

Alina Homecare Specialist Care Limited

Alina Homecare Specialist Care- Kent

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 11 and 12 September and was announced.

Alina Homecare Specialist Care Kent is a domiciliary care agency. It provides personal care to people living in their own houses in the community and provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service specialises in providing support to people with learning disabilities and has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Not everyone using Alina Homecare Specialist Care Kent receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, the service was supporting eight people with their personal care needs. People who use the service live in Maidstone, Ashford, Medway and the surrounding areas.

The service had a 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 registered manager was supported in their role by an operations director and an office administrator.

People said they felt safe using the service. Staff had been trained on how to report abuse and knew how to report concerns and managers knew how to report them. Risks to people and the environment were assessed and staff took steps to reduce any risks identified. There were enough staff working at the service. New staff were recruited safely. People received their medicines safely by staff who were trained and who had their competency checked. People were protected by the prevention and control of infection. The supported living service we visited was well presented and clean. Steps were taken to ensure lessons were learned when things went wrong.

People were assessed before a service began and their support was delivered in line with current legislation. Newly recruited staff were trained in line with the Care Certificate. Established staff received training which was tailored according to the needs of those using the service. People were involved in making decisions about what food they ate, and were supported by staff to maintain a balanced diet. Staff supported people to access timely healthcare support. Staff followed guidance from professionals involved in people's care. Staff were knowledgeable about the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies

and systems in the service supported this practice. Best interest meetings were held when needed.

People were treated with kindness and respect. Staff knew people's needs and said they had the time to get to know people and how they wanted to be supported. People said they were confident to express their wishes. Staff knew how to refer people to external advocates if the person needed additional support. People were encouraged to live independent lives, and had their privacy and dignity promoted. People's confidential information was kept private.

People were in control of how their support was provided and it was provided in a personalised manner. Each person had their own care plan, which considered the person's preferences, and which was reviewed regularly. People and their relatives said they know how to raise a complaint and were confident to do so if the need arose. The registered provider had a policy and procedure which would be used to consider how people would be supported at the end of their life to have a dignified death.

The registered manager had the experience and skills to lead the service. They had the oversight of staff behaviour and culture within the service, and staff performance was reviewed. Staff said they felt valued and proud to work for the organisation. The registered manager was taking steps to seek the views of people, their relatives and staff in the development of the service. The registered manager maintained relationships with the local community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse.

Risks to people were assessed, and staff took action to reduce those risks identified.

There were enough staff available to meet the needs of people, and those new to the service were recruited in a safe way.

People received their medicines safely from staff who were trained to do so.

People were protected by the prevention and control of infection.

Steps were taken to ensure lessons were learned when things went wrong.

Is the service effective?

Good ●

The service was effective.

People had their care delivered in line with current legislation and best practice guidance.

Staff had the skills and experience to meet people's needs.

People's nutrition and hydration needs were met.

Staff followed the guidance from healthcare professionals and ensured people had access to health care and treatment.

Staff knew how to seek consent from people and were knowledgeable about the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with respect, kindness and compassion.

People were supported to express their views about the support they received.

People had their privacy and dignity respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were in control of how their support was provided, and support was provided in a personalised way.

People said they knew how to raise a complaint and would do so if they needed to.

The registered manager knew how they might support people at the end of their lives to have a dignified death.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had oversight of the daily culture in the service.

The culture was honest and transparent, and staff told us they felt valued and proud to work for the organisation.

People, their families and staff were encouraged to be engaged and involved in the service.

There were developing links with the local community.

Alina Homecare Specialist Care- Kent

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 comprehensive inspection took place on the 11 and 12 September 2018, was announced and was the first inspection of the service. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager, staff and people we needed to speak to were available. The inspection was carried out by one inspector.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included any notifications of incidents that the registered persons had sent us. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service, and other health professionals involved in people's support. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. Some of the feedback we received is reflected in this report.

We spoke to two people using the service and two relatives. We also spoke with three support staff, an office administrator, the registered manager, the business development manager and the operations director. After the inspection we spoke to the director of the registered provider.

We looked at care records for two people receiving a service. We also looked at records that related to how the service was managed including training, staff recruitment and some quality assurance records. We

asked the director to send us information after the inspection, and they sent this to us in a timely manner.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service. One person told us, "Yes, I feel safe. I know everyone who comes in." Another person said, "I didn't feel safe when I first moved in because it was new to me. But the staff have helped me settle in and I feel very happy now." A relative said, "I feel confident and reassured that [person] is being cared for because I watch the way staff are with him." A health care professional noted, "Staffing at Alina homecare has always been consistent and rota's are always completed in advance with the young person, so they know who will be supporting them."

People were protected from the risk of harm. Staff received training on safeguarding as part of their induction into the service, and training plans showed established staff received refresher training each year to ensure they kept up-to-date with good practice and changes in legislation. Staff we spoke with were knowledgeable about the different types of abuse, knew how to report concerns and were confident they would be treated seriously by senior staff. Staff said they would follow the service's safeguarding policy, so they also knew they could report concerns to external organisations such as the police if they needed to. The registered manager told us there had been no safeguarding concerns in the year since the service had been registered. They demonstrated a good understanding of safeguarding procedures and knew to report any concerns to the local authority safeguarding team and the CQC when required. They added, "We also try to educate the people using the service. The service user guide includes information for them on what abuse is, and how to report it."

Risks to people were assessed and staff took steps to minimise them in order to keep people safe. The registered manager had completed a risk assessment for each person when the service began. Assessments provided guidance to staff on what action was needed to reduce the risks, and were made readily available to staff in the persons care records. For example, the registered manager had identified that one person with autism might become anxious when in crowded shops, and had identified a risk that they may display behaviour that challenges. Clear guidance was provided to staff on how to reduce that risk, such as visiting one particular supermarket during it's 'quiet hour' when music and lighting was turned down. One staff member told us, "The risk assessments are really detailed, and we get time to read and understand them."

The registered provider had taken steps to ensure the environment at the supported living accommodation was safe for people to live in. Staff carried out checks of the fire alarm system, and we saw fire safety equipment such as extinguishers and fire blankets throughout the building. When the fire service had carried out an assessment of the building, records showed the registered manager had liaised with the landlord to ensure any areas of improvement identified were addressed. Each person had their own personal emergency evacuation plan (PEEP) in place which provided guidance to staff on how to support people in an emergency.

There were enough suitably qualified and experienced staff to meet the needs of those using the service. The registered manager worked with health and social care staff to establish the needs of each person, and used this information to calculate the number of hours required each day. A rota was drawn up and was provided to both staff and people using the service in advance, so people knew who were supporting them.

One health professional commented, "They have been able to consistently accommodate the agreed hours of support and been flexible in this. [Person's] needs continue to change and the package of support is adjusted and redirected." People were offered the choice of who supported them whenever possible. The registered manager said, "We try to match people to staff. We asked [person] if they wanted to be part of the interview process. They also met with staff before we started, and we asked if she was happy them to support with her." Annual leave and sickness was covered by existing staff within the service, meaning people received support from staff they knew. Senior staff were available out-of-hours for if people, their relatives or staff had any concerns. A relative told us, "[Manager] is always available, no matter what time of day or night."

Records showed the registered manager carried out checks to make sure newly recruited staff were suitable to carry out their role. Recruitment files were stored safely in a locked cupboard and only accessible to authorised staff. Files included information on the applicants full work history and references, and evidence of a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people. Where areas of concern were identified, the registered manager followed these up in line with the registered provider's procedures.

People were supported to take their medicines safely. Staff had received training and had been assessed by the registered manager to be competent before being able to support people with their medicine. Each person had their ability to manage their medicines assessed, and support was only provided if the person could not manage them independently. Information on the amount of support needed was contained in the person's care records, and included goals like 'To be able to pop my own medicine with support.' Records also included how and where they liked to take their medicine, such as being sat at the table or in the kitchen. Staff recorded when they gave people their medicines on medicine administration records (MAR), and the MARs we reviewed were completed accurately. Information was readily available to staff on when it would be appropriate to give people 'as and when' medicines, such as pain killers or medicine to help with their anxiety. For example, staff were able to describe the situations when they might give one person their medicine and this precisely matched guidance provided by the prescriber of the medicine.

People were protected by the prevention and control of infection. Staff received training on infection control as part of their induction, and established staff received regular refresher training. Staff had access to personal protective equipment such as gloves and aprons to use when supporting people and senior staff ensured these were being used appropriately when observing staff during regular competency checks.

Accidents and incidents were reported and recorded by staff, and the registered manager reviewed incident forms to identify any patterns or trends. Staff said they were confident to report concerns and could do so without the fear of recrimination. One staff member said, "It's important that we report incidents. If I see a MAR where the signature is in the wrong date, or when medicine has not been signed for, I will report it. Nobody is infallible. [Registered manager] will investigate but she doesn't blame." Learning was shared in supervisions, team meetings and with health and social care staff during professionals meetings.

Is the service effective?

Our findings

People and their relatives told us they were supported by skilled staff who were able to provide them with effective care and support. One person said, "I think the staff are well trained, they do what I need them to do." A relative told us, "The staff have got to know [person] very quickly in a short space of time. The care is of the highest standard." Another relative commented, "The staff know what they're doing and are keen to take on any suggestions we have."

The registered manager carried out an assessment of each person's needs before they started to receive a service. This assessment took information from the person, their family members, health and social care staff and information from other care providers if it was available. The assessment considered people's medical conditions as well as their physical and emotional wellbeing. The information was used to develop a care plan which indicated to staff what support was needed. One health professional commented, "The service began work with limited information due to lack of details from the previous service. [They] worked to develop detailed support plans and have worked to gain confidence with the family who had experienced difficult times with the previous service." When a person was referred to the supported living service, the registered manager would organise sessions at the property where they could meet people already living there. This helped staff and health and social care professionals determine if their needs could be met and if the person wanted to live there. Care planning considered any additional support that might be required to ensure people did not suffer from discrimination, such as needs around the person's sexuality or religious beliefs, and other protected characteristics under the Equality Act 2010. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation or religion.

Staff had the skills, qualifications and experience to deliver effective care and support. Newly recruited staff were supported to complete the Care Certificate, which is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. They were also supported by buddying up with more experienced staff when they were learning the role. One new member of staff said, "I shadowed other staff before working by myself. And I have enjoyed the Care Certificate as it means I've got to use my brain again." The registered provider supported established staff members with a training programme which included core subjects such as person-centred care, equality and diversity, basic life support, and privacy and dignity. When people had specific care needs, the registered manager sought additional training to ensure staff could meet their needs. For example, the registered manager organised training from a clinical nurse specialist on a specific piece of equipment which was used to help a person breathe. The nurse commented, "The service recognised the need for training and were responsive to arranging this in a timely way. The carers all appeared really interested, asked appropriate questions and showed good problem solving skills."

Staff received support and guidance from senior staff when they needed it. One staff member said, "I'm still in my probation period, and have regular supervision with my manager. The feedback I have had has been positive." The registered manager told us that people received formal supervision every six weeks, but they encouraged staff to speak to them if there were issues at any point, adding, "We're a new service so it's

about supporting each other as much as we can. I tell staff they can call me for a chat if they want to." The registered manager had not yet completed any staff appraisals as they were due each year and no staff members had worked at the service for a year at the time of our inspection. However, staff had the opportunity to discuss professional development needs during supervision, and a number of staff were being supported to complete distance learning courses at a local college.

Those people who needed support were helped to eat and drink enough to maintain a balanced diet. The registered manager referred to health professionals such as dieticians of the Speech and Language Therapy team if they thought people needed additional support with eating or planning healthy meals. People's care plans contained information about the kind of support each person needed and staff were able to describe the help needed. When one person was noticed to be putting on weight, staff supported them to choose more healthy options when planning their meals. This led to their weight returning to a more acceptable level. Dietary preferences were met, with one person supported to be a vegetarian. Meals were planned on an individual basis, people were supported to do their own shopping and each person had their own cupboard and shelf in the fridge to store their food. People were encouraged to cook for themselves, and when they were supported the staff made sure meat was cooked to the correct, safe temperature. Records showed staff had received training in food hygiene.

Staff worked together across organisations to help deliver effective, joined-up care and support. Records showed staff worked in collaboration with employees from other care providers when starting a service, or when support was to be provided jointly. When one person attended a day service, staff communicated with each other via a communication book to ensure each service was aware of how the person was feeling and any concerns staff had. The registered manager attended multi-disciplinary team meetings with other health and social care professionals, such as at a hospital when planning a person's discharge. When another person was identified as not being able to get into the bath in their room, staff supported them to apply for a grant to pay for an adapted bathroom in which their needs could be more easily met.

People's healthcare needs were monitored and they were supported to have timely access to healthcare services. The registered manager communicated with health professionals when there were concerns about people's health, with one professional commenting, "They keep us up-to-date on important aspects of the young person's care, to ensure that we are all working together." Staff made sure people had their medicines reviewed regularly, and supported them to appointments such as those at the hospital. When one person had a history of refusing to attend dentist appointments, staff worked with them to help them understand what the appointment was for and why it was important. They talked through the process with them, which reduced their levels of anxiety and meant they successfully attended a recent appointment.

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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and found staff ensured people were fully protected by the safeguards contained within the MCA. The registered manager had a good working knowledge of the MCA and was able to describe steps they took when assessing people's capacity to make their own decisions, and how they worked in their best interests when they could not. Support staff were also knowledgeable, with one telling us, "We don't just do everything for everyone. We make sure people make their own choices. Like with

meals, we show them what they brought and they decide what to have."

Is the service caring?

Our findings

People told us they were supported by caring staff who treated them with dignity and respect. One person told us, "The staff are nice to me, they make me laugh." Another said, "They're [staff] helping me feel more independent, I like that." A relative told us, "They've done a wonderful job, we're absolutely delighted they've taken it on." A health professional commented, "I would agree from observations of support, written records and from staff conversations feedback that they care for the client. They are empathetic, are invested in the package of support and are working with [person] to achieve the best outcomes."

People were treated with dignity and respect. We observed staff in the supported living service taking time to speak to people in a way they understood, whilst responding to them in a kind and compassionate way. We saw people were happy in the company of staff, and people spoke about staff in an endearing manner. Staff were motivated to give people a good quality of life and had pride in what they did and we could see they enjoyed interacting with people. A relative said, "I've not seen him any happier than he is now. The staff interact with him in a way that he's not had before."

Staff were aware of people's preferences, their backgrounds and their personal relationships. Staff told us the rotas were organised in a way that meant they were able to build relationships with the people they supported. One staff member said, "Care plans are detailed but if there's anything we ever need to know we can speak to [registered manager]. I got to meet some people's family members before they moved in to get an idea of what things they like." We saw staff responding to people's needs in a considerate way. When one person seemed to be anxious about our presence in their home, staff were able to reassure them in a tactile way after which we noticed them to relax.

People were supported to make decisions about their care. Staff used a number of techniques to help people with communication difficulties express their wishes. One person was able to communicate using a computer, but this could not be used when they were being supported with a shower. A relative told us, "Staff have been amazing really. They picked up her 'eye gaze' in such a short period of time, it's how she communicates without the computer." We saw another person with autism being supported to choose meals by pointing towards pictures in their favourite cookery books.

The registered manager made sure people's support was reviewed at six weeks following the start of the support, and each year or earlier if needed. A relative of one person told us that they had attended two reviews since the person started to receive support, adding, "[the registered manager] makes sure they keep us informed of anything that happens." If people did not have friends or family members to support them at reviews, the registered manager knew how to access external lay advocates to support the person to make decisions. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People were encouraged to be as independent as possible. Staff took the time to encourage people to do things for themselves, like doing their laundry, cooking and cleaning. Some people helped with cleaning the communal areas within the supported living service. Care plans were drawn up to recognise people's

strengths. People's privacy was respected. We saw staff knocking on people's doors before entering. Staff knew that one person did not like staff entering his room at certain times of the day and that said they respected their wishes. Staff in the supported living service encouraged people to follow their examples and to respect the privacy of their housemates.

People's private information was kept safe. Computers and laptops were password protected so they could only be accessed by authorised staff, and care records were locked away when they were not being used by staff.

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to their needs. One person said, "They help me keep busy, like going to the nightclub or the gym." Another said, "I've not had a complaint but I know how to and [registered manager] would sort it out." A relative said, "There is a folder with their contact details but I've had no complaints whatsoever." A health professional commented, "The staff seem to have a very good understanding of the young person and their needs and their support is very person-centred."

People's care and support was planned and delivered in a person-centred way. The registered manager worked with the person, their family members and friends, and included guidance from health and social care professionals when drawing up their care plans. Each person had their own individual plan which considered their personal preferences of how they wanted support to be provided, such as if a person preferred to have a shower or bath, and at what time of day they liked to take it. Staff were able to describe to us what people's preferences were and how they were met, making sure people had as much choice and control as possible. One person's care plan described in detail how they needed to be positioned when getting dressed, and when staff needed to check to see if the movements were causing them discomfort. A relative told us, "The staff know [person] very well. Just by what we've seen so far we feel really confident about how they are being supported."

When people displayed behaviour that challenged them or others, they had positive behaviour support plans in place. The plans were based upon the principle that if you can teach someone a more effective behaviour than the challenging one, the challenging behaviour will reduce. The plans provided guidance to staff on techniques to use to support people with their anxiety, for example.

People were supported to follow their interests and take part in activities in the community. Activities were planned on an individual basis based upon the person's own individual wishes. Staff recorded them on a weekly activities plan so the person and staff knew which activities had been arranged. Plans we saw showed people were being supported to take part in activities they wanted to, such as going to the cinema and going shopping. A staff member said, "We don't always need to stick to the plans, sometimes we play it by ear depending how the person is feeling and what they want to do. But with one person it's important to stick to the plan otherwise they will get anxious." The registered manager had advocated on one person's behalf when trying to get additional funding from the local authority for social activities.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

There were processes in place to ensure people's complaints were responded to appropriately. The registered provider told us that the organisation used complaints as an opportunity to learn from and make improvements. People had access to an easy read complaints procedure, which included details of how they might seek independent advocacy to help support them with the complaint. It also contained external contact details, such as those of the CQC. However, the registered manager told us they had not received

any formal complaints since the service was first registered. The people and relatives we spoke with knew how to make a complaint, but were overwhelmingly positive about the service they received, with one relative saying, "If I could give them six stars out of five then I would."

Although nobody was receiving end of life support at the time of the inspection, the registered provider had procedures in place to ensure people would be supported at the end of their life to have a pain-free, dignified death. The registered manager said end of life discussions would be held with health professionals, the person and family members, and when the time was right staff would draw up end of life care plans. Templates showed these would include discussions about the persons preferences such as if the person would prefer to be buried or cremated, or if they have completed a will.

Is the service well-led?

Our findings

People, their relatives and staff told us they thought the service was well-led. One person told us, "[Registered manager] is the funny one, she's like a comedienne. I like her." A relative said, "I think it's extremely well managed, the staff seem well supported by their managers." A staff member we spoke with commented, "I enjoy my job. [Registered manager] listens to me, I feel like I contribute to the team."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were aware of their responsibility to comply with our registration requirements. They were also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

The registered manager was aware of the culture of the service, took an active role within it and knew the people and staff well. They told us, "I go in to work with the staff, I have a hands-on approach. We try to tell staff when they're doing well, be it through team meetings, supervisions or by offering mentoring for new staff. We carry out competency checks too, making sure staff are working in the way we want them to be doing."

Staff told us the culture was fair and transparent. A staff member said, "There aren't any secrets. If I have a problem or concern I know I can speak to the manager without any recriminations." Rotas were drawn up in advance, and took into account people's commitments outside work like hospital appointments. The registered manager said, "We try to be open and honest, and I think I have a close relationship with staff, people we support, their families and professionals involved." The company had a set of values, which included how they wanted to make a real difference to people's lives, enabling positive outcomes and celebrating success. Staff said they were supported by their managers and were committed to doing the best they could. Staff also said they were proud to work for the organisation.

There were systems and processes in place to monitor the quality of the service. The registered manager carried out a number of audits on the quality of support provided by staff. These included checks that medicines had been given to people safely and as prescribed, checking people's finances were being managed correctly and checking the health and safety of the supported living buildings. When issues were identified, the registered manager took action to improve the service. For example, when a fire risk assessment identified some action was needed to help keep people safe, records showed they had taken steps to contact the landlord to ensure all concerns were followed up. The registered provider also carried out an overarching audit of the service, which was carried out yearly. The operations director told us this was due to be completed shortly following our inspection as the service had not yet been operating for a year. They also said that any areas of concern would be escalated to meetings attended by the operations director, senior management and other registered managers in the organisation. Here they were discussed and so offered learning opportunities for managers. Safeguarding concerns and updates to policies and

procedures were also discussed at these meetings.

The registered provider sought the views of staff, people using the service and their relatives in yearly surveys. Surveys for the current year were being drawn up at the time of the inspection. The operations director showed us results of previous years for other services, and said the upcoming surveys for the service would follow a similar format. They included seeking views from staff about if they felt supported, if they felt managers cared about them and if managers talked to them about their development.

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 registered manager was aware of their responsibility to comply with our registration requirements. They were also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

The registered provider worked transparently with partner organisations in the local community, such as with the local authority safeguarding team and care managers, GPs, learning disability nurses and other health professionals. Feedback from professionals was positive, with one telling us, "I have found that the service is well led. The manager is keen to take on advice and guidelines and works quickly to respond when there are queries."