

360HC Ltd

Southgate Business Centre

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

360HC Ltd is a domiciliary care agency which is located in Pontefract. The service provides personal care and support to people living in their own homes in the Wakefield area, about 70 people were receiving support at the time of our visit.

The last inspection of this service took place on 26 October 2013, where we found the registered provider was compliant with the regulations that we looked at. Before this inspection which took place on 27 October and 1 November 2016 we contacted the registered manager to tell them we would be inspecting the service within 24 hours. This ensured that the registered manager could be present during our inspection.

There was a registered manager in place. 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 understood how to protect people from harm and abuse. They knew how to report abuse and told us they would report any issues to the registered manager, local authority or to the Care Quality Commission. This helped to protect people from harm.

Staff were provided in sufficient numbers to ensure service delivery. Staff received training which helped to maintain and develop their skills. Supervision and appraisals were conducted to identify further training needs and to discuss the staff's performance.

Staff were caring and worked flexibly to help provide continuity of care to people. This included the directors and office staff.

People's care records reflected their current care and support needs. Staff understood people's needs and were aware of potential risks to people's health and wellbeing, or risks present within their home environment.

People received person-centred care based on their preferences. People and their chosen representatives were involved in assessments and the care planning process prior to the service commencing, which ensured all parties were informed.

We visited a person who used the service. We saw that they looked well cared for. They confirmed the staff took good care of them and met their needs.

People were supported to take their medicines as prescribed. Staff had received training in medicine management and administration and followed the Wakefield County Council guidance and the registered providers policies and procedures.

Staff supported people to maintain their nutritional needs and assisted them to make choices regarding their meals. This ensured people's nutritional needs were met.

Staff contacted relevant health professionals for help and advice to protect people's wellbeing.

The management team were available at any time to people, their relations and staff to provide assistance, help or advice.

Staff understood that if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice must be followed, which helped to protect people's rights.

An effective quality monitoring system was in place. People's views were sought about the service through questionnaires. Feedback received was acted upon to make sure people remained satisfied with the service they received. The management team undertook audits and checks were carried out called 'spot checks' to observe how staff delivered care to people.

There was a complaints policy in place so people could raise issues. However, no complaints had been received since the last inspection.

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.

Staff knew what action they must take to protect people from harm and abuse.

Sufficient staff were provided to support people. Staff recruitment procedures were robust.

People had risks to their wellbeing assessed as well as checks made to the safety of their home environment. This helped to keep all parties safe.

Staff supported people to take their medicine as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff undertook training to maintain and develop their skills. Staff received supervision and appraisals to support them.

Staff monitored people's health and wellbeing and gained help and advice from relevant health care professionals as required.

People's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, care and compassion, and their privacy and dignity was respected.

Staff promoted people's independence and choice.

Staff told us they treated people as they would like to be treated.

Is the service responsive?

Good ●

The service was responsive.

People's care was person-centred.

People's views and experiences were taken into account in the way the service was provided in relation to their care needs.

People understood the complaints procedure and were able to raise issues. No complaints had been received about the service.

Is the service well-led?

Good ●

The service was well-led.

People were asked for their views about the service, feedback received was acted upon.

The management team were available to support people using the service, their relatives and staff, at any time.

Auditing of the service helped the management team to monitor, maintain or improve the service provided.

Southgate Business Centre

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 registered 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 registered provider was given 24 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager could be present. The inspection took place on 27 October and 1 November 2016 and was carried out by one adult social care inspector on the first date. On 1 November an expert by experience conducted telephone interviews with people using the service and with their relatives. The expert by experience had knowledge and experience of this type of service.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this as part of the inspection process.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission (CQC) had received. This helped inform us about the level of risk present for this service. We contacted the local authority commissioning and safeguarding teams to ask for their views, we received positive comments and feedback from them in regard to this service.

During our inspection we spoke with the registered manager, who was one of the directors of the service. We spoke with the second director, the office manager/care co-ordinator and with three staff. We visited one person in their own home and we spoke with the member of staff supporting them. We looked at three people's care records, this included care plans, risk assessments, local authority assessments, medicine records and daily entry's made by staff regarding the care provided. We made three phone calls to people using the service on the first day of our inspection. The expert by experience telephoned a further four people and four relatives to gain their views about the service they received.

We looked at records relating to the management of the service, policies and procedures, quality assurance documentation, complaints information, questionnaires people had completed and compliments that had

been received. We looked at the staff rotas, three staff files, staff training, supervision and appraisal records and information about recruitment.

Is the service safe?

Our findings

People we spoke with during our inspection told us they felt safe in the company of staff and confirmed the service they received was safe and effective at meeting their needs. We received the following comments; "I feel safe with the staff," "I trust the staff with the number of my key safe. I feel very safe with the staff," "Very safe, yes I do. The staff tell me if they are going to be late and I have regular staff. They [The management team] introduce new staff."

Relatives we spoke with said their relations received a reliable service which was safe. One relative said, "[My relation] is very safe, the staff are excellent. They are on time and always ring if they're held up." Another said, "The staff put his emergency bracelet on."

Staff undertook training about safeguarding people from harm and abuse. They could describe the different types of abuse that may occur. Safeguarding policies and procedures were in place to inform staff about the action they must take if they suspected harm or abuse was occurring. All the staff we spoke with said they would report issues or concerns straight away to the registered manager, senior staff, local authority or to us at the Care Quality Commission (CQC). This helped to protect people. A member of staff we spoke with said, "I can raise any issues."

The registered manager confirmed there had been no safeguarding referrals made since our last inspection. They were clear about their responsibility to report safeguarding issues to the local authority safeguarding team for consideration and about notifying us at the CQC.

We saw there were enough staff provided to cover people's calls. The directors and senior staff were able to undertake care calls, if the need arose. Traveling time was planned into staff rotas and staff worked in small local teams which decreased the amount of traveling time between calls. People we spoke with confirmed that if staff were running late for their call they were contacted to inform them of this, which prevented people from worrying about the staff or that they would not receive their call.

Staff were informed about risks to people's health, for example, because of falls, or choking. Risk assessments were undertaken regarding people's home environment which helped to highlight potential issues, for example, trip hazards or if a secure key code was needed to maintain people's home security. Key codes were kept securely to make sure strangers did not gain access to people's homes.

Staff undertook training in emergency first aid and health and safety which provided them with the knowledge and skills to help keep people safe. We saw staff wore uniforms and had photo identity badges to show to people so they could see that staff who attended their calls worked for the service.

Personal protective equipment, such as gloves and aprons were supplied to people's home addresses. Staff used this to help maintain effective infection prevention and control.

Information was provided to staff regarding the support people needed with their medicines. Their care

records detailed the medicine prescribed and how and when medicines were required. People's medicine administration records (MAR) were audited to make sure people received their medicines as prescribed. Staff followed the local authority's medicine management guidance and the services medicine policy and procedure. People told us they had no issues with how they were supported with their medicines by staff.

The registered manager and staff told us how they managed emergency situations. We were informed staff stayed with the person if they were unwell. They gained advice from relevant health care professionals and informed people's next of kin and the office staff about the issue. The staff's next calls were covered so they could support people appropriately and they even went to hospital with people, if necessary. This helped to maintain people's wellbeing.

There was a business continuity plan in place. This gave instructions to staff about how to deal with situations such as a disruption to the delivery of the service, power cut or computer failure. We were informed the directors were able to run the service from home. An emergency phone was provided and was used for the 'on call' services; this was available for use at any time. Staff rotas and calls required for people were recorded on laptops and computers and were 'backed up' as well as being available as paper documents. We saw different scenarios had been considered and carried through to make sure the management team had thought about the corrective action needed to deal with the issues if they did occur. This promoted people's safety in such events.

There was an out of hours 'on call' system provided so that people using the service, their relatives and staff could gain help and advice at any time. Relevant information was available to staff 'on call' so they could be effective in dealing with any issue.

When staff were working they had to text the office to say they had started and finished their shift. This helped to monitor the staff's safety. Staff logging in and out of people's calls by using people's house phones, with their permission. This system alerted the management team if staff were late for their calls by more than 20 minutes so that office staff could contact the person and staff member to find out why the call had not been undertaken on time. Where people do not have a phone, these people were placed on the round between people who did have a phone. This ensures people and staff safety.

Recruitment processes in place were robust. Potential employees completed an application form, which enabled gaps in their employment history to be examined. References were obtained along with a police check from the disclosure and barring service (DBS). An interview was held and notes of the potential staff's responses to questions were recorded. Successful candidates were not allowed to start work until all their pre-employment checks had been received which helped to protect people from staff who may not be suitable to work in the care industry. New staff were introduced to people so people were aware of who would be making their calls.

We saw the office was secure, records were stored securely and computers were password protected which helped to maintain data protection.

Is the service effective?

Our findings

People we spoke with told us the staff met their needs and looked after them well. We received the following comments from people using the service; "The staff are skilled and have had training," "The staff care for me. I am happy with everything." And, "Staff are fully confident and well trained." "Someone brings my meals and the carers warm them up. I have a cold lunch and hot tea, they make me drinks."

Relatives we spoke with told us staff knew what they were doing and undertook training so they were able to support people appropriately. A relative said, "The staff have improved the quality of our life, in a professional way. The staff are well trained and know their job and know what they are doing and get on with it. The care plan is filled in every day." Another relative told us, "The staff are well trained and on the ball. If I have got a question they answer to the best of their ability, they are usually right." A third relative said, "They do some meals. They do breakfast, open his curtains and make sure his compression socks are on."

People told us they had a small team of staff that were allocated to support them. The registered manager told us they arranged the staff's rota's to make sure continuity of care was provided to people. The only time this might not occur was if a member of staff was held up by an emergency or was not at work, then other staff allocated to the same area usually covered the call or the directors did. This maintained people's continuity of care.

Training was provided for all staff. This included training in health and safety, infection control, fire safety, food hygiene, nutrition and hydration, safeguarding, basic life support and resuscitation, first aid, medicine management, moving and handling and lone working. Staff told us that other training about maintaining care records or about specific health conditions, for example dementia, diabetes or mental health was provided. Any special care people needed to receive, for example stoma care or catheter care was also taught to staff which helped to maintain and develop their skills.

We inspected the staff training records and saw there was a training planner in place so staff that needed to have their training updated could plan this in a timely way. A member of staff said, "We have thorough training. There is a module of training to undertake each month." Another said, "I am undertaking my National Vocational Qualification in Care at level three. I am offered regular mandatory training. The company's approach is 'the training is needed for the job'; it is there to help you and get the best out of you. I was interested in stroke awareness; they put me on a course about this."

We saw training was provided each month in a different subject, this was called the 'topic of the month'. For example, next month's subject was to be moving and handling. A newsletter was produced about this for staff and this accompanied the module of training staff had to complete in the subject. Supervisions for staff were conducted on the same theme.

We saw that new care staff completed an induction programme of in house training and they shadowed senior care staff during care calls to help develop their skills. Even if new staff had undertaken care work before they had to complete the registered provider's training programme, which allowed their skills to be

assessed against the services standards, policies and procedures. Before staff were allowed to undertake calls on their own their skills were assessed to make sure they were competent and confident in their role to support people.

New staff had to complete a satisfactory probationary period before continuing to work for the service. They had an induction programme to complete which covered the Care Certificate; a nationally recognised training programme used to make sure staff have the knowledge they need to be able to deliver safe care and support to people.

Staff received a staff handbook and the service's policies and procedures. Information about maintaining people's confidentiality and the expected code of conduct was provided to staff. Staff had contracts and a copy of the service's terms and conditions of employment so they knew what was expected of them.

Staff were provided with regular supervisions, which were undertaken by senior staff at the service. We inspected staff supervision records and saw staff training and support needs were discussed. Yearly appraisals also took place, which allowed formal feedback to be given about the member of staff's performance. Staff we spoke with told us they found this helpful and that it helped them to develop their skills.

People were provided with support with their meals. Staff we spoke with told us how they monitored people's dietary needs to make sure these were met. Information was present in people's care records about their dietary needs, including preferred food or drinks and their dislikes or food allergies. Special needs such as making sure food was soft to help prevent the risk of choking were recorded in people's care records to maintain people's wellbeing.

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. Staff told us they had completed training in the Mental Capacity Act 2005 (MCA). They described how they encouraged people to make choices about their care and gained their consent before supporting people. Staff told us how they asked people questions, for example, about what clothes they would like to wear and what food they would like to eat. Staff confirmed they acted upon what people said.

Staff told us if people lacked mental capacity family members and relevant health care professionals were involved in making decisions to ensure people received care and support that was in their best interest and in the least restrictive way to protect their rights.

The services office was located in Pontefract. People could visit the office if they wished. Parking was available outside the office or in a local car park nearby.

Is the service caring?

Our findings

People we spoke with told us they were cared for by kind, caring, compassionate staff who respected their privacy and dignity. Comments we received included; "The carers are very good," "The staff are skilled, pleasant and polite and respect my privacy and dignity," "The staff are lovely, thoughtful and kind," "In all fairness, I've got a lovely set of girls [Staff], they are so polite and caring and the office staff are lovely too and understanding," "The staff are very kind, they are wonderful." People told us the staff listened to what they said and acted upon it.

Relatives told us staff treated their relations with care and compassion. We received the following comments; "The staff are lovely. My wife gets on with them they make her feel comfortable and relaxed. I can't praise them enough. They have improved our quality of life."

A person we visited confirmed the staff were caring and respected their privacy and dignity. They said, "The staff are happy to please me and they are amiable. They make sure I have everything I need before they go."

The service was created by the directors because a close relative and a friend needed to receive care in their own home. The directors had looked at registered providers in the area who could have supplied this, but they felt they could create a better service with higher standards, and therefore this service was formed.

Continuity of care was provided to people by small teams of staff. This helped staff get to know people they supported so they were able to detect subtle changes in people's needs and conditions that occurred. Staff told us these changes were reported to the office staff and to people's family. This helped to maintain people's wellbeing.

Staff we spoke with told us they treated people as they would wish to be treated and said they understood the importance of providing attention to detail during their calls. Staff were introduced to new people who were about to start using the service which helped people to feel reassured.

People we spoke with told us staff asked them about their preferences for their care, which helped staff to provide the care people wanted to receive in the way they wished to receive it. This was so they pleased the person and provided a thorough service. It also helped people feel cared for. A member of staff we spoke with said, "Being able to care for people in their own homes is very satisfying. I like to enable people, so they can do things for themselves. It gives me good job satisfaction. We build bonds with people, which is nice." Staff promoted people's individuality, diversity and choice.

Staff we spoke with told us the management team cared about their wellbeing. They said they could speak with them about any issue, work related or personal, and they were supported. Staff valued this support. A member of staff said, "The directors bend over backwards to meet everyone's needs. We can speak with them at any time."

People who used the service were provided with a service user handbook which contained information

about the registered provider and standard of service to be supplied. There were policies and procedures in place to inform staff about the importance of treating people with dignity and respect and valuing their diversity, along with a confidentiality policy, all of which staff followed.

The registered manager told us the service was fortunate to have a dedicated team of staff who really cared about the people they looked after. They told us the staff were dedicated and reliable and went the 'extra mile' to provide the care people needed, as well as providing services that were not part of their duties. For example, staff had started, in some areas, to ask people on a Friday if they would like fish and chips for lunch. Those that said yes were provided with this and staff made sure this food was delivered hot. They did this because they knew people enjoyed this and they could not get out to the fish shop themselves.

Is the service responsive?

Our findings

People receiving a service said they felt fully involved in their care and confirmed their care was person-centred. People said they discussed their requirements with staff who attended to them especially when their care and support needs changed. We received the following comments; "I feel fully confident, the staff fully understand my needs, they do my medication and sign my care plan," "The staff ask permission to do things," "I needed to go into hospital two weeks ago. The carer stayed with me until the paramedics came, she told the office she would be late for her next job." And, "The carer rang the hospital for me as they are very aware of my health needs."

Relatives of people using the service told us the staff and management team responded to their relations needs in a timely way and provided the support they required. We received the following comments; "My brother's disabilities got worse, the staff are very flexible with our needs, they always talk him through everything they are doing. He has a care plan with his history and everything is in it." Other relatives said, "They ask permission to do things [For my relation] and record everything in the care plan," "My wife had a full assessment of her needs, as she needs special creams after showering," "My brother and the family were involved with the assessment of his needs and he is continually assessed because of his disabilities, which have got a lot worse."

People using the service and their relatives told us they felt able to raise concerns or make complaints in the knowledge issues would be addressed.

Senior staff at the service undertook an assessment of people's needs at the start of their service. People and their chosen representatives were involved in this. Information was gained where appropriate, from relevant health care professionals, family members and from the local authority, if the care package was funded by them. All of this information was used as a base line by staff to develop person centred care plans and risk assessments. These contained people's individual preferences, likes and dislikes, in relation to their care which ensured staff understood people's needs and what was required of them. Staff we spoke with told us they understood the care and support people required. We saw that as people's needs changed their care records were updated to make sure people received the care they needed. This was confirmed by the care records we inspected.

Staff recorded the care and support they delivered to people in their care records. This helped to inform the next member of staff that attended to the person, what care and support had been provided during the previous visit. Information about health care professionals involved in people's care was present so staff were able to contact them for help and advice, as necessary. Staff monitored people's health during each of their calls and passed on any concerns to the person's family, office staff and relevant health care professionals to maintain people's wellbeing.

A copy of each person's care records were kept at the office as well as in people's homes. Staff read, reviewed and completed this documentation during each care call. A member of staff we spoke with said, "We record everything we do and any changes or deterioration in a person's health is reported straight

away."

Care records contained information about any equipment that was needed to maintain people's wellbeing. For example, pressure relieving mattresses and profiling beds for people who were at risk of developing skin damage due to being frail or immobile. Staff monitored equipment and reported to the supplier if there were any faults so it could be fixed.

The registered manager told us that a person using the service had always enjoyed choral music, so they had taped the choir music from Wakefield Cathedral when they had attended the cathedral. This had enabled the person to listen to their favourite music.

There was a complaints policy in place which everyone using the service was provided with. It contained information about how to make a complaint to the registered provider and other agencies, such as the local authority and Care Quality Commission. We found no complaints had been made since our last inspection. The registered manager told us any issues raised would be acknowledged and addressed to ensure people remained satisfied with the service they received.

People we spoke with and their relatives told us they could speak with the directors of the service if they had any concerns or problems. We received the following comments; "I would say if I had a complaint, I think it would be dealt with." "The director would be round here like a shot if there were any issues." And, "They [The staff] would do their best to sort things out, which they usually do."

Is the service well-led?

Our findings

During our inspection people we spoke with told us they were satisfied with the service they received. We received the following comments; "I am happy with things. The manger asks me how I am," "I am asked for my views and I tell them," "I receive quality assurance calls by phone. I can chat and tell them about things. The staff are very friendly. I have no issues," "The management team are very supportive of us. I cannot complain. They ask for my opinion and are very friendly." "Quality assurance checks occur, staff call or phone. I can chat and tell them about things. "And, "The management team are supportive of us, they are all very good, I cannot complain. The staff team are all friendly and professional."

Relatives we spoke with said the service was well managed well and confirmed the staff worked to the best of their abilities. They confirmed they were very happy with the service provided. They told us they could speak with the directors of the service if they had any concerns and said they would do their best to sort things out, which they usually did. We received the following comments; "[Senior staff] come in to see if everything's alright, they turn up any time. Seems like they have a nice little business, really good. It is definitely well led. I would recommend them; they are a really good team".

The ethos of the service was open and transparent. The directors and staff told us they all worked together to provide people with a reliable service. Staff understood the management structure in place. The service was constantly monitored to make sure it met people's needs. The registered manager told us, "We want to keep the quality of the service up. We don't want to get too big, we want to keep a handle on things and understand where the service is going." A director told us, "Our Staff treat people like extended family, without breaking down professional barriers." The registered manager told us they looked to nominate staff for different care awards, even though they had made nominations, an award had not been gained yet.

The registered providers told us they had built up positive and constructive links with local health care professionals, for example continence advisors, general practitioners and district nurses and the local commissioning teams. This was confirmed with people we spoke with.

The management team made themselves available for people, relatives and staff to speak with at any time. We saw they had a good report with all parties. The service was managed so people were looked after by staff who lived local to them, so travelling time was kept to a minimum. The registered manager told us, "We don't want staff in their cars; we want them in people's homes caring for them." The registered manager told us that the staff team were flexible which allowed them to provide a reliable and consistent service to people. This was appreciated by those receiving a service, their family and staff.

A call monitoring system was in operation called 'Tag Tronics', this alerted the directors if staff had not turned up for a person's call within 20 minutes. Contact was made with the person who should be receiving a service and with the member of staff to see if everything was alright. This system helped the registered provider make sure any potential service issues could be swiftly addressed.

Staff we spoke with told us they were supported by the management team and said they could raise any

issues at any time and knew they would be addressed. Staff were happy working for the registered provider and said they would not like to work anywhere else because they felt valued, supported and enjoyed their work. One member of staff said, "The directors are really good. They are very supportive. We have good procedures. Staff meetings are very helpful. They are informative and keep us up to date." Another member of staff said, "We are supported very well by the management team."

Staff said they felt informed because they were provided with information by the office staff regarding changes to people's calls. Staff meetings were regularly held to gain the staff's views about the service provided to people, discuss any issues, and update policies and procedures or to pass on compliments that had been received to the staff. Minutes of the staff meetings were provided to all staff so they knew what had occurred and could provide their input, even if they had not attended the meeting. The registered provider took the staff out once a year for meals to thank them for the care and support they provided to people and to say thank you for all their hard work. Staff were asked about their views in a staff satisfaction report. We looked at the results of the information gathered. This confirmed staff were satisfied working for the service, felt supported and valued.

There were quality assurance systems in place, along with a dedicated member of staff responsible for monitoring quality assurance. Audits were undertaken of people's care files and medication administration records and any issues identified were investigated and addressed. The senior staff undertook unannounced observations of the staff's practice. These observations were known as 'spot checks'. During these staff were assessed on how they obtained consent to provide care to people and how they delivered care and support to people. The staff's communication skills, uniform, attendance times and their record keeping skills were also monitored; issues found were addressed at the time of the visit, discussed in supervision or observed and corrected during further 'spot check' visits that occurred.

The registered provider gained information via a client satisfaction report where staff visited people on a three to six month basis we saw the information gathered was positive from everyone that had been contacted.

Quality assurance questionnaires were sent out to gain people's views about their service. We looked at 25 questionnaire results that had been returned and found they were positive. People who were attended to by care staff who had just started work for the service were asked for their views about the new member of the team. This gave the management team more detailed information about the quality of service the new staff were providing.

We saw compliments and thank you cards had been received from people and their relatives. These were available for staff to see. Comments received included; 'Heartfelt gratitude to all the staff,' and 'You have been so supportive and have made Mum very happy, she feels valued.'

The registered manager told us people and their relatives were actively encouraged to make complaints or raise issues, they said, "We encourage people we look after to express their views, they can all ring us at any time, and we would always follow things through."

The registered manager told us they were always looking at how they could provide a better service to people. For example, one person who required dedicated care staff at night time had been encouraged to take part in the interviews for their care staff so they could help to choose who was taken on by the registered provider to support them. The directors were considering asking other people receiving a service to help with staff interviews, in the future. This was being considered so that people may feel more involved with the provision of their service.

