

Mashdel Services Ltd

Weston Business Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

Weston Business Centre (also known as Mashdel Healthcare Services) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. People using the service lived in nine residential houses and ordinary flats across Colchester and the immediate surrounding areas.

Not everyone using Weston Business Centre receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the registered provider was providing support to nine people.

Following the last inspection on 29th June 2017 and 4th July 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well led to at least good. At the last inspection we rated both these key questions as requires improvement and identified that the service was breaching regulation 18 as the registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the provision of the regulated activity. There were not enough staff to ensure all peoples needs were met. This was predominantly noted with three out of 14 people who were receiving 24 hour care packages. Staff were working extremely long hours with no break. We additionally identified that a lack of effective management and a lack of oversight, with no registered manager did not fully ensure the service delivered was safe and continued to improve. This with particular relevance to the monitoring of staff working hours, Systems in place required developing to show how the service was moving forward.

During this comprehensive inspection we found improvements had been made in two key questions and have changed the rating for the domains 'Safe' and 'Well-led' to Good. We have kept the rating for 'Effective', 'Caring' and 'Responsive' as Good. The overall rating for the service has improved and changed from 'Requires Improvement' to 'Good'.

A registered manager is now in post. 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 and associated Regulations about how the service is run.

We found people who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and they knew what to do should they have any concerns. Staff were recruited safely.

People received their medicines as prescribed and the registered manager had implemented procedures to ensure documentation relating to medicines was robust.

People who used the service had a wide range of support needs. Some people required support from the service 24 hours a day and other people were more independent and received support for just a few hours a day to help with their daily routines. There were enough staff to meet people's needs and new staff had recently been recruited to maintain appropriate numbers of staff.

People are supported to have maximum choice and control of their lives and staff do support them in the least restrictive way possible; the policies and systems in the service do support this practice. We found the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it.

People's abilities to make decisions had been assessed and appropriate support had been provided to ensure that their views were taken into account when making decisions. Relatives and other professionals had been involved when important decisions about care had to be made.

Positive and caring relationships had been developed between staff and people who used the service. We saw people were treated with respect and their dignity was maintained. Staff were overheard speaking with people in a kind, attentive and caring way.

Staff supported people to be involved in their care and to make choices about how they spent their time. Wherever possible staff encouraged people's independence and supported them to access the local community.

Care plans contained information on the care people needed and the risks they faced. Staff were aware of people's health care needs and the support they provided helped to maintain them.

Staff liaised with health and social care professionals for advice and guidance when required.

People told us they liked the meals provided and were offered support to prepare their own meals when they wished to do this.

Staff training and the on-going support staff received from the management team meant that the care provided was calmly delivered, safe and effective.

There was a formalised quality monitoring system that ensured people's views were listened to, any complaints were addressed, audits were completed and checks were carried out on staff practices and performance.

Further information is in the detailed findings below

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.

Staffing levels were in line with contracted hours. Safe recruitment procedures were in place which helped ensure staff were of suitable character to work with vulnerable people.

Staff received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse.

Risks to people's health and safety were managed and plans were in place to enable staff to support people safely without unnecessary restriction.

People received their medicines as prescribed, protocols were in place to provide clear guidance for staff when administering 'as and when required' medicines.

Is the service effective?

Good ●

The service was effective.

People's mental capacity was assessed and monitored. People gave their consent to receive care and support and where this was not possible, the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

Is the service caring?

Good ●

The service was caring.

There was a kind and caring relationship between people who used the service and staff. Staff knew people's personalities and their strengths and used this to encourage people to develop and maintain their independence.

People told us they were happy with their care and had developed positive relationships with the staff.

People were involved in the planning and reviewing of their care. Confidential information about them was held securely.

Is the service responsive?

Good ●

The service was responsive.

Staff knew the care people needed and provided person centred care tailored to people's individual needs.

People were supported to live active and fulfilled lives both at their homes and in the community.

There was a complaints policy and procedure and people felt able to raise complaints or concerns in the knowledge they would be addressed.

Is the service well-led?

Good ●

The service was well-led.

There was an open and transparent culture in the service where people were supported to voice their needs and concerns.

The views of people using the service, relatives, healthcare professionals and staff had been gathered.

The registered provider had systems in place to monitor and improve the quality of care the service provided.

Weston Business Centre

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 was an announced inspection. The provider was given 48 hours' notice of the inspection visit because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. Also, because it is a small service and the manager is often out of the office supporting staff or providing care, we needed to be sure that they would be in.

We visited the office location on 01 August 2018 to see the provider and to review care records and policies and procedures. Phone calls to people using the service, relatives and staff members took place on the 02 and 06 August 2018. We also contacted the local authority safeguarding team.

The inspection was carried out by one adult social care inspector and an assistant inspector.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, and looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

The inspection was informed by feedback from questionnaires completed by a number of people using services. We sent out seven questionnaires to people who used services and received two back. We also sent out 24 questionnaires to staff and received seven back. These predominantly had positive responses and confirmed improvements had been made since the last inspection in staffing hours and there was now effective management oversight in the service.

A Provider Information Return (PIR) was requested prior to the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once

annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We spoke with four people who received care in their own homes to gain their views about the service. We also spoke to five care staff, the office administrator, training manager, provider and the registered manager. Additionally, we spoke with two relatives.

During the inspection we looked at a variety of records. These included care records relating to four people, four staff recruitment and training records. We also viewed other documentation which was relevant to the management of the service.

Is the service safe?

Our findings

When we last inspected the service in June and July 2017 we found they were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to staffing. This was because the registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the provision of the regulated activity. This was predominantly noted with three out of 14 people who were receiving 24 hour care packages. Staff were working extremely long hours with no break.

At this inspection we found there were enough staff on duty. A new computerised system had been installed which linked to an app on carers phones so they could check in electronically and maintain communication at a higher level with the office. The system also calculated travel times and flagged up any rotas which could have difficulties with times set and travel in between. This ensured people received their care at the right time and for the set period. People and their relatives told us there were sufficient numbers of staff deployed. We were told staff provided prompt care and support intervention where required. Staffing levels were based on people's contracted hours of support. We saw evidence provided hours were in line with contracted hours. Discussions with support staff and the management team identified that where there had been staff shortfalls, the management team had worked hard to ensure the shifts were covered appropriately and people were provided with their one-to-one support. The service was in the process of recruiting additional staff to ensure that staffing levels remained sufficient to meet people's needs.

People told us they felt safe with the staff who worked with them and one person said, "Oh yes I feel safe, because unless something happened, I usually get the same carer. Others that come here are familiar and we have built up a relationship." Relatives also told us they thought their family member was well-looked after by the staff who supported them, and the service they received was safe and met their needs.

People told us that they received medicines when they needed them, comments included, "I do my own medicines however the carers will chat with me and check I've taken it. And one relative told us, "Mums medication is given at the right time and in a way that she prefers; dossett box, pop it out and we look at the MAR chart, it always looks OK."

Records showed staff received training on how to manage and administer medicines in a safe way. The registered manager completed medication competency assessments on staff practice prior to them being able to administer or prompt with medicines, to ensure they were competent to do so. People's care plans included guidance regarding how and when medicines were to be administered. Medicines were administered and stored as prescribed. Regular audits were undertaken to ensure the correct procedures were followed. We found some individual medicine protocols were in place for the use of 'as and when required' medicines such as pain relief

We checked the recruitment files for four members of staff recruited since the last inspection and these showed safe procedures were in place. These included ensuring prospective members of staff completed an application form and detailed their employment history and qualifications. Checks on their character to

ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held.

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and these advised them of what they must do if they witnessed or suspected any incident of abuse. Records showed staff had completed training on safeguarding vulnerable people from harm and abuse. They told us they would report any concerns they had straight away and they described the relevant agencies, who they would report such abuse to, including the local safeguarding teams and the Commission. Staff were also aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy. One member of staff we spoke with told us, "Yes, usually any problems I would immediately take to my Manager, if it is something serious. I could also talk to the Social Worker, although I prefer to talk to my Manager." Another staff member said, "I have seen the policy and would immediately report any concerns to my manager."

Accident and incidents were reported in detail and these included any triggers identified and all actions taken following the incident. All reports were reviewed by the registered manager at head office, who took any further actions needed to reduce risks. Staff spoken with confirmed that incidents were regularly discussed at staff meetings and at handover meetings, to identify triggers and how they could help people to reduce the risk of any reoccurrence of incidents. We saw assessments relating to health and wellbeing were completed to help staff support people who used the service. These were aimed to minimise risk whilst ensuring people could make choices about their lives, these included medication, moving and assisting, specific health care management, choking, accessing the community and how to support people if their behaviour was challenging to themselves or other people.

We saw people had personal emergency evacuation plans, which provided staff with guidance in how to support people to safety quickly and efficiently when required. There was a business continuity plan and procedure which gave instructions to staff in how to deal with emergency situations such as a disruption to the delivery of the service.

Is the service effective?

Our findings

People and their relatives told us staff provided effective care and support. They also told us care was generally delivered by familiar faces. For example one person told us, "I always know who is coming, there may have been one or two occasions where I haven't. I always get introduced to new staff due to my anxieties, and new member will do a shadow shift. If I'm not sure or comfortable with a carer I will speak to the office and they won't send them again. The office gives me details of any new staff member and ask if I am willing to give people a try. Sometimes new staff must come due to sickness and emergencies." Another person said, "Yes, I get an email telling me who I've got (staff member). Brand new carers are introduced to me, someone comes around to the house."

Staff told us they felt well supported by the registered manager and received a range of training which was suitable to their role. New care workers were required to complete the Care Certificate; this ensured that new staff received a standardised induction in line with national standards. In addition staff received regular training updates in subjects such as first aid, managing finances, safeguarding, manual handling, challenging behaviour, health and safety, fire safety, mental capacity and medicines. This was a mixture of e-learning and face-to-face training. We spoke with the training manager who explained how they were currently providing updates on aspects of training such as safeguarding and the Mental Capacity Act. They said they tried to make the courses meaningful for staff to help improve their understanding and provide a variation of learning.

Staff also received specialist training dependant on the needs of the people they were supporting. For example, staff had received learning disability, epilepsy and autism training. We saw training was up-to-date with a plan in place to address training which had expired. The registered manager and training manager kept an up-to-date matrix of training compliance throughout the service to enable action to be taken to address any shortfalls. Staff received periodic supervision and appraisal. Each staff member had a target of four to six supervisions a year which included observations and was monitored by the registered manager. One staff member told us, "I have regular supervisions, every six months, I get a lot of support."

We also received positive feedback from people who used the service from the surveys we sent out. 100% of respondents considered staff had the necessary skills and knowledge and staff supported them to be independent. The survey indicated 100% of respondents received care and support from support workers who were familiar to them.

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.

At this inspection we found the principles of MCA had been applied consistently and lawfully. We found people were supported to consent to their care and had their capacity assessed as necessary. The care files we checked had assessments of capacity and records that evidenced decisions were made in the person's

best interest when it was decided they lacked capacity. Staff we spoke with told us they had completed training in the MCA and were aware of the legislation. They were able to provide examples and demonstrate their understanding clearly about how they would apply this in practice.

People we spoke with told us staff always sought their consent prior to assisting them. One person told us, "We are always given choice, the staff are happy to do it this way or that way to suit both me and my [relative], so we have the same choices. We work things out between us (me and carer) rather than involving the office, although this can prove difficult sometimes because there are no drivers (part of my care package is drivers preferred). The care is good, we get treated equally. I get the chance to meet with friends in town when my carer is with me, they do a really good job." Staff understood people had the right to refuse care and in such situations, they would always consult with senior staff for further support and advice.

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. The application procedures for this in supported living services are called the Deprivation of Liberty Safeguards (DoLS). However, unlike care homes, authorisation for DoLS has to be sought through the Court of Protection rather than directly with the supervisory body. Discussion with the registered manager showed that appropriate authorisations had been submitted to the relevant placing authority when required.

People told us they enjoyed their meals. Relatives told us people were supported appropriately to maintain a healthy diet. For example, one relative told us, "Yes, they do give us a choice of what's in the freezer. There is a limited amount of time to cook and sometimes difficult to organise it. Staff are here for my [relatives] care call, and for a short amount of time." Another person said, "We buy ready meals, if I'm well enough I will make something for my [relative]. Meals are changing from next week. I'm not well myself, Mashdel are going to put in for extra social hours, arrangements are in place, and we will go out into the community to eat." Where required, people received support from staff with their food and drink. People told us they liked the meals provided and were supported to have the food and drink of their choice. Staff supported them to go shopping and discussed with them their choices and the meals they would like to purchase and help prepare, where possible. Care records provided clear information for staff on how to support people to meet their nutritional needs. Some people had specialist diets and action had been taken if a person was nutritionally at risk.

People were supported to maintain good health. People told us that staff supported them to access healthcare services when required. Records showed that staff involved external professionals where appropriate. People were also supported to attend health screening appointments to ensure any healthcare issues were promptly identified. Health and social care professionals we contacted prior to the inspection considered the registered manager had ensured the care support was person centred. One person told us, "Yes, my [relative] and I each have carers. I get included when [relative's] carer comes, we have a laugh. Sometimes carers come together or separately, it depends who is working. They are good. Staff support me getting into my wheelchair. I have an 'Easy Stand' which had to be assessed recently, the Occupational Therapist came to the house. The staff help in any way that they can, unless they can't." Another person told us, "Yes, from the get go they have supported [relative], they have a physical disability. [Relative] has a calliper and all staff have dealt with this well."

Is the service caring?

Our findings

People told us that staff were caring, kind and supported them to be as independent as possible. Comments included, "Oh yes, bless them, I would not say anything different in that respect they are very caring." And, "There's not been one carer that I haven't got on with. If I go out the care staff are very considerate. We went to the cinema, the agency is a second family to me. The carers make me laugh so much, they are so good they treat us really. They are kind and patient. The staff have helped me and stopped me from being bedbound. I can stand up and walk a little, because of the carers at Mashdel."

Relatives of people who used the service were complimentary about the staff team. They said staff promoted people's privacy and dignity and treated them with care and compassion. Comments included, "Oh yes, personal care is undertaken privately and my [relative] is covered up. [Relative] is in their own room with the door shut during personal care." Another relative added, "Staff are kind and caring and go the extra mile for [relative], very considerate when preparing food, always cook [relative] something, and don't just give them a sandwich and cereal."

From the surveys we received as part of our pre inspection process, 100% of respondents told us they were happy with the care and support they received from this service. 100% of respondents also said the support workers always treated them with respect and dignity and the support workers were caring and kind.

We heard staff interacting positively with people who used the service. Staff told us they shared jokes and chatted with people as well as promptly comforting any anxieties they had. Relative told us people were happy and at ease with staff and that staff had a good rapport with them. One relative told us, "The carers laugh and joke with my [relative], they couldn't do that with his previous carers." Staff treated people with kindness and respect.

Staff had a good understanding about people's current needs, personalities, strengths and anxieties and their role in supporting and enabling these. When they discussed people's care and support needs they did so in a respectful and compassionate way. Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example, they waited outside the toilet or bathroom until the person asked for their support. The care plans provided staff with information about how to support people in ways that promoted choice and independence. For example, they described what preferences people had for the way care was to be carried out and how people communicated their needs when they were unable to do this verbally.

People were offered support and encouragement to maintain their personal appearance to promote their self-esteem and sense of pride in their appearance. People were able to wear clothes they liked that suited their individual needs and preferences and staff were seen to respect this. One person's relative told us how they valued the staff and were really pleased with the support provided to their family member. They told us

their relative was always very well presented.

The registered manager confirmed advocacy services had been involved with people who used the service for a range of issues and they would access this service if people needed additional support. Advocates can represent the views of people who are unable to express their wishes.

We found records were held securely. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff had completed training about information governance and confidentiality in their induction.

Is the service responsive?

Our findings

People who used the service told us they were satisfied with the care and support provided. They told us, "I get the help and care I need, they are all good." And one person's relative told us, "They (staff) know what to do. They chat and explain what they are doing, we've got into a regular routine. The carers will be doing a lot more from next week as [relative's] condition has got a lot worse, due to their health. They can't turn. We are going to get a mobility car with wheelchair access, and carers will drive him about too. He hasn't been out for ages properly. We have been told that the carers will drive him to football matches."

Relatives told us staff communicated with them well and kept them up to date with any information they felt they needed to know. Comments included, "Yes, I am involved in all aspects of their care plan and any changes." And, "Yes, we had input into [relative's] care plan. There were additional calls and changes approximately two years ago."

From the surveys we received from people who used the service, 100% of respondents told us they were involved in decision making about their care and staff responded to any concerns about their care.

We looked at the care files for four people who used the service and found these to be well organised and easy to follow. We found detailed assessments had been completed and the care plans gave a clear picture of people's needs and abilities, so staff knew the level of support the person required and could enable them to maintain their independence. The care plans had linked risk assessments to maintain people's safety in areas such as moving and handling, nutrition, medication, finances, specific healthcare conditions and behaviour. The care plans were person-centred in the way they were written and outcome focused. People's preferences, life histories and interests were recorded so that staff had personalised information about each individual.

We found staff liaised with other healthcare professionals when the care and support people required was transferred between services and agencies. Reviews of the care provided were held routinely and meetings were arranged when issues needed to be addressed. Comments from professionals involved with the service indicated people's health care needs were met. Staff completed daily records, which detailed the relevant support that had been provided to people, for example, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for people on a daily basis. The staff we spoke with had an in-depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. Each person had a health action plan in place. The records showed people were supported to have health checks and attend regular healthcare appointments. Hospital passport records were also in place. This document contained key information about the person's needs including communication, to ensure effective care and support should they be admitted to hospital.

We saw people were supported to follow their interests and chose what they wanted to do. Some people had regular weekly activities. Relatives told us their family members were supported with a good level of

activities. A relative told us, "Yes, the carers discuss sport with my husband, they have got him interested in it as they share a common interest." Another person told us they enjoyed going out shopping. As well as trips out people were supported to spend time relaxing at home and helping staff to keep their homes tidy. Activities people enjoyed were recorded in their care plan for staff to refer to when helping people to plan their week. We saw effective arrangements were in place to support people to maintain friendships and family connections.

The complaints policy was in the information pack for people who used the service and was also displayed in people's homes in an accessible format. Complaints were responded to appropriately and promptly. People who used the service and their relatives told us they knew what to do if they were unhappy with the service. One person told us, "Once a very long time ago, and yes, the management responded to me and the problem was sorted out." Other comments included, "I would speak with [name of member of staff] they would sort things out" and "I have a really good relationship with the manager and they have always dealt with any issues or concerns I've had. We talk regularly on the phone and I'm confident they would do their best to sort things out."

Is the service well-led?

Our findings

Relatives of people who used the service told us the service communicated well and was managed well. Comments included, "I have spoken to the manager about change of calls, and her response times and communication is excellent." And, "I have a good relationship with the manager. My [relative] hasn't been well, I spoke to [name of manager] and she started helping me organise a visit, she supports me both practically and emotionally." Another relative who had completed a recent quality questionnaire stated, "The manager and office staff are always available and deal with queries efficiently. The quality of service is always good."

People also felt communication was very good, for example one person told us, "We think they are marvellous – very caring and always asking me what I think, what I would like to do and they give me control of my situation." They also added, "I tell people the care we get is second to none and how lucky we are to have them. They have a great sense of humour which I believe is vital, always upbeat and kind."

From the surveys we received from people who used the service which we sent out as part of our pre inspection process, 100% of respondents told us they knew who to contact in the agency if they needed to and that the service was well managed.

The registered manager had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us they were kept informed about important issues. We saw that staff meetings took place and there were minutes of staff and management meetings which reflected the discussions. Staff said the service was well organised and the registered manager was approachable, supportive and very much involved in the daily running of the service.

At the last inspection the registered manager had begun to review some of the management and administration systems. This included the implementation of new rotas and changes to staffing hours, reviews of individual care packages and the update and provision of new care records for each person. We found this work had been completed. A new computerised system for the office staff to produce staff rotas had recently been introduced and the registered manager explained how this also tracked travel time and highlighted if calls were achievable within specific time frames and which meant people received their full time of their call. The registered manager also advised that to improve quality they had given up some packages of care as travel time was causing delays and they needed to be sure they could provide carers in the geographical area.

Comments we received from professionals involved in the service indicated the management team had continued to make improvements at the service in relation to staff management, recording, working with partner agencies, the properties and quality of care.

The staff described the culture of the service as more open and friendly; they also told us about the positive team approach and that they enjoyed coming to work. Comments included, "Yes, I do enjoy working here, to

be fair I guess I've got to a good rhythm. The company look after me well and it fits into my own personal life." Another staff member said, "I enjoy working with the clients, especially once you have got used to them. Once you know them and they know you trust is built up. A significant bond is built between yourself and your client. You feel like part of the family. I'm happy, very happy now." And a third staff member said, "The clients are very rewarding, they are happy with the care, feedback that they provide, I'm touched every time. Most of the service users live on their own. I like to do the best, so it's good and comfortable for them. I like to make the service users happy for the short amount of time I'm with them. When they are happy, I'm happy."

Relatives told us they had been asked their opinion of the service. Surveys were sent out to people who used the service and relatives. There were systems in place to monitor and review the quality of the service and to drive improvements. A comprehensive audit had been carried out by the registered manager in February 2018. The audit identified some areas for improvement and actions were being taken. Other regular audits were carried out by the registered manager and other supervising staff. These included medication, finance and care record audits. Audit findings were largely positive and actions were identified in response to any issues found. Where action plans were produced following audits, these were updated to demonstrate progress made in addressing the actions.

Accidents and incidents records were maintained and demonstrated appropriate immediate actions were taken. The registered manager confirmed how all accident, incident and safeguarding reports were reviewed to identify any patterns and outcomes to inform learning at service and organisational level.

We found the registered manager notified the Care Quality Commission, and other agencies, of incidents which affected the welfare of people who used the service. Our records showed us notifications had been received regarding incidents which had occurred and what action had been taken following this.