

Richmond Care Villages Holdings Limited

Richmond Village Coventry

DCA

Inspection report

Bede Village
Hospital Lane
Bedworth
Warwickshire
CV12 0PB

Date of inspection visit:
05 October 2016

Date of publication:
02 November 2016

Tel: 02476645544

Website: www.richmond-villages.com

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

The inspection took place on 28 September and 5 October 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service. The service was last inspected on 22 October 2013, when we found they were meeting the Health and Social Care Act 2008 and associated Regulations.

The registered manager had been in post for two years. 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 service is a domiciliary care service which provides personal care and support to people in their own homes. The service was made up of two different parts, which were based in the provider's 'village'. One part provided support for adults with learning disabilities and physical disabilities. At the time of our visit ten people rented independent flats inside a shared building and received care and support from this part of the service. The other part of the service was called, 'assisted living', where older people either owned or rented property in the provider's village. At the time of our visit, 16 people received personal care from this part of the service. Everyone had use of the providers' facilities, such as a restaurant, a hair dressing salon and a small shop.

People told us they felt safe using the service and staff understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments to identify and manage risks to people's health and well-being and checks on staff to ensure their suitability to work with people who used the service. People's medicines were managed, stored and administered safely.

There were enough suitably trained staff to deliver care and support to people. Staff received an induction and a programme of training to support them in meeting people's needs effectively.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having the capacity to make all of their own decisions, records showed that their families, legal representatives and healthcare professionals were involved in making decisions in their best interests. Staff understood the principles of the MCA, they respected people's decisions and gained people's consent before they provided personal care.

People told us staff were kind and caring and had the right skills to provide the care and support they required. Care plans contained relevant information for staff to help them provide the care people required. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and were able to share their views and opinions about the service they received. People had fulfilling lives because they were engaged in activities that were meaningful to them.

Staff felt supported and were encouraged to share ideas to make improvements to the service. The registered manager and deputy manager were dedicated to providing quality care to people. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. The process included regular communication with staff, surveys and a programme of other checks and audits.

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 kept safe because risks to people's individual health and wellbeing were identified and staff followed support plans to minimise these risks. There were sufficient numbers of suitably skilled staff to meet people's individual needs and staff were trained to protect people from the potential risk of abuse. People received their medicines as prescribed and the provider checked staff were suitable to deliver care before they started working with people at the service.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff who had the relevant training and skills for their roles. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's nutritional and specialist dietary needs were taken into account. People were referred to other healthcare professionals when their health needs changed.

Is the service caring?

Good ●

The service was caring.

Staff provided a level of care that ensured people had a good quality of life. People were very positive about how caring the staff were. Staff respected people's privacy and dignity and encouraged people to maintain their independence in accordance with their abilities.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and had a good understanding of people's individual needs, preferences and how they liked to spend their time. People had fulfilling lives because they were

fully engaged in activities that were meaningful to them. People were involved in planning their care. Health professionals were positive about the care provided. People knew how to complain and were able to share their views and opinions about the service they received.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and felt able to speak with the registered manager and deputy manager if they needed to. The registered manager and deputy manager were dedicated to providing quality care to people. Staff told us they felt supported and they were encouraged to share ideas to make improvements to the service. The registered manager ensured there were checks in place to maintain good standards of care.

Richmond Village Coventry

DCA

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.

The inspection took place on 28 September and 5 October 2016. The inspection was announced. This was to ensure the registered manager and staff were available when we visited, to talk with us about the service. The inspection was conducted by one inspector 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.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. 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. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

Before the inspection visit we sent surveys to people who used the service to obtain their views about the quality of care they received. Surveys were returned from five people who used the service and one relative. In addition, we contacted people who used the service by telephone and spoke with six people, including a relative. During our visit we spoke with three people who used the service. We spoke with the registered manager, the deputy manager, the village manager and three care staff. Following our inspection visit we spoke with two relatives and two health care professionals. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

Many of the people who used the service were happy to talk with us about their daily lives, but they were not able to tell us in detail, about their care plans, because of their complex needs. We reviewed five people's care plans to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they received care from staff they knew well and trusted. One person told us, "I feel safe because it is fireproof and the doors are locked and I have my own key." A relative told us, "We are very happy [Name] is safe here." Everyone who used the service that responded to our survey told us they felt safe from abuse or harm from the staff. People told us they felt comfortable talking with staff or a manager if they felt unsafe.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with the managers. A member of staff told us, "If I had a concern I would inform management and I could phone the local authority safeguarding team." They showed us the local authority's contact telephone number in their staff office. They explained how they could identify signs if people felt unsafe and said, "I would speak to the person and see if they will tell me what's on their mind." The deputy manager told us, "Staff come to us with issues, they are good at picking up on things." Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

There was a procedure to identify and manage risks associated with people's care. When people started using the service, an initial assessment of their care needs was completed, that identified any potential risks to them during their care and support. The registered manager told us they wrote people's risk assessments as they became aware of potential risks and these were reviewed regularly. They explained how people were included in the review of their risk assessments and gave an example of one person who had a series of incidents using specialist equipment to help them move around independently. The registered manager explained they worked closely with the person and developed a risk assessment with them, which detailed how they could use their equipment more safely. The person was involved in the decision about how to manage their own risks and the rate of incidents declined.

Records confirmed that risk assessments had been completed and care was planned to minimise identified risks. Staff knew about individual risks to people's health and wellbeing and could describe how these were managed. For example, a member of staff told us, "We write risk assessments with people and explain what they are." They described how they worked with one person to support them to consume alcohol safely. They said, "We worked with [Name] to help them understand about drinking responsibly. They understand now and have changed their behaviour."

Risk assessments of people's homes, including risks about trips, slips and falls and about any specialist equipment people used, had not been recorded for everyone. We discussed this with the registered manager who explained they had stopped recording this information when they began using the provider's new care plans. They told us they would reassess people's environments and record any information which would help to maintain their safety at home.

Incidents were recorded and actions were taken to protect people and keep them safe. We found records of

incidents were detailed and included the actions taken as a result of any incident, for example referral to another agency such as the local authority. The registered manager explained how they reviewed incidents and identified if people required more support. They explained if people had a fall, details would be recorded in their falls diary and they would analyse the information to identify any trends and make improvements to their care to minimise any future risks. They gave an example where one person had recently experienced falls and they were currently assessing the person's needs, to establish how the risk to this person could be reduced. The person's key worker had involved them in a review of their care and following this, a falls prevention safety checklist was written. A key worker is a member of staff who is allocated to support a person on an individual basis. The checklist identified hazards, such as type of footwear. The person's support was changed as a result of the review and the number of incidents had decreased. The registered manager told us there was a quarterly health and safety meeting with other managers within the provider's village. They looked to see if there were any trends in incidents and discussed how they could improve people's safety.

There were sufficient staff to provide the support and stimulation people required to promote their wellbeing and to keep them safe. People told us they had regular staff that they knew well. Staffing was worked out using rotas, which identified when planned activities took place and times when people needed more support. A member of staff told us, "We have more staff on at busy times, for example in the morning." The registered manager told us how people's needs were increasing, so they had recently employed additional care staff to ensure the service could meet people's needs.

The registered manager checked staff were suitable to support people before they began working in the service, which minimised risks of potential abuse to people. Records showed the provider's recruitment procedures included obtaining references from previous employers and checking staff's identities with the Disclosure and Barring Service (DBS) prior to their employment. The DBS is a national agency that holds information about criminal records.

Staff administered medicines to people safely and as prescribed. People told us they had their medicines when they needed them. One person told us, "I choose to have my tablets at 6am so that they don't interfere with my day....It works very well for me". Staff had received training to administer medicines safely which included checks on their competence. The deputy manager told us they checked staff's medicine administration competence each year and new staff were observed at least three times before they could administer themselves. Staff recorded in people's records when medicines had been taken and they signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were returned to the office every four weeks for the registered manager to check. Staff knew what action to take to protect people if there was a medicine error.

Is the service effective?

Our findings

People told us staff had the skills they needed to support them effectively. One person told us, "They really know what they are doing I couldn't ask for better." Everyone who used the service that responded to our survey told us their care and support workers had the skills and knowledge to give them the care and support they needed.

Training was planned to support staff development and to meet people's care and support needs. This included training such as moving and handling, safeguarding adults, dementia, nutrition and hydration and medicine administration for all care staff. Different methods of training were provided which suited different ways of learning, for example online or paper based training courses and practical training. Staff were positive about training, they told us it was readily available and they felt supported by their manager to access it. Training was also provided to support staff in meeting people's specific needs. One member of staff told us, "A lot of us have had training in autism and schizophrenia to support people with these needs. Training in mental health is useful." The registered manager had arranged training for care staff in percutaneous endoscopic gastrostomy (PEG) feeding, to enable staff to meet the needs of people who used the service. PEG feeding is where a tube goes into the stomach and allows nutrition, fluids and medicines to be fed directly through, bypassing the mouth. They told us the training was held in three different sessions so that all staff were able to attend.

New staff received an induction when they first started working at the service. This included working alongside more experienced staff so they could get to know the individual needs of the people living in the home. Induction training included the Care Certificate. The Care Certificate is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. New staff were assigned mentors, who were more experienced staff that shared their knowledge. We saw three new staff with their mentors in shared areas of the service, undertaking shadowing experience on the day of our inspection visit. This demonstrated the provider was acting according to nationally recognised guidance for effective induction procedures.

Staff told us they had supervision meetings. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development. The registered manager told us they assessed staff's effectiveness through supervision and observation. They told us they used supervision to focus on staff development. A member of staff explained their manager used supervision to discuss strengths and weaknesses in their performance at work and talk about how things could be done better.

Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. Staff told us they felt well supported by the provider to study for care qualifications to help them develop within their role. For example, the deputy manager had recently completed a level 5 diploma in social health care and leadership to support them in their managerial role in the service. The registered manager told us how they encouraged staff to obtain care qualifications, at their own pace, in order to develop their skills.

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 provider was working within the principles of the MCA. The registered manager demonstrated they understood their responsibility to comply with the requirements of the Act. They identified that six people had potential restrictions on their liberty and had worked with the local authority who were applying to the Court of Protection for authorisation of those deprivations. The applications were still being processed on the day of our visit and had not yet been authorised.

Staff we spoke with understood the requirements of the MCA, they told us how decisions were made in people's best interests where required. A member of staff told us MCA was about, "Helping people to make decisions safely." A health professional we spoke with following our visit explained how staff had, "Carefully supported," one person to make their own decisions.

The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or independent advocate, who could support them to make these decisions in their best interest. An advocate acts on behalf of a person to obtain their views and support them to make a decision in their best interest. Records showed decisions were made in people's best interests, where they did not have capacity to make them. People such as family and health professionals were involved in supporting people to make decisions. Some people had legal representatives to support them. The registered manager had obtained copies of documents issued by the courts, so they could be confident that people's representatives had the legal right to make decisions on their behalf.

People were supported to make their own choices where possible. A relative told us, "[Name] makes their own decisions, [Name] has strong opinions." People and their relatives told us staff gained their consent before supporting them. One person told us, "Staff ask for my permission before they do things. I'm in charge." Staff told us they knew they could only provide care and support to people who had given their consent. During our inspection visit, we observed staff asked for people's permission before supporting them in shared areas, such as corridors.

Some people received food and drinks prepared by staff, some people were supported by staff to help prepare meals to encourage their independence and some people ate in the provider's restaurant. A relative told us, "They support [Name] to make their main meal and take them shopping." We saw people's dietary requirements, food preferences and any allergies were recorded in their care plans. A relative told us, "Staff know what [Name] likes and doesn't like. They say what they would like for her tea and staff bend over backwards to help." Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. One member of staff told us one person's support needs had increased at meal times, due to an ongoing health issue. They explained the person's needs had been assessed and they had been referred to health professionals for additional support, which included advice on their diet and adapted cutlery. The increased support they received at meal times ensured they could eat their meals and maintain their independence and wellbeing. We saw the person was supported to eat in the restaurant and the support they received reflected what staff had told us and what we read in their care plans.

A member of staff told us how they worked closely with one person who found it difficult to drink independently. They explained how health professionals had assessed the person and provided specialist equipment to allow them to drink more easily by themselves. They explained how staff monitored the person's fluid intake, to ensure that any risks to their health were identified. They told us, "We encourage [Name] to drink, we will sit and have a coffee and chat with them." They told us they contacted health professionals straight away if they had any concerns about the person's health.

People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. Two healthcare professionals we spoke with following our visit told us, staff contacted them if there was a concern about someone's health. A member of staff told us, "We have lots of contact with health professionals and we schedule in health appointments for people." Records showed that people were supported to attend routine health appointments to maintain their wellbeing such as a dentist and optician. The registered manager told us one person had complex needs and received support from a number of different professionals. They explained how staff supported the person to manage interactions with different services. This helped to reduce the person's anxiety and caused the least impact to their wellbeing.

The registered manager explained how they worked alongside several health organisations. They gave an example where the local health authority supported staff to help people with learning disabilities manage their health and how to access specific support for people. The registered manager told us some people they supported had 'health passports'. These documents contained important information about people's medical history and could be taken with them to hospital or medical appointments, so information could be shared more easily with health professionals.

Is the service caring?

Our findings

People told us staff treated them with kindness. Two people told us, "I love it here, staff are polite and caring" and "The girls are lovely they make sure I have everything I need and will have a little chat with me before they go." Everyone who used the service that responded to our survey, told us they were happy with the care and support they received and said their care workers were caring and kind. A health professional we spoke with following our visit, described how the care and support staff had given one person had improved their quality of life. They said, "The relationships [Name] has built up in the service, have significantly improved their anxiety levels." A member of staff told us, "I like seeing someone turn their life around. Like [Name], who had issues from the past and wouldn't communicate with people. They're totally different now. I've built up trust with them and I know them well." A relative explained how the caring relationship one person had formed with staff had improved the quality of their life. They told us, "Staff encourage [Name]. They've done a grand job because before they wouldn't venture out of their room."

When staff supported people in shared areas, such as the provider's restaurant, we saw there was good communication between them. Staff knew people well and we observed them sharing jokes with people and enjoying each other's company. People did not hesitate to ask for support when they wanted it, which showed they were confident staff would respond in a positive way.

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. A member of staff explained how they communicated with one person who had limited verbal communication. They said, "[Name] has difficulty talking sometimes and they will write things down." People's preferred communication methods were recorded in people's care plans.

Staff sat with people and took time to interact with them on a one to one basis about things they were interested in. A member of staff explained people had key workers who they knew well and who they could discuss issues with on an individual basis and in a way they could understand. They said, "People know who their keyworkers are and they may ask for them." A key worker is a member of staff who is allocated to support a person on an individual basis. A relative told us, "[Name] gets on well with their key worker, who takes [Name] shopping and spends time with them."

One person told us, "They [staff] never rush me, they give me time to do things for myself because I like to be as independent as possible. They are all very thoughtful." Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. One member of staff described how they supported people to develop domestic skills to help them be independent. They said, "We've worked really hard with people to support them to use the laundry themselves."

Staff told us they were given opportunities for personal development within the service and said senior staff were caring and this made them feel motivated in their role. One member of staff told us, "I enjoy looking after people and working with the girls, we are a good team."

People and their representatives were involved in planning and decisions about their care and support needs. The registered manager told us people were asked about their preferences when they were initially assessed by the service. They said, "Person centred care is about clarifying and meeting individuals' needs with emphasis on their preferences." Records showed people were asked for their opinions about their care through regular reviews of their needs.

Everyone who used the service that responded to our survey, told us their care and support workers always treated them with respect and dignity. A health professional we spoke with following our visit told us, "That's how they've managed to do such a grand job, they have treated [Name] with respect." A staff member explained how they showed respect for one person's dignity when they supported them with personal care. They said, "I constantly ask them questions to make sure they're comfortable."

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. A relative told us, "I am very pleased with the care. They [staff] contact me to go through things, I am included in decisions." A relative responded in our survey, 'I cannot fault the care and service my family member is receiving.' A health professional we spoke with following our inspection visit told us, "[Name] has formed good relationships with staff. Staff have a good understanding of [Name]'s needs."

Staff explained how they provided care to meet people's needs, to ensure they had the best quality of life. One member of staff gave an example of one person whose needs had changed recently due to a decline in their health. They told us, "If there's any change we contact the GP and the occupational therapist." They explained how they had supported the person to be assessed by health professionals to ensure they had the necessary adaptations and special equipment they needed to keep them safe. They liaised with the person's family and their social worker to ensure they were provided with additional support to meet their changing needs.

A health professional gave us very positive feedback about how the person centred care provided had improved the quality of one person's life. They told us, "Overtime they [staff] have had a better understanding of [Name]. [Name] is settled there and has friendships with other people who live there. The staff understand that [Name] does not like changes and manage that with [Name]."

People's views about their care had been taken into consideration and included in care plans. Relatives told us they were invited to meetings to review their family member's care where appropriate. A relative told us, "We are very pleased with the care plan we know we just need to ask if we need anything extra." Care plans were reviewed regularly. Staff told us people were always included in their reviews. They gave an example of one person who had complex mental health needs. They told us reviews of the person's care were held more regularly and relevant health professionals were involved to, "Help support [Name] and check we are meeting their needs and also to give staff extra support to deal with certain situations."

Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. The registered manager explained how they had recently asked staff to write additional, individualised care plans for people they supported. They said, "Staff write these because they have the knowledge about people's individual preferences. It ensures people are getting a higher level of care." The deputy manager explained how people were provided with additional support if their care needs changed, such as an increased length of care call. They told us they had a process called an, 'individual support mechanism', where any changes to care needs were recorded and people's care plans were updated to reflect the change in support.

Care plans contained information about people's personal history and preferences. Staff told us they read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred. A member of staff told us, "Everyone's different, their views and opinions are different." They said they continuously learnt about people's backgrounds whilst they supported them. They

told us any new information was shared with other staff and recorded in people's care plans, to help them provide the person with more person centred support.

People lived fulfilling lives because they were engaged in activities that were meaningful to them. We spoke with one person who invited us into their home. They were listening to music and proudly showed us their CD collection. They told us they shared their music with other people who used the service, at parties. They explained they were looking forward to attending a craft session led by the provider, on the day of our visit and said, "I like going for a coffee and a cake with my friends." Other people we spoke with told us they had enjoyed a keep fit class arranged by the provider on the day of our visit. The registered manager explained there were a variety of activities arranged for people to take part in if they wished, for example regular coffee mornings and evening entertainment. They told us a health professional had recently been invited to talk at one of the coffee mornings and had discussed dementia with people.

People were involved in building links with the local community in individual ways that suited their needs. For example, some people were supported by staff to obtain and maintain voluntary work placements. A member of staff told us, "[Name] works at a garden centre...We support [Name] at the placement. They enjoy working and telling people about it." We asked the person about their work and they were very positive about it, they said, "I go once a week, it's a really good hobby for me."

Staff told us how they encouraged people to maintain their religious beliefs. The registered manager told us people were supported to go to a local church each week and other local churches were invited to hold services for people within the provider's village.

Communication between staff was effective, which ensured people received care which met their needs. A member of staff told us, "If we think people need something, we go straight to the management and they sort it out." Staff explained they used a 'memo file', to share information within the service. This was a file staff could read on each shift, which highlighted any changes to people's needs. Staff told us they also used handover to share information and they wrote in people's daily diaries. Handover records and diaries were detailed and included any concerns staff had about people's welfare.

People and their relatives said they would raise any concerns with staff. One person told us, "If I speak to staff they sort it out." One relative told us they had raised a complaint in the past and were satisfied with how the issue had been dealt with. Another relative told us, "They contact me if they have any concerns". Everyone who used the service that responded to our survey, told us staff responded well to any complaints or concerns raised. Staff understood the complaints process and knew how to support people if they had a concern. A member of staff told us, "If someone wanted to make a complaint, I would let the senior know and then it would go to management."

There was information about how to make a complaint and provide feedback on the quality of the service in people's welcome packs in their rooms and in shared areas, such as corridors. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been five formal complaints within the last 12 months. Records showed these had been dealt with in accordance with the provider's policy and to the complainant's satisfaction. The registered manager explained how they had recently started to record any comments made by people, to help them identify where improvements could be made to the service. They told us it was, "Important to capture issues and record how they had been dealt with." There was evidence of compliments from relatives about the standard of care provided by the service. The registered manager explained compliments were shared with staff.

People told us they could share their experiences of the service at regular meetings. Everyone who used the service that responded to our survey, told us the care agency asked what they thought about the service they provide. A relative told us, "Twice a year we have a family meeting...Lots of things are raised." We found where people had made suggestions for improvements to the service, these had been carried out. For example, records showed one person had requested that gravy be made available on the side and not on the meal in the provider's restaurant. During meal times we saw this improvement had been made. The registered manager explained that some people who used the service did not attend meetings due to the complex nature of their needs. They told us they spent time within the service and spoke to those people on an individual basis to obtain their opinions. A member of staff told us, "We give people time and listen to them. We have a lot of one to one time with people and try to help them resolve things."

Is the service well-led?

Our findings

Everyone we spoke with told us they were satisfied with the quality of the service. Everyone who used the service that responded to our survey, told us they would recommend this service to another person. A member of staff said, "Everyone's helpful, if there is an issue, it's discussed and sorted." We saw the registered manager and deputy manager were accessible to people who used the service. Staff told us the registered manager was approachable, they told us they could make suggestions and these were acted on. A relative told us, "The manager is very approachable. I can email them and they answer straight away." The deputy manager told us, "We have village meetings and people know they can call us, to speak with us." People told us they felt able to raise issues with senior staff and they were asked for their opinion about the service.

Staff throughout the service, told us they felt supported by their line manager. A member of staff told us, "I enjoy it here and the staff are really nice. The manager has put things in place to make staffs jobs easier. The manager is very supportive and helps me broaden my knowledge." The registered manager told us they had access to services offered by the provider to support them in their role, such as 'managers' advisory services', which offered guidance for example, in staffing matters.

The registered manager told us they made sure staff understood their roles through one to one supervision meetings and staff team meetings. There were regular staff meetings held for different staff groups within the service, for example, head of departments met three times a week. Staff told us meetings were useful and they were encouraged to be involved in making improvements to the service. A member of staff told us, "They like fresh ideas about things and they use our ideas." The registered manager told us they shared ideas suggested by staff, at senior staff meetings, to make improvements to the service. They told us they regularly attended meetings with managers of the provider's other domiciliary care agencies, to share best practice and identify where improvements could be made. They told us, for example, "We got together and wrote our own care plans which are person centred. We trialled them and agreed on what worked and what should be improved. We shared it with the provider and they recently agreed it."

The provider asked staff for their feedback on the service by an evaluation survey. The registered manager told us regular meetings were held with staff by the provider, to discuss the results of the surveys and inform staff where changes had been made. This showed the provider encouraged staff to develop and make improvements to the service, which helped them to deliver high quality care to people.

People were invited to provide feedback about how the service was run and their comments were acted on by the provider. Where it was appropriate, people were encouraged to share their experiences of the service by completing surveys. The registered manager told us the provider analysed the responses and fed back any issues to them. Records showed that feedback about the quality of the service was 85% positive in 2015. The registered manager explained how they discussed any highlighted issues with staff at team meetings. For example, some people had commented that carers did not arrive within agreed timescales, so ways to improve this were discussed and agreed with staff at a team meeting.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law. We found the information reflected the service well.

The registered manager understood their responsibilities and was aware of the achievements and the challenges which faced the service. They had been in place at the service for two years and told us they had put many new processes in place to ensure people received quality care. For example they had introduced new checks to ensure records were accurate and that incidents were identified and analysed. They told us, "It has been a busy two years and really good and productive." They explained how they shared the improvements they made to their systems with managers of the provider's other domiciliary care services and how the new processes were adopted by the provider. Two health professionals we spoke with following our inspection visit told us, "There has been a positive change at the service. Senior carers are in place and have been there for a while. They pass information on to more junior staff" and "There has been a big positive change in the management."

The registered manager kept up to date with best practice by receiving updates on legislation from the provider, attending external events such as a 'learning disability forum' and regularly sharing information with the provider's other services. A learning disability forum is an external event hosted by the local authority and enables similar service providers to get together to share their knowledge and new initiatives. The registered manager explained how they shared best practice with staff at meetings and through supervision. For example, they had recently asked staff to look into specific topics to research and feedback on. Staff had looked at Deprivation of Liberty Safeguards, because the registered manager felt staff needed more information as people using the service were affected by this.

The provider held internal awards ceremonies for staff to recognise their contribution to their services. For example, a senior carer from the service had recently been nominated for the provider's national Bupa clinical excellence award in leadership, for their work with people in the service.

The registered manager explained how they had introduced new systems to monitor the quality of service. This included a monthly audit tool based on our key lines of enquiry, monthly checks on MARs and weekly spot checks of people's care, including observations of staff practice. Unannounced checks were also made by the provider's quality assurance manager. We saw where required, action plans were followed and improvements were made in a timely way. The registered manager forwarded a monthly report to the provider, including information about accidents, medication, infections and other events which may call into question people's safety. This allowed the provider to analyse events within the service and make improvements to ensure people received safe care.