

Creative Support Limited

Creative Support - Slough Services

Inspection report

Room 10
126 Fairlie Road
Slough
SL1 4PY

Tel: 0163548631

Date of inspection visit:
10 January 2019
15 January 2019

Date of publication:
07 February 2019

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

What life is like for people using this service:

- The service met characteristics of Good overall and Requires Improvement for the "well-led" domain.
- The provider and registered manager completed audits and checks but these did not always effectively identify, monitor or analyse quality and safety areas requiring improvement. We have made a recommendation about this.
- The registered manager had attended in-house safeguarding training. However, this was not specific to the local authority's safeguarding policy and procedure; knowledge which is relevant to the registered manager's role. We have made a recommendation about this.
- People using the service, relatives and staff spoke positively of the registered manager's leadership and felt all concerns were taken seriously and acted upon.
- The service employed and rostered safe levels of staff on duty. The service planned to recruit another team leader and three care workers to further reduce the use of agency staffing and improve continuity of care. We saw this plan was underway.
- The service had safe systems around safeguarding and risk assessment and implemented the least restrictive principle to promote people's safety and rights.
- People and relatives told us staff were kind and caring. They could express their views about the service and provide feedback.
- Staff received appropriate training and support to enable them to perform their roles effectively. Where there were gaps in training we saw there was a plan to rectify this.
- People's care was personalised to their individual needs. There was sufficient detail in people's care documentation that enabled staff to provide responsive care.
- The service promoted independence and encouraged people to attend and access activities where this was agreed as part of their care and support.
- More information is in the full report.

Rating at last inspection:

The service was registered by CQC with a new provider on 6 June 2018. This was the first inspection visit to the service under the new provider.

About the service:

Creative Support – Slough Services provides personal care in specialist extra care housing to people with a learning disability, people who use mental health services, older people and people living with dementia. At the time of our inspection there were 39 people using the service at two locations.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

Is the service effective?

Good ●

The service was effective

Is the service caring?

Good ●

The service was caring

Is the service responsive?

Good ●

The service was responsive

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Creative Support - Slough Services

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out the inspection on 10 and 15 January 2019.

Service and service type:

Creative Support – Slough Services is a domiciliary care agency. This service provides care and support to people living in specialist extra care housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

We did not ask the service to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

Our inspection activity started on 8 January 2018 and ended on the 18 January 2018. We visited both extra care housing locations on 11 and 15 of January 2018.

We telephoned and spoke with three relatives. During the inspection site visit we spoke with six people who used the service and one visiting relative. The use of observations to gain an understanding of staff interactions and the care people received was limited due to the type of service. However, we were able to observe short interactions and engagement of two care workers and the registered home manager with people using the service.

We spoke with seven members of staff, including care workers, the team leader, the registered manager, the area manager and the service director. We also received feedback from the local authority and four other health and social care professionals.

We reviewed a range of records. These included four people's care records and two medicines records for the preceding week. We looked at three staff recruitment files and all agency care worker profiles and induction records. We also checked four weeks of staff rotas, accident and incident reports and records used to measure the quality of the service such as manager checks and provider audits. The provider sent us further information after the inspection site visits about monitoring systems, policies and procedures and the staff training and supervision matrix.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service kept a summary of safeguarding referrals to the local authority and notified the Care Quality Commission (CQC) when required. Internal actions in response to safeguarding concerns were evidenced in practice. However, we noted outcomes of safeguarding enquiries and internal investigations were not recorded in the summary log for most cases over the previous 12 months. Management explained that the local authority did not routinely update them with enquiries that were not progressed in line with statutory duties. We suggested that management should follow-up with the local authority directly and summarise their internal investigation outcomes on the summary report. This type of audit trail would support the service to ensure and evidence that appropriate actions were taken, in line with their own processes. Management agreed and followed-up all 'open' safeguarding referrals with the local authority the day after our inspection visit.
- Safeguarding information included reference to the local authority safeguarding policy and procedure; we discussed with management the local authority threshold for reporting safeguarding concerns who said they were not always clear about what should be reported as this varied so much between local authorities. However, management reported or sought advice when in doubt.
- Relatives we spoke with thought their family members were safe. One relative commented that staff accessed their family member's property by using a key safe and felt this was secure. Another relative said "I feel relaxed, I know my [family member] is well looked after."
- All staff attended the provider's safeguarding training which was refreshed annually. The service followed a safeguarding policy and procedure which was up to date and in line with current legislation and national guidance. This included guidance for staff about how to raise whistleblowing concerns. We saw safeguarding contact details displayed in staff areas. Staff we spoke with demonstrated they understood signs of abuse and knew their responsibility to report and record concerns.

We recommend the registered manager accesses the local authority's safeguarding training at a level proportionate to their role.

Assessing risk, safety monitoring and management

- The service risk assessed people's individual needs, which were reviewed regularly and in response to people's changing needs.
- There was a standard methodology for identifying hazards as well as clear management strategies to mitigate risk and identify the residual level of risk.
- The service's approach to safe strategies was proportionate to the risk of harm and followed the least restrictive principle. For example, the service involved an occupational therapist (OT) to review alternative

equipment and moving and positioning methods as a person disliked the experience of being hoisted. Whilst the review did not result in eliminating the use of the hoist the service was able to minimise its use. Clear specific strategies were recorded in the individual's care plan to reassure them and support at their pace to reduce distress.

- The service routinely risk assessed people's living environments and we saw certification for regulatory equipment checks.
- Care workers and management worked closely with the housing association who were responsible for repairs. During our inspection visit the registered manager alerted the housing manager that a person's heating had failed. This was relayed as urgent and addressed immediately.
- The registered manager and housing manager attended monthly meetings together to share information to meet any changes in people's needs.

Staffing and recruitment

- The service was commissioned by the local authority to deliver a block contract of hours to people using the service. We checked the rota for the month of January 2019 and saw that appropriate numbers of staff were planned.
- One team leader was based at one of the locations and there was a team leader vacancy at the other location. In total there were three care worker vacancies, one of which was being appointed to, pending checks.
- We saw that the service used between one and two agency staff daily to cover vacancies across days and nights as well as annual leave and absences. One person told us they sometimes felt there was a reliance on agency staff and felt frustrated about having to get to know new names. To promote continuity of care the service had established several regular agency staff. The service also co-ordinated agency staff to work with permanent staff when providing two to one care and support.
- One care worker told us, "We don't get put under pressure to work extra shifts. There is continuity of agency staff and the rota is managed well. Link rounds with agency staff works well."
- The service completed the required recruitment checks for permanent and agency staff. Not all the required documentation was initially available as they were held centrally by human resources. However, this was subsequently submitted and met requirements.

Using medicines safely

- A pharmacist reported the service worked hard to establish standard systems around the ordering and receiving of medicines which they told us had improved continuity of care and safety. They also said that good communication from the registered manager and team leader meant that people were able to access their medicines promptly following hospital discharges.
- The medicine administration records (MAR) we checked were completed fully to indicate people received the correct medicine at the right time. We noted that prompts about correct medicine administration procedures were displayed in staff areas.
- One care worker told us the service was "Constantly vigilant of medicines to prevent errors" and another said, "MAR charts have really improved, I feel more confident now."
- During our inspection we were made aware that staff had found an error in the MAR printed directions during their checking procedures. We observed this was rectified swiftly and the pharmacist delivered the updated MAR later that day.
- The service had reviewed agency staff medicines training and assessment in response to previous medicines errors. We saw documentation that agency staff were now assessed to check their competency to administer medicines. There was a procedure to avoid new agency staff who were covering in an emergency from administering medicines, which was also written into the on-call guidelines. There were no further

administration of medicines errors.

Preventing and controlling infection

- Staff received food hygiene and infection control training and we observed that staff had access to protective personal equipment.
- One relative told us the service made suggestions to their family member about flooring and furniture to promote hygiene. This was followed-up and improved the previous malodour in the person's flat.

Learning lessons when things go wrong

- We reviewed more than ten incident reports and saw that care workers recorded and reported information appropriately. The registered manager was responsible for completing sections regarding analysis, outcomes and future preventative measures. However, these sections were consistently incomplete. We checked the incident summary and saw that immediate actions were recorded, for example seeking medical assistance but there was no indication about whether the individual's care plan or risk assessment was reviewed and/or changed. Although these records were not updated the registered manager demonstrated thorough knowledge of actions taken. We were able to check actions against other records and saw that appropriate referrals to healthcare agencies were made and risk assessments were updated accordingly. We have further reported on management and provider monitoring and recording of incidents under the well-led domain.
- Staff received safeguarding and incident debriefs during staff team meetings, which were documented in meeting minutes.
- People, relatives and staff consistently told us that management took concerns and incidents seriously and were satisfied with actions taken to prevent future occurrences.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service gathered as much information as possible about people and completed a detailed needs assessment before a new care package commenced.
- The service director raised that sometimes there was a lapse in time between assessments taking place and care packages commencing due to the waiting list, and people's needs may have changed. The service was working with the local authority to ensure a review of individual's needs took place before care commenced to identify any changes in need.
- The service used relevant national 'Waterlow' risk assessment tools for people at risk of pressure ulcers and assessed people in line with prevention of falls guidance.
- There was clear guidance and instructions within people's care plans about how to use equipment such as hoists and bed rails.

Supporting people to live healthier lives, access healthcare services and support

- The service sign posted people to local exercise groups. Information was displayed on an accessible notice board and in their service user guides. There was a weekly exercise class held in one of the communal spaces. One person told us care workers reminded them about this but they chose not to attend.
- People using the service were supported to co-ordinate, arrange transport and attend healthcare appointments where this was part of people's agreed care plan.
- The service monitored people's health and wellbeing and sought emergency medical treatment when required. For example, staff contacted paramedics immediately when one person developed a high temperature and other concerning symptoms which resulted in them receiving prompt treatment.
- A healthcare professional told us the service "Works so hard and put 150% in to supporting people. They take concerns very seriously and are proactive and vigilant in monitoring people's changing needs."

Staff support: induction, training, skills and experience

- Permanent staff received regular supervisions which covered a range of relevant themes including safeguarding, medicines administration knowledge and ongoing feedback about their performance. Agency care workers did not receive planned supervisions, although one regular agency worker said they had one to one discussions with the registered manager which were helpful and felt they were treated like one of the team. They confirmed that they received a thorough induction and were able to shadow more experienced staff and felt "Eased into the job."
- Employers are legally required by law to provide training to employees about fire precautions in the

workplace. 17 staff had not received fire safety training although fire procedures were included within staff inductions. The service had arranged fire safety training on 24 January 2019.

- One care worker said training was, "Marvellous, and there is so much and we can request training too."
- Another care worker said that they had annual refresher training in moving and handling to learn about new approaches; "We always use two staff with the hoist, even though the training and guidance for the new equipment says it can be one, Creative Support still says two for best practice."
- New staff completed the Care Certificate; a set of nationally recognised standards all care staff need to meet. One member of staff who had completed this planned to register for an accredited qualification with the support of the service.

Supporting people to eat and drink enough with choice in a balanced diet

- Where people required support to maintain hydration and nutrition levels this was detailed in their care plan.
- Food was prepared in line with individual's needs and we observed that a care worker checked that people had enough to drink during lunch time.
- People we visited in their flats had drinks of their preference within reach.

Staff working with other agencies to provide consistent, effective, timely care

- The service provided emergency response 24 hours a day via individual's pendant alarms. We observed that the six people we visited were wearing their pendant alarms and knew how to use them. All people using the service said they felt they could rely on staff and experienced prompt responses when they used the alarm.
- The majority of people we spoke with told us care workers were prompt and supported them at the agreed call time. Documentation was kept in individual's flats for care workers to log the time of their calls. We checked two call logs for January 2018 and saw there were several occasions of late calls which we would expect should trigger a review and evaluation to rectify. We were made aware that in one case late calls impacted upon the individual's day. We discussed this with the registered manager who told us there were occasions where care workers had to prioritise answering emergency pendant calls which impacted upon other service user's call time. The registered manager agreed to investigate with a view to improving the situation.
- Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant care workers were able to provide continuity of care.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The service sought and recorded individual's consent to their care. The registered manager completed and documented appropriate mental capacity assessments and best interest decisions in accordance with the MCA code of practice.
- A summary of people's capacity about specific decisions was also recorded in the relevant care plan. The service kept a log of who had a Lasting Power of Attorney (LPA) for health and welfare matters in place; a

named person to manage their affairs if they lose mental capacity and aren't able to do so themselves. The registered manager understood that until they had a copy of the LPA certificate they were not able to acknowledge this and liaised with the service user's social worker in such cases.

- Care workers understood and implemented the mental capacity code of practice and had insight into people's fluctuating capacity.
- A social care professional told us the service was co-operative and supportive and worked in the best interest of people using the service.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives spoke about the service positively and said that staff were kind and caring with comments such as "Staff are nice and take time to chat" and "There's the right balance of [care workers] being friendly." One service user was happy with the care provided by some staff and the registered manager but felt "some" staff had a "bad attitude" and declined to tell us what they meant by this. We alerted the registered manager who assured us they would investigate this with the person to understand and take appropriate action.
- One relative said, "I am so grateful for the carers, they are patient, empathetic and professional. [Family member] is more likely to engage with the care workers. They really get the best out of [the person] and will gently persuade and encourage to eat, which is successful."
- Staff spoke about people with kindness and demonstrated concern about individuals' wellbeing. One care worker told us about a service user who sometimes felt anxious and said, "I reassure her through friendly banter, warmth of touch, hand on shoulder or a hug and that really seems to help a positive start to their day."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were consulted with and involved with their care and that the registered manager checked that information in their care plan was up to date.
- Relatives said they were kept informed of any changes or health concerns.
- Care planning documentation consistently recorded the views of service users and relevant others and explained how and why decisions were agreed.
- Staff told us they always explained to people before commencing care and support and said it was important to go at the individual's own pace so they felt in control.
- One social care professional told us, "The manager has been very proactive in initiating annual reviews and communicating issues with regards to the tenants."

Respecting and promoting people's privacy, dignity and independence

- People said their privacy and dignity was respected with comments such as "[care workers] shut the door to protect my dignity and are very friendly and helpful, but they don't interfere" and "staff respect my wishes."
- Staff demonstrated that they understood how to promote people's dignity. One care worker said, "If someone feels embarrassed then I keep it calm and light, and chit chat to take their mind off things."

- The service promoted independence which was reflected in care plans by clearly highlighting individual's abilities. We were told by one person that their quality of life had improved with the care and support from the service; "I have more independence now and can transfer without using the hoist every day."
- The service had considered how they could improve confidentiality and had relocated offices to enable this. We saw that records were secure and office doors were locked when staff were not present.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- The Accessible Information Standard (AIS) 2016 is a framework put in place making it a legal requirement for all providers to ensure people with a disability, impairment or sensory loss can access and understand information they are given. People must have the information necessary to make decisions about their health and wellbeing, as well as their care and treatment, and to access services. We found that people were supported with their communication needs and were provided with information to access services. Care plans identified individuals' communication and sensory needs and provided clear support strategies. A relative told us, "My [family member] needs people to be careful with communication and offer clear choices rather than open questions, and they do that well."
- Care assessments and plans were comprehensive, clear and person-centred. They included details of the person's history, preferences, religious and cultural needs.
- Staff demonstrated that they had good knowledge of people's history and background which helped to build trust and positive relationships. One service user said, "Staff are very friendly and I know what I need."
- The Equality Act (2010) protects groups of people from discrimination. These groups are known as protected characteristics and includes age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The service was experienced in supporting people with diverse and protected characteristics and worked closely with other agencies to meet people's needs and wishes. Staff valued people's rights and had a good understanding of equality of opportunities.
- The service provided information to people about available activities which were co-ordinated by the landlord, and supported people to access social events where this was agreed as part of their care plan. A relative told us "They do a lot and encourage my [family member] to take part in activities and spend time in the lounge with others."

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints policy and procedure and leaflets about how to make a complaint were displayed in communal areas and in people's flats.
- The service kept a log of complaints and we saw these were addressed in line with the policy and procedure. Outcomes and lessons learned were documented and communicated to staff.
- People using the service gave us examples where they had previously complained about agency staff; they were satisfied with how the registered manager responded and with the actions taken.
- A social care professional we spoke with said the service raised concerns appropriately and followed agreed actions to meet people's needs. For example, we were made aware that the registered manager liaised with a person's social worker regarding additional calls and changes in call times.

- The service kept a log of compliments which included thank you letters from people and relatives about care workers "hard work" and "kindness and professionalism." Another compliment thanked the registered manager for their response and support to their family member's acute health condition. This was shared with staff during team meetings and their responses were also recorded.

End of life care and support

- The service was not currently supporting people at the end of their lives. However, the service had previously supported people in the 12 months prior to our visit and we saw an example of a comprehensive end of life care plan which emphasised the person's wishes.
- The registered manager and identified key staff had completed relevant training and we were told this would be provided to more staff where there was a need.
- The service did not routinely ask people about their end of life preferences and wishes unless individuals were receiving palliative care. We discussed this with the registered manager and agreed that for some people this may not be appropriate. However, for people with dementia it is important to try and find out their wishes as early as possible, while they can make decisions for themselves, or find out their values and beliefs from relatives. The registered manager and area manager said they would look at how they could approach this sensitively to understand people's preferences.
- We were provided with a draft revision of the provider's End of Life policy and procedure after our inspection visit. This stated that end of life discussions and care plans should be offered to, "all people diagnosed with progressive or life limiting conditions and/or whose capacity to make choices may be reduced at a later stage of their condition."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was no process to monitor, analyse or evaluate the timing of home visits to identify trends or the impact upon people. One person we spoke with was distressed about care workers arriving late, which was compounded as the person wanted earlier times; the registered manager had involved the person's social worker to review this. The lack analysis meant the registered manager and the provider did not have sufficient oversight of this aspect of people's care and support. We discussed this with the registered manager who said that care workers were sometimes late due to prioritising emergency calls, although there was no documentation to evidence this. The registered manager and area manager agreed to implement an appropriate system to monitor and respond to the data collected to improve people's experiences.
- Quality assurance systems did not always identify existing gaps to drive improvement. For example, we found that two people's "permission" forms were out of date and that one individual's Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) was not reviewed since 2017. This meant staff did not have up to date information to follow and provide to paramedics if it was required. This was immediately addressed by the registered manager.
- The area manager told us there was not a schedule of service checks, but they made sure a range of areas were covered including monthly medication audits and weekly spot checks, care file audits and service user visits. We saw documentation for a service user visit on 2 November 2018 which resulted in one action; to provide the person with the complaints policy and procedure and form for raising a complaint. Another audit, dated 19 December 2018, identified that the service had not facilitated a team meeting since July 2018. This was added to the registered manager's action plan and a meeting had since occurred on 11 January 2019 and regular meetings were planned for the rest of the year. A service user file audit was also completed for one individual on 14 January 2019. The service planned for the team leader to conduct quality and compliance checks to increase the range of quality and safety checks.
- There was a lack of robust monitoring of incidents and accidents to understand and learn from trends. Incident reports were sent to the provider's head office to monitor trends and provide guidance to the registered manager. However, the outcome of this process was not documented on accident or incident reports in line with the provider's procedure. After the inspection we were provided with a report by the registered manager and area manager for November 2018. This included five falls and the statement "no common themes" but did not explain how this conclusion was reached. The report was submitted to the

provider's "Social Care Governance" (SCG) group (comprising of the provider's leadership team). We saw a summary of the SCG arising actions dated 6 December 2018 which did not reference these falls. There was no analysis or data about whether falls had decreased or increased over time. We discussed this with the area manager who had identified this as an area for development. This was included in the registered manager's action plan to be completed every month.

- The registered manager's actions plan was not time specific so we could not tell when areas were identified and whether they were achieved in a timely manner. The action plan covered a wide range of areas and a good proportion of actions were achieved between January 2018 and January 2019.

We recommend the service implements a clear audit and checking system that effectively covers quality and safety areas of the service. We also recommend that the information gathered is monitored, analysed, evaluated and documented to sustain the continual development of the service, and that action plans are time specific in line with good practice.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had a Customer Care policy and an Agency Philosophy policy and procedure which set out clear information about their ethos and aim to achieve excellent customer service. There was also a Charter of Rights to raise awareness and empower people using the service.
- The registered manager had strong oversight of service user's individual, holistic needs and understood what was important to people. They had built positive relationships with people using the service as well as the staff team. People said the registered manager visited them regularly and staff said they were visible and approachable.
- The service provided equality, diversity and human rights staff training in line with the Equality Act (2010) and was a LGBT diversity champion with a national campaign organisation. The provider planned to set up a Network Group for LGTB employees to promote staff rights. This approach and information focused upon the provider's workforce, and whilst this raised awareness, this was not extended to people using the service. We discussed this with the registered manager who immediately investigated local information and groups relevant to people's diverse needs and said they would share this information with people using the service.
- There is a legal requirement for providers to be open and transparent, known as the duty of candour. The registered manager demonstrated they understood their responsibilities and we saw relevant literature was accessible in the staff office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service sought people's feedback and we saw a satisfaction survey response for 2017/2018 which covered appropriate aspects of care and support provided. There was no outcome or clear actions associated with the survey; we did not see any related areas for development on the registered manager's action plan.
- We consistently received positive feedback from other health and social care professionals about the care provided to people and the registered manager's responsiveness.
- Staff we spoke said they enjoyed their work and felt the team leader, registered manager and senior management involved them in the service with comments such as, "I love the job" and "the team are really good, management go above and beyond. I would be very happy for my own Mum to be cared for here" and "[the registered manager] always gives a briefing about new people and shares [their] knowledge." One member of staff told us they had made suggestions for staff meeting discussions which the registered

manager had welcomed and added to the next team meeting agenda.

We recommend the service analyses, documents and shares the outcomes of satisfaction surveys in line with good practice.

Continuous learning and improving care

- The registered manager had appropriate qualifications and they and the team leader attended management and leadership training in line with their roles.
- The provider facilitated regular managers' meetings to encourage shared learning and promote best practice across services. The registered manager said they found this beneficial and this had resulted in regular contact and support from one of their regional peers.
- The provider also organised regular management and leadership conferences which covered a variety of relevant themes within adult social care. We also saw that the provider encouraged delegates to feedback what they would like covered in future conferences.
- The service submitted relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.
- We were provided with information about performance management with the aim to improve practice where appropriate.