Family members told us they thought staff were suitably trained for the role. One family member told us, "We have met a wide range of staff and all have displayed knowledge about learning disabilities and autism."

Eating and drinking support plans described people's individual dietary needs. For example, their food and drink preferences, what they could do for themselves, what they needed support with and whether they had any specific dietary needs. For example, one person's support plan described how the person preferred cold drinks rather than hot. The person had a habit of eating too quickly, so staff were asked to remind the person to slow down and to take their time. We observed staff getting a drink for a person as soon as they came home from their day service.

One person who used the service said they would score the food "six out of 10". They told us they sometimes

got involved with preparing food as part of learning to look after themselves. Another person told us that everyone usually ate their evening meal together and they liked getting involved with jobs in the kitchen, cooking and tidying up. Another person told us staff helped them to make toast and egg sandwiches. Staff we spoke with were aware of people's individual dietary needs and told us they tried where possible to involve people in weekly menu planning. A dietitian had been involved with one person who had been ill and lost a lot of weight and staff were supporting the person to take prescribed food supplements.

People's communication needs and abilities were clearly recorded. These included what communication difficulties people had, what they needed support from staff for and how staff were to communicate with them. For example, "Speak to me using basic sentences" and "I need staff to support me to engage in conversation." Communication plans provided a guide for staff on what it meant if a person did something or acted in a particular way, and how staff should respond.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications to deprive a person of their liberty had been appropriately submitted to the relevant local authority and where these had been authorised, CQC had been informed. People had varying capacity to make decisions and where they did not, action had been taken to ensure relevant parties were involved in making best interest decisions. We saw two of the people who used the service did not have DoLS in place and regularly accessed the community independently. This meant the provider was following the requirements of the DoLS.

People's bedrooms were individually decorated and furnished based on people's choices and likes. Although the corridor walls were quite bare, family members told us it suited their relatives as they did not like certain patterns or colours, and it did not provide a distraction to them. The registered manager told us people who used the service had the opportunity to feed back on the décor of the premises at regular house meetings.

People who used the service had access to healthcare services and received ongoing healthcare support. People had 'Hospital passports' in place. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital. Staff we spoke with had a good understanding of people's individual healthcare needs. Care records contained evidence of visits to and from external specialists including GPs, psychologists, social workers, opticians, community nurses and hospital visits. A health care professional told us, "In terms of their support for health interventions, the evidence is that they will follow guidance and join us in developing this, where possible in partnership with the [person]."

## Is the service caring?

### Our findings

People who used the service and family members were complimentary about the standard of care at Paramount Care (Gateshead Ltd). Family members told us, "His care is smashing", "The care is very good, very friendly staff", "The staff are very nice, he laughs and jokes with them", "You get the feeling it's not just a job, they [staff] take on board his feelings", "They make his life a comfortable and enjoyable one" and "We like the rapport they [staff] have with [name]. They know how to make him laugh."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. One person told us a member of staff was going to York with them for the day as part of their birthday celebration. Another person told us, "[Staff member] is like a father figure to me."

People were supported to have regular contact with their families and friends. One person told us staff sometimes dropped them off at home to spend time with their family. Another person showed us pictures of their family and told us they were coming to see them the following week.

One person who used the service had specific religious needs and staff told us how they had spent time with the person and their family before they had moved in to ensure the home was set up in accordance with their faith needs.

The provider's 'Safety, privacy and dignity policy' provided staff with guidance on the promotion of standards of care that afford people the utmost privacy, dignity and respect. We observed how staff respected the privacy and dignity of people who used the service. For example, we saw staff knocking before entering people's rooms and closing bedroom doors behind them.

We asked people and family members whether staff respected the privacy and dignity of people who used the service. Family members told us, "They [staff] prompt and remind [name] regularly for personal care", "They [staff] give privacy to wash and shower himself" and "He's always dressed, he's always shaved, he's always clean." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Care records described how people were supported to be independent. Family members told us maintaining independence was an important aspect of the service. They told us, "[Name] is independent but needs prompting" and "[Name] needs prompting so he can do his own personal care." A staff member told us how they had previously supported two people to move from the service to independent living. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

The provider had an end of life care policy in place. Care records included 'When I die' documents in an easy to read format that described people's wishes in the event of death. We discussed this with the registered manager who told us that despite it being a sensitive subject, some of the people who used the service had

engaged in the process and their wishes were recorded. We saw where others had not wanted to engage, this was recorded.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us three of the people who used the service had independent advocates and we saw information on advocacy services was made available to people on the home's notice boards.

## Is the service responsive?

### Our findings

People's needs were assessed before they started using the service. Before admission, an appropriate transition took place that was individual to each person's needs. A family member told us the assessment process was "thorough" and told us, "Staff carried out an assessment to identify [name]'s needs and the right environment before agreeing with us that a place would be offered. We found this reassuring."

Each person's care records included a needs led assessment that recorded important information about the person. For example, their next of kin, GP contact details and significant others in the person's life. We saw that this had been written in consultation with the person who used the service and their family members.

Each person had a person centred plan in place. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. This included information about the person such as likes and interests, who was involved in their life, what was important to the person, and any specific routines or rituals they preferred. For example, for one person it was important that they always knew what the plans were for the day and they knew where they were going.

Individual support plans included community travel, independent living, eye care, finances, medication, communication, maintaining health care needs, foot care, eating and drinking, personal care, accessing the community, continence and challenging behaviour. Each support plan described what the person required support with, who they wanted to support them, when and how they wanted the support and why they required it. For example, one person required support with their personal care. This was to ensure the person was safe whilst bathing, to provide support to wash and dry them, prompt to keep their teeth clean and healthy, and for staff to be vigilant for any blisters or skin damage.

Appropriate risk assessments were in place and care records we looked at were regularly reviewed and evaluated. Each monthly review included information on anything new that had been tried, anything that had been learned, anything to be pleased or concerned about, and what was going to be tried next.

Monitoring charts and daily records were up to date. Daily records included details of any activities carried out, food and fluid intake, appointments, medicines, visits or telephone calls from family and friends, and any other relevant comments from staff.

We found the provider protected people from social isolation. Each person's care record included a weekly planner that recorded activities, events and appointments for the week. People had 'Activity learning logs' that recorded any new activities or progress being made towards a goal. For example, one person had a goal to make their own tea with support. The log recorded how the person was progressing towards their goal and what the outcome was.

One of the people who used the service was in part time employment. A social care professional involved with this person told us the person had been well supported in this role by the provider and staff. Another person told us they would like a job but nothing had happened yet. The registered manager told us they had

looked into employment at the local shopping centre. However, it had not been suitable for the person's needs. They were looking at the possibility of voluntary work for this person.

People were supported to attend a variety of activities, attend college, take part in events or go on holiday. Some of the people, with the support of staff, had recently completed the Great North Run and a 'Memory walk'. People had been on recent holidays to Blackpool and the Lake District. One person competed in a ten pin bowling league and enjoyed attending discos at the provider's 'MORE centre' that was on the same site. The MORE centre (motivation, occupation, recreation and education) included a large hall where activities such as fitness classes and discos could take place, and a café that was open to the general public.

We saw one person had a daily visual planner on their bedroom wall. A member of staff explained that this was prepared with the person each morning so they could make decisions about what they might do both at home and during their one to one time. One person told us, with the support of staff, that they were building a gaming computer. Staff told us this was being used to help show the person how to save money to buy the next part for the computer as well how to build the computer itself.

The provider's complaints and compliments policy and procedure was made available to people who used the service and their family members. It described how people could make a complaint, the procedure for investigating and dealing with complaints, and the timescales for responding to the complaint. Complaints were appropriately recorded and investigated. Each complaint record included copies of correspondence with the complainant, minutes of any meetings or discussions that had taken place, and agreed actions. The registered manager maintained a complaints log to keep a record of each complaint and its outcome.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community. These included activity and day centres that people accessed, local pubs and clubs, and some people had rail passes so they could travel further afield.

The service had a positive culture that was person centred, open and inclusive. Family members told us, "There's always a nice, calm and friendly atmosphere in the place", "Communication is so much better", "Communication is very good, we are kept up to date", "If there's anything, they are on the phone", "You can ring the staff any time, they ring you if they have any concerns", "I get on really well with [registered manager]. They are very approachable" and "Communication is very good. They are always looking to try new things." Another family member told us they had an agreement to meet with the team leader once per week to keep up to date with everything that was happening and also received a telephone call from the service at least once per week.

At the previous inspection it was identified that the provider had failed to act on feedback from staff and other relevant people regarding the quality of the service. At this inspection, we looked at what the provider did to check the quality of the service, and to seek people's views about it.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff, team leader and management meetings took place monthly. Staff were provided with questionnaires every three months and these were used to identify what was working or not working. Where issues were identified, actions were carried out. For example, at a previous survey staff had raised issues with opportunities to feedback. The registered manager had responded by saying improvements would be made to supervisions and appraisals. Records we looked at and staff we spoke with confirmed this had happened. The registered manager told us the results from the most recent survey in October 2017 reflected these improvements.

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. One member of staff told us communication was "still an issue", however, it had improved and team leaders were "approachable".

The registered manager completed a detailed quarterly service monitoring audit. The audit included, care and welfare, quality of service, safeguarding, cleanliness and infection control, medicines, nutrition, health and safety, complaints, staffing and staff support, and equal opportunities. Each review included an action plan for any identified issues. For example, risk assessments were in place but not all staff had signed to say

they had read and understood them. This had been allocated to team leaders to address in staff supervisions. In addition, the team leaders completed a monthly service review that included care records, staff files, health and safety, medication and training. Records we saw were up to date.

Additional audits and checks were carried out on a regular basis. For example, a weekly walkthrough took place in each house that checked bedrooms and communal areas to make sure they were clean and tidy, and whether any maintenance was required. Other audits included health and safety, medicines, maintenance, oral hygiene and infection control. Records we saw were up to date and included action plans where required.

Questionnaires were provided for people who used the service in an easy to read format. Questionnaires were also sent to family members. Questions included whether people were happy with the facilities and activities, whether people were treated with respect, whether people felt safe and whether people were well informed. The results of the questionnaires were analysed and fed back with details of what action had been taken.

People who used the service told us about their monthly meetings, where things like decoration of the premises and activities were discussed. Staff told us any issues were also discussed at these meetings.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.