

My Support and Care Services (West Country) Limited







Head Office

Inspection report

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Ratings

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

Overall summary

My Support and Care Services (West Country) Limited is a specialist domiciliary care agency based in Honiton that provides personal care and support for people with complex needs. This includes people with learning disabilities and associated needs such as autism, Asperger syndrome, sexualised behaviours and mental health needs. Some people the agency support may be

subject to community treatment orders or guardianship arrangements. The purpose of guardianship (under the Mental Health Act 1983) is to enable people to receive care in the community.

The agency provided support for people in supported living settings, hours ranged from eight hours a week, up to 24 hour support. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and a separate

Summary of findings

agreement to receive their care and support from the domiciliary care agency. As the housing and care arrangements are entirely separate, people can choose to change their care provider without losing their home. Staff who provide people's support were known as personal assistants.

The inspection took place on the 23 and 29 July 2015 and was announced. This was the first inspection since the service registered with the Care Quality Commission in October 2013. At the time of our visit, the agency provided 212 hours of care for three people, who shared a house. A fourth person the agency supported to live independently was currently in hospital. We visited the supported living setting, and met two of the three people who lived there. Each person had their own bedroom and shared other parts of the house.

A registered manager is in day to day charge of the service. 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.

People's legal rights were not fully protected because staff did not demonstrate a good understanding of the Mental Capacity Act 2005. Staff promoted choice and sought people's consent for all day to day support and decision making. However, where people appeared to lack capacity, mental capacity assessments were not undertaken. This meant there was a lack of clarity about each person's ability to make decisions for themselves and what decisions people might need support with.

A range of risk assessments for each person were undertaken and regularly reviewed. This included risks for the person, staff, people in the wider community and environmental risks. Staff were proactive at recognising and helping individuals to reduce risks. They recognised and communicated increased risks to the person and within the team which ensured risks were responded to promptly and in a consistent way. Staff knew the signs of abuse and the correct procedures to follow if they thought someone was at risk of abuse.

People were treated with dignity and respect, staff involved them in discussions and decisions about their care. They felt confident to raise concerns, were listened to and actions taken in response.

People received care and support that met their individual needs. They were supported by a regular team of staff they knew well and had developed strong relationships with. People's health care needs were assessed and support plans included detailed information for staff about how to meet them. Staff accessed advice from health professionals as needed to ensure people's physical and mental healthcare needs were met. People received their medicines on time and in a safe way.

Health and social care professionals confirmed staff from the agency worked closely with them to support each person, including undertaking bespoke training to meeting people's individual needs and help reduce their risks.

People's care was based around their individual needs and aspirations and support plans described in detail their individual needs and how to meet them. These were reviewed and updated regularly as their needs changed. Each person had a 'My plan' which communicated their needs and expectations of the service in their own words.

People were supported to have a wide variety of social and leisure activities in their local community. They led busy and active lives and were encouraged to become increasingly independent. This included pursuing work experience and employment opportunities. The service had developed creative ways of ensuring people led fulfilling lives. People were encouraged to make friends, learn new skills and be involved in their local community, as well as to get work experience and employment.

People knew how to complain and raise concerns, but said they had no complaints about the service. They said they wouldn't hesitate to speak to staff or the registered manager if they had any problems and were confident they would be dealt with. At the time of our visit, there was one ongoing complaint by relatives, who were not satisfied with the response they had received from the agency. A face to face meeting was planned with the registered manager, relatives and a representative of the local authority to discuss. No other complaints had been received since registration.

Summary of findings

The provider promoted a positive culture whereby staff took their lead from the person about how they wished to use their support hours. Staff demonstrated positive regard for people they supported and promoted a service tailored to people's individual needs. People were positive about the service they received, they were consulted and involved in the running of the service; their views were sought and acted on.

People, staff and health and social care professionals had confidence in the leadership of the registered manager. The service had some simple quality monitoring systems in place, although some of these were not formally recorded.

We identified one breach of the regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Risks were assessed and action taken to reduce them.

The provider used good practice tools to promote people's safety and reduce their risk of abuse.

The service managed risk in positive ways so that people were encouraged and supported to increase their independence and lead more fulfilling lives.

People received their medicines on time and in a safe way. Recruitment procedures were robust.

Good



Is the service effective?

The service was not always effective.

Staff offered people choices and supported them with their preferences.

However, where people appeared to lack capacity, mental capacity assessments were not undertaken in accordance with the Mental Capacity Act (MCA) 2005.

People were supported to maintain good health. Staff recognised any changes in people's health and sought professional advice appropriately.

Staff received regular training and ongoing support through supervision and appraisals.

Requires improvement



Is the service caring?

The service was caring.

People said staff developed positive caring relationships with them.

People were treated with dignity and respect, and staff protected their privacy.

People set their own goals and objectives and set expectations for staff about how they wanted to be supported.

People were supported to make choices and have control of their lives.

Good



Is the service responsive?

The service was responsive.

People were supported by staff they knew well and had developed strong relationships with.

People's care was individualised to their needs.

People were encouraged to make friends, learn new skills and be involved in their local community, to gain work experience and employment.

Good



Summary of findings

People knew how to raise concerns and complaints, and were provided with information about how to do so.

Is the service well-led?

The service was well led.

The provider promoted a positive culture of an individual service that valued people and tailored the service to meet individual needs.

Staff worked as a team and were encouraged to challenge and question practice and try new approaches with people.

The provider used a range of quality monitoring systems in place to monitor the service and made changes and improvements.

Good



Head Office

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 checked 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 23 and 29 July 2015 and was announced. The provider was given a weeks' notice. This was because the registered manager was on leave when the inspection was announced, so the planned visit date was changed to ensure the registered manager was available for our visit. Notice was also given in order to arrange to visit people who used the service and get their feedback.

Before the inspection we reviewed all information we held about the service such as any contact with the provider, notifications we received and feedback received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We spoke with two of the three people who currently use the service. We looked at four people's care records. We spoke with seven staff, which included the registered manager, care workers, known as personal assistants and an office based member of staff. We looked at four staff records and at quality monitoring information such as survey findings of questionnaires sent to people, at incidents, complaints and compliments. We contacted local authority commissioners, health and social care practitioners and received feedback from five of them.

Is the service safe?

Our findings

People felt safe because staff demonstrated an in-depth knowledge about signs of abuse and knew how to report concerns appropriately. The agency had safeguarding and whistleblowing policies and procedures for staff about how to report any concerns. The service undertook specific safeguarding risk assessments for each person they supported which identified possible risks for the person and others and identified actions needed to reduce them. Where safeguarding concerns were identified, these were appropriately reported to the local authority and to the Care Quality Commission. One social care professional said, "Staff are good at picking up concerns and reporting them." Another confirmed staff attended multidisciplinary safeguarding meetings and implemented recommended actions.

People were encouraged to take responsibility for managing their money day to day, with the support of relatives and the Court of Protection. Although staff supported people with their day to day finances, and encouraged them to make wise choices, they did not handle people's money for them. Where people pooled monies for shared expenses, such as food shopping, receipts of this expenditure were kept. These measures helped reduced the risks of financial abuse.

People were enabled through positive risk taking, to challenge themselves to pursue their interests and hobbies. Staff encouraged people to try new and different things and explore opportunities to access their local community to socialise, for leisure and for work opportunities. For example, the agency used an evidence based tool to help people identify and avoid behaviours which might put themselves and others at risk. Staff explained to us how they used this tool to facilitate the person to access the community safely and develop more confidence and independence. They encouraged each person to plan ahead, weigh up the risks and benefits of any proposals and think about how they could stay safe and have fun. Staff supported another person to fulfil their ambition of going on a holiday to Florida. This was supported by a detailed risk assessment, preparation and planning. Where a person's actions or behaviour was

putting them or others at risk, staff gave feedback to the person in an honest and constructive way and they documented this. This meant any risks were highlighted within the team and dealt with in a consistent way.

Staff promoted people's personal safety and were aware of situations which might be unsafe for the person or others. A health professional said agency staff were very receptive to suggestions, willing to listen, and try things, another said the agency was good at risk management. For example, for one person, unrestricted access to the internet was assessed as a risk. Staff agreed with the person they could access the internet on their computer at the agency's office. This decision was documented in detail in the person's care records and communicated to all the staff that supported them. Staff were vigilant and remained nearby when the person was using the internet, which enabled them to access the internet whilst minimising the risk.

Each person's support plan showed what support they needed for food preparation and cooking. For example, one person needed supervision and support when using knives and another person needed reminding with timings and the oven temperature.

Each person had a number of detailed risk assessments and a support plan. This included information about triggers and signs to be aware of. For example, one person's risk assessments included their fear of offending others and getting into trouble. Staff demonstrated awareness of risks for each person and the need to be vigilant for changes in behaviour that might indicate increased risk or deteriorating mental health. Staff undertook training on managing challenging behaviours, used positive behaviour support approaches and did not use any form of restraint. The agency had a lone worker policy and each staff member was issued with a mobile phone so they could seek help, advice and support when needed. Staff communicated details of any risks identified day to day within the team and how they were managed.

All accidents and incidents were reported and reviewed by the registered manager. Ways to reduce risks further through positive support were discussed by the registered manager during staff supervision and team meetings. This helped ensure consistency of approach amongst the staff team. One staff member told us about their recent experience of a person's challenging behaviour. The staff member said they felt well supported by the registered manager and other staff during this period.

Is the service safe?

The agency had a 'missing person' profile for each person they supported. This meant relevant information about the person, including a photograph, was available to assist the police if the person went missing.

People's medicines were managed so that they received them on time and in a safe way. One person needed support with their medicines. Staff had undertaken training to administer their medicines and had undergone competency assessments to check their practice. Medicine Administration Records (MARS) were completed appropriately. People and staff had access to information about each medicine, what it was used for and side effects to be aware of. The person's medicines were stored in the staff 'sleep in' room in their home.

Although they were stored safely and securely and could be accessed when needed, best practice would be for each person to have their own medicines stored in their room. When we asked about this, there was no risk related reason for these storage arrangements. The registered manager agreed to look at providing appropriate storage so the person could have their medicines in their room. On the day we visited, a staff member was supporting another person to treat a minor ailment with a homely remedy the person had purchased at their local chemist. This involved helping the person to read and follow the instructions provided.

The agency provide approximately 212 hours of care each week to three people. The registered manager confirmed the agency had enough staff to provide the care of the

people they currently supported. Existing staff worked extra hours and the registered manager also helped to cover any staff sickness or annual leave. A health professional said they were impressed that staff were committed to continuing to support a person when their mental health deteriorated by providing waking night cover at night to support them.

People confirmed staff from the agency were reliable; there were no reports of missed visits. People negotiated their support hours with staff at a time convenient for them and received monthly rotas showing which staff were supporting them. People were supported by a regular group of staff they had got to know and felt safe with. Staff were on time and met people either at their home or at the agency's office, according to their preference and plans for the day.

People were protected because the provider had robust recruitment procedures to assure them about the fitness of applicants. People were involved in meeting applicants and provided feedback on them as part of the recruitment process, which is good practice. All staff were interviewed, references sought and appropriate background checks were undertaken to ensure staff were suitable to work with people, known as Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions and should help prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People's legal rights were not fully protected because staff did not have a full understanding of the requirements of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff promoted choice and sought people's consent for all day to day support and decision making. However, the agency did not have any MCA policies and procedures or assessment tools in place. No first stage tests of mental capacity had been undertaken for people who may lack capacity. This meant there was a lack of clarity about what decisions people had the ability to give consent about. For example, for one person, there was a lack of clarity about the person's capacity to make their own decisions. This resulted in family members unduly influencing care and treatment decisions on the person's behalf.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this in detail with the registered manager, and made them aware of the resources available to assist with this. Where more complex decisions were being made, there was evidence that staff, relatives and health and social professionals were appropriately consulted and involved in 'best interest' decision making. Most, but not all staff had completed MCA training.

One person had a sleep in personal assistant at night because of their epilepsy. They described how they had a monitor in their room and staff had another monitor in the sleep in room so staff would be alerted to any seizure activity at night. The person confirmed these arrangements had been discussed with them and they were happy with them.

People were happy with the skills and knowledge of staff who knew how to meet their needs. All staff recruited to work at the agency had qualifications and experience in care. Staff received induction training when they first started and worked with other staff to get to know people and their needs. The agency had a mandatory training

programme which all staff had to complete which included a range of online training. For example, first aid, food hygiene, medicines management, infection control, health and safety and managing challenging behaviour.

The registered manager undertook regular one to one supervision with staff to discuss practice, and provide support. Staff also received an annual appraisal during which they received feedback and identified any training and development needs.

Where people had very specific support needs, for example, epilepsy, health professionals had trained staff to support the person to manage any seizures and detailed protocols were in place. Mental health staff had undertaken training for staff to use an evidence based risk management tool with another person. A health professional confirmed all staff had attended the training and used it in practice. The registered manager was also in the process of arranging update training on autism and Asperger's syndrome. This showed the agency supported staff to update their knowledge and skills appropriately.

A health care professional gave us feedback about how staff at the agency had supported another person with very complex mental health needs to move from a residential care home to live in their own home with 24 hour staff support. They described how staff worked closely with the person's mental health team to plan and support their care. For example, their care records included information about signs which might indicate the person was becoming unwell. Staff told us how the person had recently been unwell, they recognised this by the changes in the person's behaviour and contacted the person's mental health team appropriately for advice.

People were supported to maintain good health and to access healthcare services and receive ongoing healthcare support. They were supported to make appointments to see their GP and other relevant health professionals regularly. Any appointments were recorded in a diary in the house. Support plans showed that people chose whether or not they wanted staff to accompany them during their appointment.

A 'hospital passport' provided key information about each person, so hospital staff would have all the vital information needed in order to care for them in the event of an emergency admission to hospital. This included

Is the service effective?

details of any medical conditions, allergies, risk factors, prescribed medicines and family contact details. It also included details about people's individual communication needs, likes/dislikes and preferences.

People were supported to keep healthy, eat a balanced diet and make healthy living choices. Three people who shared a house often ate their main meal together and took turns to cook. Each week they agreed a menu plan which was written on a blackboard in the kitchen to remind them. For example, on Wednesday they were having lasagne, Thursday quiche and salad and fish and chips on Friday. People took it in turns to do the weekly shop, with their personal assistant. One person said their specialities were spaghetti bolognese and Chilli con carne and another person liked making cheesecake.

One person said staff were supporting them with their goal of increasing their level of fitness and losing weight. Their personal assistants accompanied them to the gym and swimming several times a week. They had also recently joined Weightwatchers, and when we visited staff were supporting the person to look at the literature. This was to help them become familiar with the advice, menu planning and food shopping and for their weight loss programme. Their support plan instructed staff to encourage the person not to buy sugary drinks or snacks. For another person, staff were encouraging the person to reduce their alcohol intake by reminding them why alcohol was not advisable because of their health condition. The person was encouraged to buy alcohol free lagers when they visited the pub. This showed staff supported and promoted people to make healthy choices and reduce health risks.

Is the service caring?

Our findings

People were very positive about their support from staff who had developed positive caring relationships with them. One person said they had got to know staff well, trusted them and found them helpful. They said, "It's about having my own house to call home and doing what I want to do." One person explained how one staff member, "Really gets my sense of humour." Another person said they liked having a variety of staff who shared their interests. A social care professional described the service as, "Person centred with (the person's) best wishes at heart." A health professional said staff engaged very sensitively with a person who had accepted their help. Another said staff had helped a person back into community after a long period in hospital.

Each person had their own support plan which accurately showed how they wished to be supported and what mattered to them. For example, in one person's plan, the person said it was important their personal assistant was punctual. Also, that they discussed with them ways to remind them what they needed to do, without nagging or being disrespectful. The person outlined the importance of supporting them to make choices and informing them about the possible consequences of those choices. Support plans also focused on people's positive attributes. For example, one person's detailed what others know and say they like about them. This included their sense of humour, politeness, kindness and consideration towards others.

People's support plans also included information about their communication needs. For example how one person needed information in easy read formats which included symbols and pictures and about another person's sight impairment. Another person's support plan advised staff to allow the person to use their own words and expressions and not to put words in their mouth.

Staff treated people with dignity and respect. They rang the doorbell to announce their arrival at the house or arranged to meet the person at the agency's office. Each person had their own room in the shared house, and staff did not access people's rooms unless invited to do so. Staff went to the agency's office at the end of their session to write their records, so they did not encroach on the person's home.

Most people the agency currently supported could manage most of their personal care independently but sometimes needed help with shaving or prompting and encouragement with personal hygiene. For example, one person had been reluctant to undertake personal care each day and was at risk of self neglect. Their support plan included encouraging the person to take pride in their appearance and to develop a daily personal care routine. Staff prompted the person and re-enforced positive behaviours through praise and encouragement. Over a period of time staff described how the person had established a more regular personal care routine and took pride in their appearance, which increased their self-esteem. Recently the person had bought some new clothes, which represented significant progress for them.

The service supported people to express their views and be involved them in decision making. Staff worked with people to help them understand their rights and responsibilities towards others. For example, staff respected people's rights to make their own choices even when this meant they sometimes made unwise decisions. The registered manager told us how there was some disagreements between family members and how one person's choices and decisions were creating some tensions. They explained they were working with the person's care manager to arrange advocacy services for the person, so someone independent could speak up for them on their behalf. This showed staff understood the importance of ensuring people's human rights were respected.

People's rights and responsibilities were re-enforced in relation to living in a shared house. For example, each person was responsible for cleaning their own bedroom and doing their washing and shared the cleaning, shopping and housework. These were agreed with each person and written in their support plans. Staff spoke about the importance of encouraging and supporting people to fulfil their responsibilities, the importance of working with the person, not doing things for them.

Some people the agency supported needed help and support to act appropriately and respectfully towards members of the opposite sex. This was because they didn't always understand how their behaviours impacted on others or about the consequences of their actions. For example, whilst we were visiting, we heard a person make a derogatory remark about someone on the television. The

Is the service caring?

staff member immediately reminded the person their remark was not acceptable or appropriate, which re-enforced the behaviours expected. This was in accordance with the person's behaviour support plan. Another member of staff explained how they supported another person to behave appropriately in social situations in the community. For example, reminding the person to concentrate on what they were doing if they became distracted and started staring at others.

People were encouraged to keep in contact with friends and family, to maintain friendships and identify new ways

of meeting people and making new friends. One person said their parents visited occasionally and they kept in contact with them by phone and text. Each person identified people close to them and dates of birthdays so staff could support them to send birthday cards and buy presents. Information about how people wanted to be supported with any cultural beliefs was documented in their support plan, although no one the agency currently supported had any specific needs this aspect.

Is the service responsive?

Our findings

People received personalised care individual to their needs. Before the service began, a detailed assessment of each person was undertaken by the registered manager. This involved meeting the person, family and any relevant health and social care professionals. Prior to the assessment, the assessment tools were sent to people so they could think about the areas they wanted support with. From this a support plan was produced with the person which described the service they needed and how they wished it to be provided. For example, one person's support plan said, "I am not a morning person." They negotiated with the agency for their personal assistant to start at 10am. Another person only wanted female staff to support them, so this was arranged for them. The registered manager explained that for most people, whilst their schedule was flexible, establishing routines was an important part of their development and progress towards greater independence.

The agency supported people with personal care, daily living skills, hobbies, travel, days out and learning new skills and with opportunities for employment and work experience. One person told us they had moved to Honiton because they wanted to get some independence. Their story was featured on the agency's website, they said, "Supporting you to live your life to the full it's not just about talking about my independence, it's about having it." They said their ambition to move from their family home and live independently had been achieved.

Each person had a detailed personalised support plan for staff to outline in detail what people needed support with. In addition, each person had a "My plan", which outlined in their own words details about them, what was important to them and about their goals and ambitions. For example, one person's support plan showed they enjoyed going out and liked to feel in control of their life, another needed encouragement to focus their attention on their work and not be distracted by the TV. Staff spoke about how they sensitively supported people with cooking and cleaning, by doing a task nearby so they could keep an eye on the person and only intervene when needed.

People were encouraged to write in their 'My plan' to monitor and evaluate their own progress towards their goals. For example, one person wanted to learn Spanish and had enrolled in an evening class due to start in the

autumn. Another person wanted to learn to drive and staff had supported them to get the tools to prepare for their theory test. Staff wrote daily records each time they supported a person, what they had done and any concerns. This meant there was good communication between staff and continuity for the person. People's support plans were regularly reviewed with them and updated as their needs and priorities changed. Copies of all care records and other correspondence were stored securely at the agency office.

People were supported to pursue their hobbies and interests. One person had joined the library and told us how much they enjoyed a recent trip to Plymouth with their personal assistant to see the musical 'Wicked'. Also, how much they liked board games and quizzes, singing each week at a karaoke evening and as a member of a choir. This person's plan showed how important it was for them that their personal assistant also participated in these activities. Another person liked to go into Honiton to the coffee shop, and went to the gym and swimming regularly. The registered manager told us how one person was being considered for a pilot scheme to purchase their own home.

Staff were very proactive in identifying opportunities for people to find work. A health professional said they were impressed with how staff have helped a person to access their local community, and facilitated the person to socialise, gain new interests and undertake meaningful work. One person had been supported to work from home by using their creative talents. With staff support they learnt to decorate mirrors with driftwood and seashells and created items of jewellery from recycling old jewellery. This venture was successful and they were selling their work at markets and craft fairs and a local shop had recently agreed to sell their work. Another person had gained work experience gardening and was now undertaking an apprenticeship to learn the skill of hedge laying and planned to set up their own gardening business. The registered manager told us how another person was so happy to have their own home, and had enjoyed furnishing it in their favourite colours. These examples showed how staff supported people successfully to become more confident, gain self-esteem and achieve their goals.

People knew how to complain and raise concerns, but said they had no complaints about the service. Whenever they had any grumbles or wanted anything sorted out, people said they didn't hesitate to discuss it with their personal

Is the service responsive?

assistant or the registered manager. The agency had a complaints procedure which included the process for investigating complaints, and information about this was provided to people in an easy read format. The policy made clear that where a person was not satisfied with how their complaint had been dealt with, they could approach their local authority commissioner to investigate their complaint on their behalf. However, it did not refer to the social care ombudsman who could also be approached in these circumstances, information which the provider has since added.

At the time of our visit, the agency had received one complaint from relatives. The complaint file showed the concerns were investigated and a detailed response sent. However, the complainants were not satisfied with the response they received from the agency. In order to progress towards a resolution, the person's care manager was in the process of setting up a meeting with the person, their relatives and the registered manager, to discuss the issues and agree a way forward. This was in accordance with the agency's complaints policies and procedures. No other complaints had been received about the service since registration.

Is the service well-led?

Our findings

The service promoted a positive culture that was focused on the needs of each individual. This was reflected in the feedback we received from people. Staff demonstrated they understood the principles of individualised, person centred care through telling us about how they met people's care and support needs. They spoke about their commitment to the people they supported and used words like "Individual" and "Personalised" when they talked about them. A health professional said staff at the agency had a, "Positive, can do attitude." A commissioner said, "This agency has propensity to be one of the better providers."

The registered manager said when new staff started they were introduced to the person and worked alongside another member of staff before looking at any written information about them. They explained this was because they wanted staff to get to know the person as an individual, rather than have them defined by their previous history or their support needs. They said, "We want to work with the person." The registered manager set high expectations for staff and said they did not tolerate staff who did not work to the ethos of the agency. They worked in the service and provided a role model for staff.

The registered manager was in day to day charge of the service and was supported by a team leader. The team leader was being developed for their role and spent half a day a week working with the registered manager who was mentoring them. This showed there were opportunities for leadership progression and development.

Staff gave positive feedback about the leadership in the service and about the "Good teamwork" within the team, who relied on one another for support. The team was a mixture of male and female staff, different age groups, each with different skills and experiences which benefitted people who used the service. Staff said they felt consulted and involved in decisions made about people's care and about the running of the agency. There were regular team meetings and minutes showed a wide variety of issues were discussed. For example, managing people's hours, motivating people, recruitment of staff, being customer led and respecting people's wishes.

One social care professional said the registered manager was very receptive to suggestions, willing to listen, and very person centred. Another said staff were, "Open to learning."

The registered manager encouraged staff to reflect on their practice through regular supervision and appraisal, team meetings and mentorship. Incidents were discussed and used as opportunities to review what worked well for each person and what needed to be changed.

The provider had some basic quality monitoring systems in place. For example, people were asked for feedback on the service provided at review meetings and through an annual survey, produced as an easy read questionnaire. The results showed the people the agency supported were very happy with the service. One person suggested the previous job title for support staff (of support and enablement worker) was changed to that of 'personal assistant'. They did not like the original job title because they thought it made them sound much less able than they were. The registered manager had implemented the person's suggestion.

People and staff files were generally well completed and kept up to date. The registered manager worked on a regular basis with people. This provided them opportunities to monitor staff practice, record keeping and to give staff feedback and suggestions for improvement. There were effective systems for reporting any accidents, incidents, and complaints with examples of changes made and lessons learnt. All incidents and accidents were reported and reviewed by the registered manager. Any risk issues discussed with staff to identify further actions to reduce risks. Staff and the registered manager regularly reviewed practice and discussed new ideas and suggestions for working with people, whilst trying to maintain a safe environment for each person. Issues were appropriately notified to the Care Quality Commission and investigated.

The agency had a range of policies and procedures to support and guide staff, which were reviewed and updated annually, although there was no Mental Capacity Act policy. The registered manager planned to address this as soon as possible. The policies included a strict dress code for staff and a lone worker policy, as well as a contingency plan for emergencies. The provider visited every so often and spoke to people and staff and fed back any observations or comments to the registered manager for action. For example, the issue of staff writing records in people's home led to the registered manager arranging for them to do so at the agency's office instead.

Is the service well-led?

Further improvements in quality monitoring were planned. For example, at the time of our visit, the registered manager was developing a training matrix to show all staff training. They were also working on a questionnaire to seek feedback from relatives and health professionals. Other

plans included investing in specific training for individual staff members so they could cascade that training to other staff. The registered manager was aware of recent changes in the regulatory framework and received monthly e mails from CQC to keep them up to date with regulation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>How the regulation was not being met: Where people appeared to lack capacity, mental capacity assessments were not undertaken. This meant it was not clear what ability each person had to make decisions, or give consent.</p> <p>This is a breach of regulation 11 (1) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>