

Westhope Care Limited

Westhope Care Limited - 11 Kings Court

Inspection report

11 Kings Court
Harwood Road
Horsham
West Sussex
RH13 5UR

Tel: 01403750555

Website: www.westhopecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This service provides support to people who require help with personal care. They specialise in supporting younger adults with a learning disability and associated conditions who live in their own homes. Most of the people supported by the service lived in one of two supported living services with a further six people living in their own individual accommodation. There were 24 people using the service at the time of our inspection.

We inspected this service on 15 February 2016 and the inspection was announced. This was to make sure there would be someone available in the office to facilitate our inspection.

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

Whilst identity and security checks had been completed for new staff, full work histories had not always been obtained and gaps in the employment history of some staff had not been accounted for. Therefore the provider could not be assured these staff were suitable to work with adults at risk.

People's medicines were administered by staff that were trained to do so. However improvements were needed in relation to the recording of medicines and we have made a recommendation that the provider seeks up to date good practice guidance on this issue.

The delivery of care was tailored and planned to meet people's individual needs and preferences. People told us they were supported to participate in activities of their own choice however staffing levels had limited the opportunities for some people to participate in activities they had planned for.

People's independence was promoted and people were supported to take risks. People were encouraged to undertake their own daily living tasks such as menu planning, cooking and cleaning. One person told us "I do my own cooking. I can do ready meals myself but if I'm cooking a meal then the staff watch me". Some other people had been supported to find employment and voluntary work which they enjoyed and another person told us "I'm looking forward to getting my own flat. I've talked to (Staff members name) and my

social worker about it".

People and their relatives or representatives were involved in the development of their risk assessments and support plans. People had named key workers who supported them to co-ordinate their care who they met with on a regular basis to discuss what was working well and make plans for the future.

People looked happy and were relaxed and comfortable with staff. They were supported by staff who understood their needs and abilities and knew them well. One person's relative told us "The staff clearly are fond of (person's name) and he of them. Comments included on questionnaires that people completed included 'I like everything here, nice people, understanding staff who ask how I am feeling.' And 'My care and support workers are caring and kind.'

People's needs and preferences were met when they were supported with their dietary needs and people were supported to maintain good health. People confirmed they were supported to attend medical appointments and one person told us "Staff help us to make appointments. I've got an appointment for my teeth next week and staff will come with me because I can't go on my own". Another person's relative commented "They care for his physical health problems, which have recently included difficulties with swallowing, so that he has to have a pureed diet and thickened drinks."

The provider actively sought and included people and their representatives in the planning of care. There were processes in place for people to express their views and opinions about the service provided. The feedback from people and their representatives in their most recent customer satisfaction survey was positive.

People were protected against the risk of abuse; staff had a good understanding of how to recognise abuse and what action they should take if they suspected it had taken place. Permanent staff were provided with training relevant to their role and felt well supported by management.

The provider and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People spoke highly of the management. Staff comments on the providers' staff survey included 'Our manager is excellent and always listens and deals with any issues fairly and sensitively', 'All positive, no negatives at all, management and all staff work well as a team' and 'I just love my job'.

There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

We found two areas where the provider was not meeting the requirements of the law. You can find what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Recruitment practices were not always safe. Full work histories had not always been obtained and gaps in employment histories were not always accounted for.

Medicines were administered by trained staff however we have recommended the provider seeks good practice guidance in relation to the recording of medicines.

Staff were trained to recognise abuse and knew what action to take if they suspected abuse had taken place and safe staffing levels had been maintained.

Risks were assessed and there were plans in place to protect people, whilst promoting their independence and choice.

Is the service effective?

Good 

The service was effective.

People were supported by permanent staff who had the skills and experience needed to meet their needs.

People had sufficient to eat and drink and were involved in the planning and preparing their food and drinks.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice when gaining people's consent. Where people had been deprived of their liberty, information had been passed to the local authority for them to request authorisation from the Court of Protection.

People's health care needs were monitored and they had access to a range of healthcare professionals.

Is the service caring?

Good 

The service was caring.

People's well-being and happiness was promoted.

People received care and support from staff who knew them well.

People's were treated with dignity and respect and were encouraged to be as independent as possible by kind and caring staff.

Is the service responsive?

The service was not consistently responsive.

Staff working arrangements were tailored to meet the needs of individuals but staff shortages had limited the opportunities for some people to participate in their preferred activities.

Care plans were centred on the person and provided information to staff about people's care needs and how people wanted to be supported.

People knew how to make a complaint and arrangements were in place for complaints to be dealt with in line with the provider's policy.

Requires Improvement 

Is the service well-led?

The service was well led.

Staff were involved in developing the service.

The management team looked for ways to drive improvement in the service by listening to, and seeking feedback.

The provider had quality assurance systems in place to identify shortfalls in service provision.

Good 

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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 was undertaken by two inspectors on 15 February 2016 and was announced to make sure there were staff available in the office to facilitate our inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included a provider information return (PIR) which the provider completed in August 2015, statutory notifications sent to us about incidents and events that had occurred at the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. A notification is information about important events which the service is required to send to us by law. We also sent out 18 questionnaires to people and their relatives or representatives. Sixteen people and four people's relatives or representatives returned completed questionnaires. The local authority commissioning team also gave us feedback in relation to one of the supported living services operated by the provider. We used all this information to decide which areas to focus on during our inspection.

As part of our inspection we spoke with 12 people and staff about their experience of the service. We observed staff supporting and interacting with people and spoke with the registered manager and eight members of staff including the service manager for two supported living services operated by the provider, five support workers and an administrator. We also looked at records including eight people's care records, five staff recruitment records, medication administration record (MAR) sheets, staff duty rotas, staff training

and supervision trackers, accident and incident records and documents relating to the quality assurance processes and management of the service. Following our visit to the service the registered manager sent us some further information about the training staff had received and we gained feedback from two people's relatives / representatives and a further two members of staff.

No concerns were identified at the last inspection of the service which took place on 27 August 2013.



Our findings

Everyone told us they felt safe and appeared comfortable in the company of staff. One person who lived in their own accommodation told us "I feel safe and secure here. Staff are here (on site) 24 hours a day and I can call them if I need them". Another person who lived in supported living accommodation told us "The staff are very kind and I feel safe with them". People's relatives and representatives strongly agreed with the statement in our questionnaire 'I believe that my relative / friend is safe from abuse and or harm from the staff of this service'. One person's relative commented on the provider's own satisfaction survey 'Staff have come to know (person's name) very well over the years and she regards them as her friends. Individual staff members often take a lot of trouble to enter into her activities with enthusiasm and help her enjoy them, as well as help her develop her confidence and skills. I always feel confident that they will keep her safe'.

The provider had safe recruitment procedures however these had not always been followed. Relevant employment checks, such as criminal records checks been undertaken with the Disclosure and Barring Service (DBS), proof of identity, right to work in the United Kingdom and references had been completed before staff began working at the service. However not all staff had provided a full work history and gaps in employment histories were not always accounted for. Therefore the provider could not be assured that these staff members were of suitable character to work with adults at risk.

The shortfalls identified in relation to staff members full work history is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us there were always enough staff on duty to ensure people were safe and we observed throughout the inspection that staff were unhurried and relaxed with people. Staff told us they were offered overtime to cover for staff vacancies, planned and unplanned leave. They also explained if regular staff could not cover these shifts were offered to relief workers and if they were unavailable they used agency staff.

People's medicines were managed so that they received them safely. People told us they received their medicines on time. Medicines were ordered, stored, administered and disposed of in line with current legislation and the provider's medicines management policy. Staff had been trained to administer medicines and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately. In one of the supported living services the service manager had introduced a hand written MAR which people and staff signed when medicines had been administered. However these MAR did not follow good practice guidelines as to what should be included on the record for

example the amount of medicines that should be in stock was not recorded. This would make it difficult for staff to assess whether the amount medicines in stock was correct and that medicines had been administered as required. We did not assess that this had had a negative impact on people's welfare but is an area of practice that we identified as needing to improve.

We recommend that the provider seeks good practice guidance in relation to recording the administration of medicines in people's own homes.

Risks to people had been identified, assessed and managed appropriately. There was a range of risk assessments within people's care records and areas such as personal care, nutritional needs and daily routines had been planned for. Staff told us that routine was very important for one person. They explained that this person could become distressed if certain aspects of this person's routine were not followed so there were plans in place to ensure they always happened. People who needed support to move had moving and handling guidelines in place for staff to follow. One person explained they needed staff support to transfer for example from their bed to their chair. They told us "They use a banana board (piece of equipment used in transfers), they put it in the right place then I transfer myself. They've been doing it a while now so they know how to do it".

People were supported to take risks. Risks to people's health, safety and welfare had been assessed and planned for to ensure people remained safe whilst still promoting their independence. The completed questionnaires we received from people indicated 94% strongly agreed with the statement, 'The support and care I receive helps me to be as independent as I can be.' Some people, who for example needed support with road safety, were supported to go shopping for their personal effects. A staff member told us one person who they described as 'very vulnerable' had wanted to attend a social club one evening on their own. They explained that with the person's agreement they had accompanied the person to travel to the club to ensure they got there safely and then met them at the end of the evening to accompany them back to home. Other people who went out independently told us they had the office contact details on their mobile phones so they could ring for staff support if they needed it.

People were protected against the risk of potential abuse. Staff had been trained in safeguarding adults at risk and were aware of the different types of abuse they might encounter, such as verbal, physical or financial abuse. They knew who to report to and what action to take should they suspect abuse and followed the guidelines of West Sussex County Council's pan-Sussex multi-agency safeguarding policy.

Accidents and incidents were recorded and analysed to help the staff team understand patterns or trends, and to enable them to think about anything they could do differently in the future. The registered manager told us they also used this information to help them to identify patterns in people's behaviour and to introduce ways of working to reduce the risk of them re-occurring.

The provider had systems in place to make sure staff were protected from working in an unsafe environment and to respond to foreseeable emergencies. There were personal emergency evacuation plans in place for people which provided advice to staff on their safe evacuation in the event of an emergency.



Our findings

Feedback from most people and their relatives or representatives about the support people received was positive. The completed questionnaires we received from people indicated 94% strongly agreed with the statements 'I receive care and support from familiar, consistent care and support workers.' 'My care and support workers have the skills and knowledge to give me the care and support I need.' Comments from people's relatives and representatives included 'I have been very impressed with the service provided to my relative by her care workers at Westhope they really do care.' And 'We are extremely pleased with the care and attention our relative receives, and how they are becoming more confident in everyday living.'

New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people.

People had their assessed needs and preferences met by permanent staff who had the necessary skills and knowledge to undertake their role. People and their relatives told us they felt staff were able to meet people's needs. One relative who contacted us to provide feedback on the service told us "We have confidence in the staff". Staff received training in areas such as fire safety, mental capacity, moving and handling, safeguarding, infection control, food safety and medication. Additional training was provided to staff to meet people's other specialist care needs for example epilepsy and challenging behaviour.

Permanent staff received the support they needed to undertake their role. They had one to one supervision meetings with their line manager at which they could discuss in private their personal and professional development and had an annual appraisal of their performance. Staff who supported people with more complex needs received supervision on a more frequent basis and the service manager also completed observations of their practice on a monthly basis. Staff attended team meetings at which information was shared and people's needs were discussed. All staff reported that they were well supported by their manager and the organisation. One staff member told us their experience of working for the company was positive and commented they felt "very supported".

Communication was effective. There was an overlap between shifts to allow for handover meetings to take place. At these meetings staff from the earlier shift met with the staff from the oncoming shift to share information about how people had spent their time and pass on any issues or concerns that needed to be highlighted to them. All the staff we spoke with were knowledgeable about the people they supported and had an in-depth understanding of what their likes and dislikes were.

People's physical, emotional and psychological needs and how these needs could be met were discussed at team meetings. Staff told us, and meeting minutes confirmed, that they used staff meetings to discuss what was working well and to identify any lessons that could be learned from things that had not worked so well.

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.

The registered manager told us and records confirmed they had identified that some people's liberty was being restricted. They explained they had contacted the local authority to request they make a referral to the Court of Protection for these restrictions to be agreed and were waiting for advice from them.

People were supported to have sufficient to eat, drink and maintain a balanced diet and to choose what they would eat and when. We observed a member of staff supporting two people to plan their menus. During this meeting we observed warm and friendly interaction between people and the member of staff and that people contributed their own ideas and suggestions for meals and meal preparation. We also observed another person writing out their own menu plan for the week. There were times when people prepared meals for themselves and for each other. One person told us "I do my own cooking. I can do ready meals myself but if I'm cooking a meal then the staff watch me". They told us they liked to cook for the people they lived with on some occasions and that they made drinks for their friends when they came to visit. One person's relative who contacted us to provide feedback on the service told us "They care for his physical health problems, which have recently included difficulties with swallowing, so that he has to have a pureed diet and thickened drinks."

People were supported to maintain good health and had access to healthcare services. The staff team worked with healthcare professionals who were part of a multi-disciplinary team (MDT), for example, psychologist, and speech and language therapists. Referrals had been made when needed for people to be assessed by the MDT. People also had access to their GP, chiropodist, optician and dentist. One person told us "Staff help us to make appointments. I've got an appointment for my teeth next week and staff will come with me because I can't go on my own".



Our findings

Staff had a caring, compassionate and fun approach to their work with people. They knew people well and demonstrated understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. People looked happy and were relaxed and comfortable with staff and we observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and understanding. One person's relative who contacted us to provide feedback on the service told us "The staff clearly are fond of (person's name) and he of them." Comments included on questionnaires that people completed included 'I like everything here, nice people, understanding staff who ask how I am feeling,' and 'My care and support workers are caring and kind.'

People were supported to express their views and were actively involved in making decisions about their care, treatment and support where possible. Everyone had their own keyworker which is a named member of staff who supported people to co-ordinate their care. The keyworker met with their allocated person monthly to talk about their support and their goals for the future which they helped them to plan for. People confirmed these meetings took place and that they enjoyed this time with their key workers.

Staff had a detailed understanding of people's needs and were proactive in ensuring people received good quality support that promoted independence. Most people told us they could do things for themselves and that they cleaned their own room, prepared their own meals, and did their own shopping and laundry. Comments people made on the questionnaires included 'I like being independent, like walking to the corner shop.' 'I am able to do things for myself now.' 'I like being independent, going into town and stuff'. And 'I am more confident'. Some people who were living in supported living services told us they were working towards becoming more independent and that their goals were to move onto their own accommodation. They told us staff were supporting them to do this, other people told us that staff had supported them to find jobs and voluntary work. One person explained they wanted to be more independent and told us they were working towards crossing the road and walking to work on their own. Another person told us "I'm looking forward to getting my own flat. I've talked to (Staff members name) and my social worker about it".

People's well-being and happiness was promoted. Staff told us they had formed good relationships with people and had become skilled in recognising when people were upset or feeling in a low mood; for instance, staff told us they had agreed with one person to send them a text message at a set time each evening to check how they are. The service manager explained that depending on the person's response they would follow this up with a phone call to them or a visit to talk with them and to provide reassurance if need be. People reported they were happy with the support they received. One person commented "I like it

here, the staff are wonderful." Comments on questionnaires included 'I love it, it's good here wonderful.', 'I like living here, it's lovely.' And 'I love the staff and all the other tenants.'

People told us they made their own choices and decisions about their everyday life. One person commented "Staff never tell me what to do". Another person told us "They (the staff) never make me do anything, it's my own choice, I decide".

People's privacy and dignity were respected and promoted. The completed questionnaires we received from people indicated 94% strongly agreed with the statement 'My care and support workers always treat me with respect and dignity.' The guidance contained in people's care plans promoted their privacy and dignity. Staff told us about how they protected people's dignity such as when helping them with personal care or when out in the community. Staff communicated with people effectively and respectfully. For example, if an individual was sitting down staff sat with the person and focused on that conversation. Most people had keys to their own rooms and told us that staff knocked on their door and waited for a response before entering. One person who lived in their own accommodation told us "They have a key and let themselves in on a morning but the rest of the time they knock on the door and wait for me to answer it even though they have a key".

People's and staff records were stored securely within the staff base or location office. Staff had a good understanding of the need to ensure people's confidentiality was maintained.



Our findings

People were valued as individuals and received active, positive and structured support. People's needs were central to the delivery of the day to day running of the service and service managers and staff told us where ever possible staffing levels were provided to accommodate people's preferences for how they wanted to spend their time. Staff duty rotas confirmed that the staffing levels they had planned for did vary for example sometimes two staff members were scheduled to work the late shift at one of the supported living services and sometimes five. Staff told us this was to allow for people to be supported to attend their chosen activities such as to go to social clubs, go out for a meal or a drink. However the staff duty rotas also showed there had been multiple occasions throughout December 2015 and January 2016 when shifts had not been covered. For example 15 shifts at one of the supported living services had not been covered during December 2015 and a further 19 in January 2016. The registered manager told us on these occasions they had not been able to source the staff they needed to support people with their activities. Staff confirmed this and explained that although people had not always been able to do what they had planned, they had been offered alternative activities which they could do in house. One staff member told us "It can get quite stressful when people can't get out to do what they want to do but we do offer alternatives that they enjoy. Sometimes we offer people the opportunity to go out together or go out for a shorter time". One person told us "Sometimes when they are short staffed I have to share my hours so I don't get the full time, it's mainly at the weekends, but I don't mind it doesn't happen that often". Staff told us that certain planned activities always took place. They explained that routine was very important for one person and that they went out twice a day for a walk and a cup of tea and this happened everyday but they did not always have the flexibility to facilitate impromptu activities. They told us this particularly affected the people who required higher levels of support and those people who needed two to one staff support to go out. It was evident that opportunities for some people to participate in their preferred activities on some occasions had been limited by the availability of staff. This is an area of practice that we identified as needing to improve.

People were supported to make their own decisions wherever possible such as how they wanted to spend their day, what time they got up and went to bed, where and when they ate their meals. There was detailed guidance for staff in how, where appropriate to do so, they should offer choices to make sure people understood their options. People participated in activities of their own choice such as going to the pub or a café for lunch and going shopping. Records contained feedback on the activities people had participated in and specified whether they had enjoyed them. People were actively involved in planning their days, choosing what they wanted to do in terms of hobbies and interests and how they would help around the house. In our questionnaire 94% of people strongly agreed with the statement 'I am involved in decision-making about my care and support needs.' And 'If I want them to, the care agency will involve the people I

choose in important decisions.' Three out of four people's relatives or representatives strongly agreed with the statement 'With my relative / friends' consent, I am consulted as part of the process of making decisions relating to their care and support'.

People received personalised care that was responsive to their needs. Each person's needs had been assessed before they started to use the service. People's initial assessments and risk assessments had been used as a basis on which staff had developed detailed care and support plans to guide staff in how the person wanted and needed to be supported. These plans provided information about their personal history, individual preferences, interests and aspirations. They were centred on the person and designed to help people plan their life and the support they needed. This provided staff with the guidance they needed to support people in exactly the way they wanted, or needed to maintain their health and well-being. When people met with their keyworkers, those that were able to, discussed all elements of their care, including their long and short term goals. For people who were not able to participate fully in these discussions records were reviewed to demonstrate what the person had enjoyed doing and what was working well. Keyworkers completed monthly reports for people which showed people's involvement in the review of their care plan and a review of their goals. People confirmed these meetings took place. One person told us "I meet with my key worker and we talk about everything I've been doing and make plans for what I want to do next".

Plans also included people's health conditions, behaviours and their wider circle of support such as family and health or social care services. Records contained clear actions for staff to take so that people received the help and support they needed and were reviewed on a regular basis. Staff told us they were provided with enough time to read people's plans and were able to describe people's physical and emotional needs. They told us about the sort of things the people liked to do and people's care plans reflected what we had been told. Staff kept daily records of people's support including their personal care, activities, meals, mood and steps towards their goals. This enabled staff to easily see what support or help the person had needed and what else they wanted to achieve.

People were asked for their opinion on the service they received by the provider by way of a customer satisfaction survey. The results of this survey showed people had an overall high level of satisfaction with the services provided. In response to the question 'Do you think you have the opportunity to express your views about the service? One person commented 'Of course I do, if I was not happy with the service I would voice my opinions'.

People told us they knew how to make a complaint and who to speak with. They explained that they felt they would be listened to if they did need to complain. Staff told us that the people they supported would be able to make it known if they were unhappy with something and that they would act on this. People's relatives and representatives told us they would speak to the acting manager if they wanted to complain but had not had reason to do so. The complaints policy was available in a format using symbols to aid people's understanding. The acting manager told us that they had plans to simplify this document further to make it more accessible and relevant to people using the service. In our questionnaire 88% of people strongly agreed with the statement 'I know how to make a complaint.' Three of the four relatives or representatives that completed the questionnaire indicated they strongly agreed with the statement 'The care agency and their staff respond well to any complaints or concerns I raise'.



Our findings

People, their relatives and representatives, staff and other professionals involved in people's care spoke highly of the support people received and commented they felt the service was well managed. One person told us "It's a wonderful place, I love it here". Another person told us they were very happy with the support they received and told us "I've lived here a long time now. I like all the staff they are all lovely, I like it here". A member of staff told us "My manager is lovely, she's very supportive, all the managers are, and very approachable." Feedback on the providers own staff survey included 'Westhope provide great care. It has amazing management and staff are valued there' and 'Great staff morale, great praise, no improvement needed'.

The registered manager had a good understanding of the support needs of the people who used the service. For example, they were able to describe to us people's personal histories and were aware of which other professionals were involved in people's care. All the staff we spoke with reported that they felt the service provided person centred care and that principle governed everything they did.

The arrangements for the management of the service were effective. The registered manager received appropriate peer support from the providers other managers as well as the nominated individual. Management and staff described an open and transparent culture within the service and told us they felt able to raise concerns or make suggestions. All the people and their relatives or representatives who completed our questionnaire strongly agreed with the statement 'I know who to contact in the care agency if I need to'. Everyone we spoke with knew who the service managers and nominated individual were and confirmed they felt they were approachable. People told us they would have no hesitation in raising any concerns with any of the management team and staff had access to an on-call service to ensure management support could be accessed whenever it was required.

The provider had systems in place to assess and monitor the quality of the service. For example care plans were reviewed to ensure that they continued to reflect people's needs and health and safety audits were completed on a regular basis. There were quality assurance and governance systems in place to drive continuous improvement including provider visits to the service. Where shortfalls were identified an action plan was devised specifying what action had to be taken. The completion of the action plan was overseen by the registered manager and checked at the provider's next visit to the service. There were processes in place for regular audits to assess the quality of care provided to be completed. These included audits of people's care records, health and safety, infection control and medication records. We saw that where any issues had been identified by audits or brought to the attention of the registered manager these issues were

dealt with and resolved promptly.

Incidents and accidents were appropriately documented and investigated. Systems for the recording of incidents were in place and staff were aware of what needed to be recorded. The service had procedures and policy documentation to guide staff and staff knew how to access this information. Learning was taken from incidents and accidents. The service managers and registered manager audited all occurrences to make sure the providers' policies and procedures had been followed and the appropriate action had been taken. They used this information to help identify triggers to people's behaviours and make relevant amendments to people's support plans to help reduce the likelihood of the incidents reoccurring.

Staff told us they were actively involved in developing the service and encouraged to contribute to discussions at team meetings about what was working well at the service and what could be improved. Although there were staff vacancies, staff remained motivated and feedback on providers' staff survey had been positive. Staff comments on this survey included 'Our manager is excellent, you can always go to her with issues without concern', 'Fantastic team lead by a fantastic manager', in relation to positive aspects of their role 'Working with a fantastic team and supporting the tenants to live as happily as they can', 'Our manager is excellent and always listens and deals with any issues fairly and sensitively', 'All positive, no negatives at all, management and all staff work well as a team' and 'I just love my job'.

Learning through reflective practice was encouraged. People attended meetings at the service. A recent meeting that was held showed that people had shared with each other the things they had been doing and what they had enjoyed. Staff used a variety of methods to listen and gain feedback from people. For instance, looking at body language and facial expressions helped staff understand whether the person was happy with what was happening. There were daily records in place for each person which were used to help establish what was working well and what areas of practice could be improved or approached differently. Staff meetings were used to discuss areas of practice that were working well and things that had not worked as well. They reflected on accidents and incidents that had occurred and discussed how improvements could be made and what could be done differently to prevent them reoccurring. This was also a focus of staff supervision meetings. The registered manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with registered managers within the organisation to share issues, new ideas and ways of working and learn about new legislation or guidance affecting their service. They told us they work closely with the provider's nominated individual and looked at CQC updates.

Staff were supported to question practice. The provider had a whistleblowing policy which staff were aware of and felt confident to use. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that the information detailed in Schedule 3 was available for each person employed to work at the service. Full work histories and explanations for gaps in employment history had not always been obtained.</p>