Sevacare (UK) Limited

Hampton House

Inspection report

17-19 Hampton Lane
Solihull
West Midlands
B91 2QJ

Tel: 01217040066
Website: www.sevacare.org.uk

Date of inspection visit:
12 April 2017

Date of publication:
24 May 2017

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

We carried out this inspection on 12 April 2017. We told the provider we were coming 48 hours before the visit so they could arrange for people and staff to be available to talk with us about the service.

Hampton House is a service which provides personal care support to older people, people with physical disabilities or people living with dementia in their own homes. All of the people supported live in the same building, and the care service is based on site, as part of an extra care housing service. At the time of our visit, 29 people used the service.

The service has 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. A registered manager was in post and had been since November 2015. They originally worked for the previous provider at this location and became the registered manager for Sevacare (UK) Limited in June 2016.

People told us they felt safe using the service because care workers were skilled and knowledgeable, and knew how to care for them well. Care workers had a good understanding of what constituted abuse and who to contact if safeguarding concerns were raised.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. Care workers received an induction to the organisation, and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and gained people's consent before they provided personal care support. The registered manager had an understanding of when people may be being deprived of their liberty.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs. Care workers referred people to other professionals if they had any concerns.

People had a team of consistent care workers who they were familiar with and who provided support as outlined in their care plans. There were enough staff to care for people they supported and staff from another one of the provider's locations, also supported people when required.

People told us care workers were kind and caring and had the right skills and experience to provide the care they required. People were supported with dignity and respect. Care workers encouraged people to increase and maintain their independence.

Care plans contained detailed, relevant information for care workers to help them provide personalised care

including processes to minimise risks to people's safety. People received their medicines when required from staff trained to administer them.

People knew how to complain and had opportunities to share their views and opinions about the service they received. This was through regular review meetings, 'service user forum' meetings and also surveys.

Care workers were confident they could raise any concerns or issues with the registered manager knowing they would be listened to and acted on. People and staff told us the registered manager was effective and approachable.

The registered manager gave care workers formal opportunities to discuss any issues or raise concerns with them. There were processes to monitor the quality of the service provided. These checks and audits ensured care workers worked in line with policies and procedures.

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 received support from staff who understood the risks relating to their care. Staff had a good understanding of what constituted abuse and who to contact if they had any concerns. There was a thorough staff recruitment process and induction. There were enough experienced staff to provide the support people required. People received their medicines when required and staff were trained to administer this.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) and gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

People were supported by workers who they knew well and considered to be kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence where possible.

Is the service responsive?

Good

The service was responsive.

People received support from consistent workers who understood their needs. Care records contained detailed information for care workers so they could support people in the ways they preferred. People were given opportunities to share their views about the care at review meetings and the registered manager responded to any complaints raised to people's satisfaction.

Is the service well-led?

Good

The service was well-led.

People were happy with the service and felt able to speak to the registered manager if they needed to. Care workers were supported to carry out their roles by the management team who were available and approachable. Care workers were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and checks to ensure care staff worked in line with policies and procedures.

Hampton House

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided and the registered manager gave us some additional information during our visit.

We spoke with the local authority commissioning team. Commissioners are people who contract services, and monitor the care and support when services are paid for by the local authority. They did not have any further feedback.

The inspection took place on 12 April 2017 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with people and staff. The inspection was conducted by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visit we spoke with 11 people, one relative, five care workers, a senior care worker, an administrator and the registered manager. We reviewed six people's care records to see how their care and support was planned and delivered. We checked whether all staff were trained to deliver the care and support people required.

We checked whether staff had been recruited safely and looked at two staff files in detail. We looked at other

records related to people's care and how the service operated, including the service's quality assurance audits, complaints and accidents.

Good

Is the service safe?

Our findings

People told us they felt safe at the service because staff were available when they needed them and knew how to support them. Comments from people included, "Yes, I am safe. I've got a pendant alarm. A few weeks ago I fell and I couldn't get up. I pressed it and the night staff came and the paramedics came." Another person told us, "I definitely feel safe, yes. Carers coming in every day to see to your needs and medication and sometimes they help me get dressed, but some days I can dress myself."

There were enough staff to complete the required care tasks and meet people's needs. Comments included, "They're absolutely marvelous. If I press the bell they come quickly, they ask me through the intercom what's wrong, we are not short of staff." People used their alarms to call staff in an emergency and people at risk of falls had an alarm which sounded if they fell. The registered manager told us if people were calling for assistance a lot, they adjusted the calls to suit people.
Care staff from one of the providers other locations provided additional staffing cover when required to cover absences. Agency staff were not used. One full time care worker position was vacant following a promotion.

One person told us they thought some staff had worked consecutive shifts before, and was concerned by this. We asked the registered manager about this and they told us, "That is dangerous and we would never allow that, it is not necessary." They told us care staff sometimes worked a later shift, then returned to work again in the morning early which may appear as if they worked over.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. For all staff, two references were sought and background checks were completed including a Disclosure Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. Staff told us they had to wait until their DBS checks and the references were returned before they were able to start working at the service.

Staff received support during a formal period of induction to ensure they were able to support people safely. Some staff had transferred across from a previous provider and they were re-trained by Sevacare (UK) Limited following this. Staff received three days of intensive training when they first started working at the service and told us this supported them to care for people well. The registered manager told us, "New staff shadow (work alongside) other staff depending on their experience. We do a competency assessment straight away and also they have a supervision." This one to one meeting enabled the registered manager to get to know staff and what support they required. All staff were able to access the provider's policies and procedures on-line.

Staff understood their roles in safeguarding people from harm and had completed training. We asked staff how they would react to different safeguarding scenarios, and they understood the importance of reporting any concerns to their seniors. Senior staff knew they had to report safeguarding to the local authority. Following an incident between two people at the service, we found the correct steps had been taken to keep

people safe and support the people involved.

Safeguarding records showed the service took people's safety seriously. If they had a concern about a person's safety or thought a person needed to be 'safeguarded' they contacted the safeguarding team with their concerns. However, there were two occasions where the safeguarding team decided they would not be pursuing the safeguarding concerns raised. Due to this, the registered manager did not notify us of the safeguarding concerns and so we unaware of the allegations. The registered manager told us they would ensure they informed us of all allegations in the future.

Staff supported one person with their finances. We checked some financial records for 2016 and 2017 however found some had gaps or were totalled incorrectly. We asked the registered manager about this who explained they did audits of these records and would review these now to identify where the errors had occurred. This was completed following our visit and it was found the errors had been in relation to incorrect recording. The registered manager told us that the staff involved had received supervision in relation to this and this would be discussed with all staff now. They told us that financial procedures had been improved since this time to further ensure people's money stayed safe.

Risk assessments in care plans demonstrated that staff had looked at the risks related to each person and how they could minimise the risks related to people's care. Risk assessments were written and updated by the registered manager or team leaders, and care staff informed them when people's needs changed.

One person had a moving and handling risk assessment completed which included measures such as use of equipment to keep them safe and keeping their apartment clutter free to avoid trip hazards. People who needed equipment to support their care had this equipment in their apartments including their own hoists and slings.

Other risk assessments were in place around medical conditions, skin care, medication and security risks. For example, one person's medical condition meant they sometimes could become unresponsive. Their care plan recognised this risk and informed staff of what they needed to do in the short term, and then who they needed to contact to keep them safe.

People received medicines safely from staff trained to administer this. Comments included, "Yes I get it (medicine) when I should," and "They give my tablets to me. They always remember." Some people administered their own medicines, while staff supported other people with this. Staff ensured people remained safe to do this and offered them further support if this changed.

Medicine administration records (MAR) were kept in people's apartments with the medicine stored securely. Medicines were delivered and disposed of by a local pharmacy. Medicine was delivered into the office first to check this was correct, before being stored in people's apartments.

PRN medicine is medicine given 'as required' and protocols were in place to tell staff when people might need this if they could not say. One person told us, "Yesterday and the day before I was in pain and the carer said 'do you want paracetamol', it helped. I had one today, it's locked in the cupboard." The team leader explained they did not routinely offer painkillers to people, as they found sometimes they would be taken 'automatically,' even though the person was not in pain. We observed staff supporting one person with medicine and the person was aware they could ask for this medicine if they required this. Other people had medicine which was time specific and we observed staff giving this correctly.

Staff told us they had undertaken training to administer medicines safely, and management carried out

checks of their practice to ensure they continued to do this safely. We saw a care worker had a spot check completed of medicine administration in February 2017. Senior staff undertook audits of the MAR to make sure medicines were managed correctly. The registered manager told us, "There will always be human errors and I will follow disciplinary procedures. You can always do training also." We saw checks had been completed and identified some recording errors from this.

Accidents and incidents were recorded and any patterns noted to help prevent them reoccurring. Staff understood the importance of informing senior staff if they noticed changes in a person's health or care needs to prevent any incidents where possible.

Staff were aware of procedures to take in an emergency, such as a fire. Personal emergency evacuations plans were in place and detailed people's care and support needs in this situation.

Good

Is the service effective?

Our findings

People told us they were happy with the care support they received and that it was a good service. Comments included, ""I am really happy with the care here," and "I think it's a complete package - the building, the food, the carers. They'll get five stars from me all the time."

Communication between staff was good and enabled them to support people effectively. A handover took place when the care shift changed, where staff were updated about people's care needs, so they could support them consistently and correctly.

Staff received training considered essential to meet people's care and support needs. One care worker had completed training around mental capacity, person centred care, medication and confidentiality. Other training included dementia care, challenging behaviours, and safeguarding. All staff spoken with had previous experience of care work before working at the service. Staff were given the opportunity of competing NVQ training (National Vocational Qualifications) in health and social care. New staff also completed the 'Care Certificate'. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

On the day of our visit staff were receiving training around dementia care on a 'dementia bus.' This was an immersive training experience for staff so they could understand more clearly what it felt like for people living with dementia. Staff also told us about their 'moving and handling' training which included them experiencing how it felt to be hoisted and to be turned in bed using a slide sheet. Staff felt this helped them to support people better knowing what this felt like for the person.

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.

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 (DoLS) were being met. The registered manager understood the requirements of the Mental Capacity Act (2005). No one using the service required a DoLS authorisation; however they were aware of when this may be applicable for people and one person had been referred for an assessment previously.

Most people at the service had capacity to make some decisions around their care. Some people at the service lacked capacity to make certain decisions. Mental capacity assessments were recorded on care records, however in some cases we were unclear of the specific decisions people could make for themselves. The registered manager told us these would be made clearer now on records.

Staff told us how they supported people who lacked capacity to make decisions. For example, when one person did not want to go to hospital but was unwell, it was decided it was in their best interests to have medical support. However, instead of them going to hospital, the district nurses were contacted and were able to support that person in their apartment instead. Another member of staff told us one person could refuse their medicine which managed a serious health condition. This had resulted in a meeting with professionals to determine how to support them in their best interests.

Staff understood the importance of seeking a person's consent before providing them with care. Some people had consented to care being provided verbally and asked relatives to sign an agreement on their behalf, as they were unable to do this. Other consent forms were in place for areas such as data protection and agreement around a person's care record being reviewed if necessary during an inspection.

People's nutritional needs were met by care workers if this was part of their care plan. Comments included, "I enjoy the food, it's very good and the carers bring the food to me if I can't go down," and "They make breakfast for me. I just have toast and tea, they do it just fine. Then they come here after breakfast and make biscuits and tea, bring me to the dining room and bring me back."

Meals were provided as part of people's tenancy agreement if they chose this. People had meals in the dining area and staff took meals to people in their own apartments if they were unwell. Most people could eat without assistance and one person was assisted with eating. We observed staff doing this, supporting the person at their own pace in the communal area in a relaxed atmosphere. One person had special cutlery to help them maintain their independence when eating.

People with special dietary needs were supported by care workers, such as people with diabetes or who required food to be softened. The registered manager told us, "We have well-being checks to make sure people have snacks and drinks. They can be 15 minute calls." One relative told us, "[Person] does have well-being checks, they come in, make tea, have a chat with them, that's brilliant. I've never seen a care environment like this."

Care plans detailed how people wanted to be supported with their nutritional needs. Staff were knowledgeable and told us about people's likes and dislikes in relation to meals. For example, staff told us they provided one person with choice of snacks, but only to a maximum of three, as they knew offering more would be confusing for them.

People were supported to manage their health conditions and to access other professionals when required. Comments included, "It's very good, they get anyone you need. Yesterday I could have said to get me a doctor and they'd come on the day," and "Whatever medical problem I have, they do it straight away, the doctor's here."

Staff told us how they supported people, "If I saw a resident deteriorating, I would tell the team leader and get the GP out." Care plans showed people had been supported with professional visits. For example, one person had macular degeneration and they had been to the hospital for this and seen an ophthalmologist. Another person told us they had bandages on their legs. They explained that the district nurse came to support them during the winter months, but when spring came and the weather was better, they would visit the surgery themselves.

The speech and language service had supported one person previously. Another person had a health condition and care staff had been trained by a specialist nurse in how to care for them and the equipment they required. Staff had worked alongside district nurses when one person was very unwell to ensure they

remained comfortable in their apartment with pain relief with all the equipment they needed in place, should they deteriorate further.

Different GP's supported people at the service based on their preferences. The local authority 'Gadgets' team supported the service further with equipment such as alarms to help people remain safe and independent in their apartments. People at high risk of falls were referred to a specialist service known as the falls clinic for further advice to prevent this. Each person had a hospital 'passport' with all essential information which could be taken with them if they were admitted, and this supported healthcare professionals in knowing the person's individual needs.

Good

Is the service caring?

Our findings

Most people at the service told us staff were kind and compassionate and they could not fault the care. One person told us, "I like them a lot. They are all excellent…I don't think I could wish for better staff." They went on to say, "They've got a good sense of humour and a world without humour is miserable."

Other comments included, "It's not 'them and us'. I can't fault it. The carers are all welcoming," and "They do show a lot of care, I cannot say a bad thing. They come for a few minutes and chat with me. They know my likes, and I like them very much." Other people told us care staff were more like family to them, rather than doing just doing a job.

One person told us they felt some of night staff had not been as helpful on a couple of occasions and told us they had raised this with the management team. We asked the registered manager about this and they had not been aware of any concerns raised about staff at night, however told us they would seek feedback if people had any concerns.

Relatives gave us positive feedback about the staff. Comments included, "They really support me too, emotionally and practically" and "We come regularly. We're always welcomed." One relative told us how care staff came and chatted with their family member and they enjoyed this. Another person had a serious health condition and the relative told us they sometimes felt 'scared' because of this, but staff chatted with them, hugged them and supported them and they liked this.

People told us how staff were caring. For example, care staff had offered sun cream to people when sitting in the garden on a sunny day to make sure they did not get burnt. The registered manager had purchased some chocolate Easter 'bunnies' for people living at the service whether they were receiving care support or not.

Recently, people and staff had jointly raised money for a charity with various events including 'chilli eating'. One care workers told us, "We are constantly thinking of what we can do to stop people from staying in their apartments." Other fundraising events were documented in a "Making a difference" file and money raised contributed to a 'residents fund' and outings. Previous funds had purchased a water feature for the entrance hall of the apartments for people to enjoy. Plans were in place to purchase a gazebo.

The registered manager told us, "What I have learned from working in extra care is that you can go a little bit further," and that they could build a relationship with people to work with them more effectively than in the community. A Sevacare newsletter was produced and included areas such as news, events and people's birthdays at the service.

Staff told us what caring meant to them, "I can change a million pads (continence pads), but if I don't put a smile on a person's face. I haven't done my job." As staff supported people regularly, they had developed good relationships with them. We observed staff joking with people during our visit. The registered manager spoke with one person, then said, "See you later boss," to them as they left. The person replied, "Yes boss,"

to them and they both laughed.

Most people received care from staff of the same gender. We asked staff how they would support people, for example, who had same sex relationships. They told us they would treat them the same as they would treat people in any relationship. One member of staff said, "We can't discriminate, we have to treat everyone equally." One care worker told us they had previously had training to support people with gender re-assignment.

Staff supported people ensuring their privacy and dignity. Staff told us they supported people's dignity during personal care by shutting curtains, and covering up parts of the body when they were not being washed. One person told us, "When I have a shower they don't make me feel uncomfortable and I don't have many different people." Staff supported one person to have a bath, they said the staff supported them to get to areas they could not reach, but they did the rest themselves. They said that staff respected their dignity when the care was provided.

Staff treated people with respect when supporting them with care. We saw staff knocking on the doors to people's apartments, and waiting for a response before they went in.

People were supported to increase their independence. Comments included, "I can do things for myself. I can get myself dressed, but every morning I have a shower and a carer comes to see I don't fall," and "They always ask me what I want. I couldn't walk when I came out of hospital although I could stand, and so they said, 'can we wash you till you're well enough'."

Some people were able to do their own laundry or staff assisted them to do this. A relative told us their family member could be more independent sometimes. However at other times would ask staff to help them eat. They told us staff would always help, but continue to encourage them, for instance, by chopping their food up.

Staff and the registered manager told us about one care worker who had worked very hard with a person following a serious life event. The care worker had worked closely with the physiotherapist to improve their movement and speech. The person had improved significantly as a consequence of the care provided and could now walk a distance, having progressed from only being able to walk from chair to chair.

Another person was living with dementia and had been supported to orientate to the environment around them with the use of visual aids. Their apartment door stated, '[Name], this is your home.' Staff had supported them over time, so they were confident to locate their own home now independently.

Good

Is the service responsive?

Our findings

People told us care staff were responsive to their changing needs. One person explained, "I feel I can't go out on my own, they have discussed it and increased my hours to go out with me." Another person told us, "They do well, if I want something I just ask them and they make arrangements to sort it out, it's good really. Just ordinary things, if I've shopped and forgotten something, they'll make a point of getting it, they check on me quite a bit."

Providing social activities was not part of the regulated care for people who used the service. However the registered manager expected staff to use any time between care calls to provide social support to people, particularly those who did not have families who visited them. They understood the importance of maintaining a person's emotional as well as physical well-being. A member of staff told us, "In my break I will go and chat to people who might be lonely." In the past staff had supported people to go on trips and some staff went on these as volunteers. The registered manager also used the creative skills of staff and on the day of our visit, staff were supporting some people to make Easter cards. Staff were in the process of developing a shop at the apartments so that people could buy essential items.

Prior to coming to the service, people were assessed by the management team to ensure the service could meet their needs and to find out about the person. People were supported with an agreed package of care and this was reviewed and adjusted to meet their needs. The registered manager told us people at the service were very diverse with many differing needs. People came to the service with a higher level of care provided initially so that this could be reduced if this was not required. The registered manager told us, "We do support and well-being checks. The criteria is an element of care and there is a banding system of high, medium or low, and we can adapt the hours'. They went on to say, "We can judge and manipulate calls to suit the person."

People told us staff knew them well and supported them in the ways they preferred. One person told us, "Yes, they know me. I'm not really good in the morning, so they make breakfast for me and I have my medicine." Another person told us, "I've had a stroke and I can't speak properly. I know them (carers) well, they come in four times a day and they know what I mean when I speak." One care worker told us about a person who had a specific health condition and so sometimes did not want to get up in the morning. As the person needed medicines at a particular time, care workers would give the person their medicine, and then return later when the person chose to get up. Another person had a pet and staff supported them with this as part of their care plan, which in turn ensured the person's own well - being.

People were supported by consistent care workers. One care worker told us they were part of a 'doubles' team. This meant that people who required two staff to support them moving, had the same staff each time to provide them with a continuity of care.

People told us they received their calls on time. We checked preferred call times against the times that people were actually supported with care, and found that these were consistent. The administrator had a system where calls were scheduled and people were supported with set times each week, however they

could call staff for support in between these times, in an emergency. Care staff had some flexibility with the calls, so were able to provide this support to be flexible to people's needs.

Care records contained information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. People were involved in their care plans and we saw these had been signed by them. One person told us, "My (relative) is the main one dealing with the care plan. They come in once a week and talk with [registered manager] about it."

The registered manager described the care plan as a 'live' document which was continually changed. Staff were able to tell us about people's backgrounds and what was important to them so they knew how to support them. Information about how people wanted their care was provided in step by step detail, for example, how people took their drinks, so staff could be consistent in their support. One person had an unusual health condition and information was given on their care record specifically to help staff understand about this further so they could support the person more effectively.

Care records detailed people's health conditions and overall care needs. For example, one person had a diabetes emergency protocol which documented how staff should support them. Another person who had been very unwell, had a specific end of life care plan in place with their wishes recorded.

People and their families were involved in reviews of the care if people's needs changed. One care worker told us, "We have meetings and the manager and the social worker and I contribute with [person] and they have their say, there is quite a lot of involvement. Their family are very involved and they come to the meetings, they seem to be happy." Another person told us, "I'm fully involved in the care, and there's meetings, like reviews."

People told us they had no complaints, knew how to complain and would be confident to raise any concerns with the registered manager or staff if they needed to. People told us that any problems they had were addressed. The registered manager told us they dealt with complaints 'there and then.' Comments from people included, "This firm is far better than we have ever had. If I had concerns or complaints, I could talk to [registered manager], they are very good." We saw where people had made complaints, these had been recorded and investigated in line with the provider's policy and procedures.

Good

Is the service well-led?

Our findings

People told us they felt the service was well managed. Comments included, "I think [registered manager] has got the team working, and all the staff know they would be on to them if they didn't look after people," and "It's very good here, the girls go out of their way. I'd recommend this place."

People told us the registered manager was supportive, approachable and there was little improvement to be made. One person told us, "The communication is really good here, you always know what's going on."

The management team consisted of the provider, the registered manager and two team leaders. They worked alongside a Housing Care Manager who was employed by the landlord of the building. Staff told us the registered manager was accessible. The registered manager worked weekdays, however came into the service when needed. Out of hours support was provided by the registered manager and the provider.

All staff we spoke with were positive about the leadership of the service. They felt able to go the registered manager if they had any concerns and they felt supported as a staff team. Staff told us the registered manager put the needs of people who used the service first. One said, "[Registered manager] is all about the service users first and foremost, and very supportive of staff." Staff felt the registered manager was also caring to them and they accommodated them with their needs. For example, if they could not come into work because of personal reasons, the registered manager was supportive of this. The registered manager told us they also had a duty of care to the staff to support them well.

Staff told us they enjoyed their work. One said, "I love it here. I have to be happy in my work place and here I am very happy." The registered manager told us, "The atmosphere is so nice, it is a joy to come into work."

Staff told us they felt there was good team work. One said, "Team work is pretty solid, we all jump in and help." Another said, "There is a good team. We bounce off each other. We all know our residents and help each other." Staff outings were arranged to further foster these relationships.

Staff felt supported through individual supervision sessions and yearly appraisals. Staff completed their 'goals and aspirations' as part of the appraisal and they felt the registered manager helped them to meet these goals. Observed practice of care workers was carried out annually by senior staff to identify any areas for improvement and provide feedback. This was done more frequently if there were any concerns. These checks of staff practice included of medication, how staff supported people with their mobility and general spot checks.

Staff meetings were held monthly and gave staff a formal opportunity for discussion of practice issues. There were also monthly meetings for team leaders. We saw minutes of the meetings and discussions focused on improving the service for people.

Satisfaction surveys offered people and relatives the opportunity to feedback any issues they may have. 'Phone monitoring' also took place where people were asked whether care staff came on time, stayed the

allocated times and if people were happy with the services. All the responses we viewed were positive.

Meetings called 'service user forums' were held, and gave people the opportunity to discuss any concerns. People told us, "They ask me if I want to go, every month they have a meeting, I don't go to all of them," and "I go to some of the meetings, you get informed about what's going on." People told us they were given written feedback following meetings. At recent meetings people had discussed social events, the need for a small site shop and requested an update about when some equipment would be repaired.

The service had auditing procedures to make sure the service ran well and people were safe. Audits were completed in relation to each person at the service and their needs. Other checks were carried out of staff practice, including staff who worked at night.

The registered manager told us they felt supported by the provider themselves. Senior management attended the service and did their own checks on the quality of service provision to make sure the service was meeting people's needs.

The registered manager told us what they were proud of at the service. They said, "The staff. I'm proud of us giving the service users good care. I know the service users and staff." They told us they were proud of one care worker particularly who had helped one person to walk, and another care worker who did some activities for people.

Challenges had been when the registered manager first started at the service as there had been a high use of agency staff, but this was no longer the case. Also some of the systems had required improvement as the environment was being run more like a care home than an independent living service. For example, people calling apartments 'rooms' when they were actually people's private homes.

The local authority commissioners had visited the service. The registered manager told us they found this relationship very helpful as they were supportive. They explained, "If I am struggling with anything, they have a willing ear and will help me." They also attended meetings with commissioners.

The registered manager understood their responsibilities and the requirements of their registration. For example, information such as serious injuries, deaths and safeguarding concerns.