

Sevacare (UK) Limited

Cottesmore House

Inspection report

Perkins Gardens
Ickenham
Uxbridge
Middlesex
UB10 8FT

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 5 July 2016 and was unannounced. The service was registered with the Care Quality Commission (CQC) on 23 December 2013 and had not been inspected before.

Cottesmore House is an extra care housing service that provides personal care for up to 48 people. There were 45 people living at the service at the time of our inspection, 39 of whom were older people. Each person was living in their own flat and had their own tenancy with a housing association which also owned the building. There were eight flats on the fifth floor which were exclusively for people who were living with a learning disability. At the time of our inspection, six people were living there.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. They had recently been promoted to area manager, and another manager working at the service had made an application to become the new 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. There was also a branch manager at the service who managed the day to day running of the service.

Medicines audits were undertaken regularly, however these had not always been effective when issues were identified. This resulted in one person who used the service not receiving their medicine as prescribed. We have made a recommendation in the Safe section of this report.

Effective systems were in place to ensure safe administration of people's prescribed medicines and staff had received training in the administration of medicines.

The provider had systems in place to monitor the quality of the service and ensured that areas for improvements were identified and addressed.

People had mixed views about the activities on offer at Cottesmore House. The provider told us they organised occasional outings and external entertainers visited the service several times a year. The housing department organised events and outings for people who used the service.

Staff had received training in safeguarding adults and this was updated regularly. There was a safeguarding policy and procedure in place. The registered manager worked with the local authority's safeguarding team to investigate any safeguarding concerns raised.

Staff had undertaken basic awareness training in the Mental Capacity Act (MCA) 2005 and were aware of their responsibilities in relation to the Deprivation of Liberty (DoL). We were told and saw that people were given choices and the opportunities to make decisions, and records showed that consent was obtained.

People told us they felt safe and we saw that there were systems and processes in place to protect people from the risk of harm whilst giving them the chance to take positive risks. There were enough staff on duty to meet people's needs and there were contingency plans in the event of staff absence to ensure people's safety.

People's nutritional needs were being met. Staff supported people to shop for their food and cook meals in their own flats if they wished to, and supported those who chose to come downstairs to use the canteen.

Staff received effective training, supervision and appraisal. The registered manager sought guidance and support from other healthcare professionals and kept themselves informed of important developments within the social care sector in order to cascade information to staff, thus ensuring that the staff team was well informed and trained to deliver effective support to people.

Staff were caring and treated people with dignity and respect and in a way that took account of their diversity, values and human rights. Care plans were in place and people had their needs assessed. Care records contained detailed information and reflected the needs and wishes of the individual so staff had the information they required to meet people's needs.

People, relatives, staff and stakeholders told us the registered manager, management team and staff were supportive and professional. The management team said they encouraged an open and transparent culture within the service. The service supported people to raise concerns and used feedback to make improvements where needed.

There were regular meetings for staff, managers and people using the service which encouraged openness and the sharing of information.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to good governance. You can see what actions we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

Staff were aware of the risks to people's safety and supported them to manage those risks.

Staff had received training in the safeguarding of adults and this was updated regularly. There was a safeguarding policy and procedure in place. The registered manager worked with the local authority's safeguarding team to investigate any safeguarding concerns raised.

There were enough staff available to provide timely support and meet people's needs.

Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Effective systems were in place to ensure safe administration of people's prescribed medicines and staff had received training in the administration of medicines, although we found one instance of a person having not received their prescribed medicine for an extended period.

Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to deliver care and support to people, and were suitably supervised and appraised by their line manager.

People had consented to their care and support and this was evident in their care records. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005). Nobody using the service was being deprived of their liberty.

People were protected from the risks of inadequate nutrition and dehydration. People were supported and encouraged to shop for their food and cook their meals if they wished to.

Is the service caring?

Good ●

The service was caring.

Most of the feedback from people and relatives was positive about both staff and the management team. Staff were seen to interact with people in a caring and respectful way and most people told us they felt cared for by the care staff. Healthcare and social care professionals confirmed that people using the service were being well cared for.

Care and support plans contained people's background and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

Is the service responsive?

Good ●

The service was responsive.

People had mixed views about the activities on offer at Cottesmore House. The provider told us they organised occasional outings and external entertainers visited the service several times a year. The housing department organised events and outings for people who used the service.

People's individual needs were identified and met when their care and support was being assessed, planned and delivered.

People and relatives said they were involved in planning and reviewing their care.

People were encouraged to express any concerns and complaints were investigated and responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Medicines audits were undertaken regularly, however these had not always been effective when issues were identified.

At the time of our inspection, the provider employed a registered manager.

People, relatives and stakeholders found the management team to be approachable, supportive and professional.

There were regular meetings for staff, managers and people

using the service which encouraged openness and the sharing of information.

Cottesmore 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.

This inspection took place on 5 July 2016 and was unannounced.

The inspection was carried out 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. The expert for this inspection had experience of caring for an elderly relative living with the experience of dementia.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted two healthcare professionals and three social care professionals by email to gain their views of the service.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including four people's care plans, four staff records and records relating to the management of the service. We spoke with eight people who used the service, two relatives, a visiting hairdresser, a healthcare professional and eight staff including a support worker employed by the local authority, the branch manager, the registered manager and the area manager.

Is the service safe?

Our findings

Medicines administration records (MAR) charts were kept in people's own flats, and completed ones were filed in their care plans. We viewed a range of MAR charts for the whole of June 2016. These were completed appropriately and there were no gaps in staff signatures. Staff recorded a code when the medicines were not taken such as 'R' for 'refused' and 'M' for 'missing'. We noticed that for one medicine, staff had recorded 'M' for the whole of the month. A medicines audit showed that whilst this issue was picked up, no action had been taken which meant that the person using the service had not had this medicine for the duration of the whole month. We raised this with the manager who made some enquiries with their local pharmacist on the day of our inspection. They were not able to offer an explanation for this. We were reassured that this had not had a serious impact on the person's health and records showed that this was an oversight.

Arrangements were in place for the management of people's medicines. Some people were able to manage their own medicines, and those who needed support had their medicines stored securely in a safe in the duty office which was kept locked when senior staff were not in.

Medicines were returned at the end of each month, however there were no available records of the returned medicines. We discussed this with the management team. They provided evidence that this was put in place by the end of the week of our visit.

The senior staff recorded people's prescribed medicines on their MAR charts according to the GP's instructions, as these were not supplied by the pharmacy. This meant that there was a risk that information recorded may not be accurate and people may not receive their medicines as prescribed. We raised this with the management team who informed us that they had discussed this issue with the pharmacy who supplied people's medicines and had been told that they did not offer this service. Following our visit, the provider informed us that they had met with the pharmacist to request for them to provide completed MAR charts every month. They were told that the pharmacist had scheduled a further meeting with their manager regarding this issue. The provider told us that they would change to a different pharmacy service if their current one was unable to comply with their requirements.

People told us they received their medicines as prescribed. One person said, "Yes, I do get my medicine on time" and another told us, "Yes, I do. They do everything to help me, but depends on their mood." However one person was not so positive and said, "In my flat I have my medicine and I have to tell them all the time and everyday where the medicine is. It is annoying to always tell them." Staff were trained in the administration of medicines and received a yearly update. Medicines policies and procedures were in place and staff demonstrated an understanding of the procedures they followed when they supported people with their medicines.

We recommend that the provider seek relevant national guidance about the safe management of medicines.

People we spoke with indicated they felt safe living at the service. One person said, "Yes I like living here, I

feel safe in my flat" and another said, "I like it. It has its problems, but I am happy to have a roof over my head." One relative told us that the service was "brilliant", and "The best thing that has happened to [my family member]." They felt that their family member was safe and happy living at the service. A healthcare professional confirmed this and said, "I have no concerns at all. I have come here many times now and people appear happy and safe. None of my colleagues have any concerns either, and I would know because we would discuss it."

People confirmed they would know who to contact if they had any concerns. One person told us they would speak with the manager. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy. This indicated that people were protected from the risk of abuse.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. The provider kept a log of all safeguarding alerts including details of the concern, who was involved and the outcome of investigations. This included a concern following the discharge from hospital of a person who used the service. This was raised with the local authority's safeguarding team who carried out a full investigation. A social care professional, and records we viewed, confirmed this.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, mobility and personal safety, mental health and the person's ability to complete tasks related to everyday living such as washing, dressing, nutrition and continence. For one person, we saw staff following the care plan for one person at risk of choking due to swallowing difficulties who required all fluids to be thickened. Records were updated according to the outcome of each review. This included detailed guidance for staff to follow for a person at risk of falls due to a chronic condition.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed.

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. We saw evidence that incidents and accidents were responded to appropriately. This included a care plan and risk assessment review and a referral to a social care professional for a person who had a fall due to a chronic condition.

The provider had a health and safety policy in place, and staff told us they were aware of this. The housing department ensured that there were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. The housing department carried out regular fire drills and weekly fire alarm tests, and staff were

aware of the fire procedure. Records showed that staff received regular training in fire safety.

People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS) were displayed in each person's flat. These included a summary of people's impairments and abilities, and appropriate action to be taken in the event of fire.

People and relatives told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection. The service employed a pool of bank staff who were available in the event of staff shortage. The registered manager told us they did not require the use of agency staff. We viewed the staff rota for four weeks and saw that all shifts were covered appropriately.

People living at the service had their care needs assessed before they started living at the service, so that they received individual packages of care funded by the local authority. Some people required minimal support and others required visits up to four times a day to support them with their personal care needs. People and their relatives told us they were happy with the amount of support received. Everyone living at the service were issued with a call bell and a pendant, so that they could call for assistance wherever they were in the building. Some told us staff responded to calls promptly, however not all people agreed. Some of their comments included, "Yes, I have a call bell that I can reach, but it's not all the time when staff can reach me quick enough. It takes some time. Sometimes you ring for three times before it goes through to the carer", "I have a call bell in my room, I can reach it, but never use it", "They don't always respond very quickly but staff are ok" and "Sometimes takes a long time for them to come, because it depends on what they have to do."

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check were completed.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. At the time of our inspection, there was no evidence that people were being deprived of their liberty. All the people living on the top floor had been assessed as lacking capacity to sign their own tenancy, however the provider had worked with the local authority and ensured that a suitable designated officer had signed their tenancy as authorised by the Court of Protection. This indicated that care and support was being delivered according to the principles of the MCA.

Staff told us they encouraged people to remain as independent as they could be. People said staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

People were supported by staff who had the appropriate skills and experience. One person told us, "They seem to know what they are doing." However other people did not always agree. One person said, "Some do, some don't. The young ones are not so good. I prefer the older nurses. They understand me better and help me a lot more." All staff we spoke with were subject to an induction process that included an assessment where the staff member's competencies were assessed. This included the role of the care worker, policies and procedures, manual handling, safeguarding adults, medication and personal care. Upon completion of the assessment, the named assessor provided feedback, and decided if the staff member was ready to work alone or if further training and support was required. Records we viewed confirmed this and included one member of staff who had received further training before they were allowed to provide support to people who used the service. One staff member told us, "I got a lot of support and training when I started two years ago. I got a good induction and shadowed for three days, but that's because I was already experienced. New staff can shadow for as long as they need. I have now achieved an NVQ2 and NVQ3 and got promoted. The managers are brilliant here."

In addition, staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene. They also undertook training specific to the needs of the people who used the service which included person-centred care, equality and inclusion, dementia care and catheter care. Most staff had obtained a nationally recognised qualification in care, and the provider told us that all newly recruited staff undertook the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care

setting. Records showed that staff training was up to date and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

During the inspection we spoke with members of staff and looked at files to assess how they were supported within their roles. Staff told us and we saw evidence that they received regular supervision from their line manager. In addition, the team leader carried out quarterly spot checks and six monthly competency assessments. These included medication, manual handling, maintaining a safe environment, communication and record keeping and dignity and respect. The assessment provided feedback to the staff member and an action plan was agreed. Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs. This indicated that people who used the service were being cared for by staff who were suitably supervised and appraised.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. This included a recommendation from the Speech and Language Therapy (SALT) team for thickened fluids for a person at risk of choking. People were supported to shop for their food and cook in their flats if they wanted to, however most people preferred to have their meals downstairs in the canteen. The canteen provided a range of meals and drinks throughout the day at low cost. The menu was displayed for the week and showed several meal options included a vegetarian option for each day. One person told us, "I enjoy it and there is some choice" and another said, "We could have a vending machine where we could help ourselves whenever we want and need tea and coffee." We saw people enjoying lunch in the restaurant. Their comments included, "I enjoy my mealtimes", "I enjoy it", "Yes mealtimes are good" and "Yes I do enjoy."

People told us the service was responsive to their health needs. One person said, "If I feel unwell, staff help me, and they call for an ambulance or arrange a doctor", another told us, "Yes, if you are unwell, staff look after you and get you a doctor" and a third person said, "Yes I do get an external professional like a dietician." However one person did not agree and said, "You have to look after yourself. They call a doctor in but it takes long. I am waiting to see the doctor at the moment." Relatives confirmed that staff supported people with their health needs and kept them informed of outcomes of appointments. One relative said, "The staff are brilliant! They phone me and inform me all the time. They know [family member] and know when he is unwell. I can't speak highly enough." One healthcare professional who visited the service regularly said, "There are always carers around and they are responsive to people's needs. I haven't had any issues. No concerns at all." The care plans we looked at contained individual health action plans. They contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. This showed that the service was meeting people's health needs effectively.

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. One person told us, "Staff are caring, and they treat me with respect", another person said, "Yes they are caring." However another person did not agree and said, "Some staff are caring but the young ones don't respect us." One relative was very happy with the service their family member received at the service and said, "Absolutely first rate! The most important thing here, they care." One healthcare professional told us that the carers were all "Very friendly and caring" and another said, "Brilliant! Never seen anything of concern, and I would know because people talk to me."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. For example there was a notice on a person's door which said, "Please allow me time to answer my door."

People living on the top floor had their own lounge and a regular staff team provided them with continuity of care. One relative told us that the care was 'fantastic' and it was like a family atmosphere. We saw a photograph displayed of a person who had recently died and this was discussed openly with people who used the service. There were also photographs displayed of events and outings that had taken place at the service.

We saw staff approached and addressed people in a kind, caring and respectful way. However, we noticed at lunchtime that one person was left waiting to be assisted to go to the canteen for their lunch for a long time and it was a member of the inspection team who assisted the person to the dining room. We discussed this with the management team who told us that this person was normally able to go to the dining room independently, however they told us they would address this with the staff team. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing care that met each person's unique needs. This included 24 hour one to one care and a detailed care plan for a person who was receiving palliative care. We saw that the plan in place was based on the person's personal needs and wishes.

Staff told us care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The information was concise, relevant and person-specific, and had been signed by people who used the service.

People were well dressed and groomed and told us that staff assisted them with their care. Staff said they promoted people's independence by encouraging them to choose their own clothing and do as much for themselves as they could. The service had a hairdressing salon and a hairdresser visited once a week. On the day of the inspection, we saw this service being used by people throughout the day. Care plans were written in a respectful and person centred way.

We saw a number of compliments received which indicated that people and their relatives were happy with the care at Cottesmore House. Comments included, "The care at Cottesmore is second to none" and "My

[family member] has the best care she could possibly get."

Is the service responsive?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people, where possible, had been involved in discussions about their care, support and any risks that were involved in managing the person's needs. People told us that they were consulted before they moved in and they had felt listened to. A relative told us they had been involved in the initial assessment. The registered manager informed us that people were referred from the local authority and they had obtained relevant information from them. This included background information which helped the service to understand each person and their individual needs. A healthcare professional and a social care professional said that the staff team provided a service which met people's individual needs and they had no concerns. This included specialised care for a person receiving palliative care, and who had requested to remain in their own flat. We saw that the provider had put in place a 'care booklet'. This offered detailed guidance for staff to follow to ensure that high quality care was given. It included a 'physical management plan' to ensure the person was positioned comfortably and how often to turn them. A tissue viability nurse and a palliative care nurse were also involved in offering regular support.

The care plans were comprehensive and contained detailed information of the care needs of each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. One person told us, "Yes, I have seen my care plan, and yes I was consulted" and another said, "Yes it is in my room." One relative said they were involved in the care planning with their family member when they started using the service. We saw in the records that we viewed these had been signed by people, which meant that they had understood and agreed what had been recorded.

Staff told us they encouraged and supported people to undertake activities of interest to them. People's views about the activities on offer varied. Their comments included, "We play bingo. They don't get a van and take us to different places. There are not that many activities taking place", "I do get involved in some activities, but I don't want to go, because it is mainly bingo", "It's not my cup of tea" and "They have a bit of music here and there, about four or five times a year, but I don't personally know about other activities other than bingo." We saw an activity plan which included a range of activities such as bingo, drumming sessions, movie afternoons and art and crafts. On the day of our inspection, we saw a bingo session taking place. Some people had outreach care workers allocated to them by the local authority who took them out to places of interest. Scheme supervisors from the housing department organised regular outings for people. The service also organised regular events such as barbecues and fund raising events. We saw photographs displayed around the service of events and outings that had taken place at the service and artwork that people had created during organised sessions. One relative told us that their family member was supported with activities of their choice. They said, "He goes out two or three times a week. Shopping, pub etc. He goes shopping for food with carers. He has his own keyworker. Here he is treated like an individual."

The service had a complaints procedure in place and this was available to people who used the service. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. Where complaints had been received, we saw that they had been investigated and the

complainants responded to in line with the complaints procedure. People told us they knew who to complain to if they had a concern. Most of them told us they have never had to complain. Their comments included, "I have never complained", "I have not complained yet", "I would speak with the manager if I had a complaint" and "I have had complaints. They called my daughter in and told her what was happening." One relative we spoke with told us they never had to complain about the service, but felt they would be listened to should they have a concern. Another relative told us they had raised complaints in the past and these were taken seriously and had involved the local authority's safeguarding team. They told us that things appeared good now. Staff we spoke with confirmed they were aware of the complaints procedure and would be confident to make a complaint if they had to. One staff member said, "I feel listened to. The managers are great and always around. They support us. We can tell them anything."

Is the service well-led?

Our findings

The provider had ensured that regular audits were taking place. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. However although an audit had highlighted that a person's medicines had run out, no action had taken place for the whole month which meant that the person had not received this medicine as prescribed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The registered manager had been in post for three years. They were supported by an established senior team in running the service and told us they believed in providing good quality care and support to people. The branch manager provided the day to day support for staff and people who used the service. The registered manager, the area manager and the branch manager had all achieved a high level of qualifications in health and social care. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and conferences.

People and their relatives were complimentary about the registered manager and the senior team and told us they were all approachable. Their comments included, "She is alright. She sorts things out", "She's alright I suppose, yes", "Very nice", "Yes she speaks to me and I speak to her", "When we see each other, we talk. I have gone to her office" and "The manager is alright. We both talk." One relative confirmed this and said, "They are really good. They always keep me informed." One social care professional told us the management team was experienced and professional and led an efficient service. A healthcare professional said, "It is run very well. I have no concern."

The provider awarded a 'Care worker of the month' award. This was awarded to staff members who were reliable, good team members, and were willing to go beyond and above their duties to care for people. This was announced in the company's newsletter.

Staff informed us they had regular meetings and records confirmed this. The items discussed included people's care needs, health and safety, safeguarding, staffing and environmental issues. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions. The housing department organised six monthly meetings for people who used the service. Issues discussed included activities, care and any suggestions and information about the service. They also invited guest speakers to provide additional information to people. We saw the minutes of a meeting which showed that people were fully involved in planning and their suggestions taken seriously.

Memos were issued to staff to inform them of anything important or issue guidance. We saw one memo reminding staff to let the office know if a person's medicines were running low. Memos also informed staff of team meeting dates. The senior staff carried out regular spot checks to ensure staff were meeting people's

needs. These included punctuality, dress-code, if the staff had followed the care plan and had stayed for the length of time required.

The registered manager told us they received a good level of support from the company and took part in monthly managers meetings. Discussions included health and safety, staffing and any relevant issues arising within the company.

People and their relatives were consulted about the care they received through quality assurance questionnaires. We viewed a range of recent questionnaires received which indicated that people were happy with the service overall. Some of the comments we saw included, "My carers are great! Especially [staff member]", "Everyone seems to go the extra mile for [family member], checking him in their break as well, which is appreciated" and "I have no concerns whatsoever. The carers do a wonderful job."