

Sandwell Multi Care

Sandwell Multi-Care

Inspection report

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Date of inspection visit:
25 August 2016

Date of publication:
31 October 2016

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

This inspection took place on 25 August 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service, This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. People who use the service may need support or care due to a learning disability or a physical disability and the service predominantly provides care and support to adults, young people, children and their families. At the time of the inspection the service was providing support and personal care to 69 people in their own homes.

There was a registered manager in post. 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 were supported by staff who had been trained to recognise the signs of abuse in children and adults. Staff were aware of their roles and responsibilities regarding maintaining people's safety and helping them manage the risks to them on daily basis.

For those people who were supported to take their medicines, systems were in place to ensure this was done safely. Additional training was sought for staff in order to administer particular medications in an emergency situation.

Systems were in place to ensure people were supported by staff who had been recruited safely.

People were supported by staff who had received specific training to meet their particular needs. Additional training was sought to provide staff with the specialist skills they required in order to support people effectively and maintain good health.

Staff felt supported by the registered manager and the management team and benefitted from an induction and ongoing training that equipped them for their role.

Staff routinely obtained people's consent prior to offering support and demonstrated a good working knowledge of the Mental Capacity Act 2005.

People were supported by staff who were aware of their healthcare needs and who had been trained to respond appropriately to particular healthcare issues.

People were supported by staff who were described as kind and caring and who treated them with dignity

and respect. People told us that staff went 'above and beyond' in order to support them and meet their needs. Staff spoke warmly of the people they supported and took pride in their achievements.

People's care needs were regularly assessed and any changes taken on board and responded to appropriately.

There was a system in place for investigating and recording complaints and people were confident that if they did raise concerns, they would be dealt with appropriately.

People were complimentary about the service they received, the care staff and the registered manager.

Staff felt supported in their role and were proud to work for the service. The registered manager had a number of links with other voluntary organisations in order to learn from and improve service delivery.

Efforts were made to regularly obtain feedback from people regarding the quality of the care and support they received. Audits were in place to assess the quality of the service and where errors were identified, they were acted on immediately and lessons were learnt.

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.

People were supported by staff who had been trained to recognise signs of abuse in both children and adults and were aware of their responsibilities regarding this. Staff were aware of the risks to people on a daily basis and supported them safely. There were systems in place to ensure people received their medication safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received an induction and training which provided them with specific skills in order to meet their needs. Staff routinely obtained consent from people prior to offering support and assisted people in maintaining good health.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by staff who were kind and caring and who went above and beyond their role to support them. People were treated with dignity and respect and were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care which was personalised to meet their specific needs. People's care needs were regularly reviewed and where changes needed to be made, the service responded accordingly. People were encouraged to give their views on the service and people were confident if they raised a complaint it would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People were complimentary about the registered manager and the staff group and considered the service to be well led. There was a culture of working alongside others to help find solutions to people's problems. Staff were proud to work for the service and were highly motivated. Quality assurance systems were in place to assess the quality of care provided.

Sandwell Multi-Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an Expert by Experience spoke to a number of people and their relatives over the phone, following the inspection. An Expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. The service provides support to a large number of children and we therefore spoke to their relatives to obtain information about the service they received. We spoke with two people who used the service and 17 relatives. We also spoke with the registered manager, the care co-ordinator, the treasurer and four members of care staff.

We reviewed a range of documents and records including the care records of four people using the service, medication administration records, two staff files, training records, accident and incident records, complaints and compliments and quality audits.

We asked the provider to forward to us a copy of their medication policy following the inspection, which they did.

Is the service safe?

Our findings

People spoke positively about the service and told us they felt safe when supported by care staff in their own home. One person told us, "They [care staff] are very pleasant, they are never nasty or irritable to me and they never rush me. Yes, I feel safe and at ease with them". One relative told us, "They wouldn't let [person's name] go anywhere unsafe. They see she is ok" and another relative told us, "They [care staff] seem very safety conscious". People told us that care staff took their time to do their care properly, safely and with dignity. The registered manager told us, "Staff work various hours, all are trained to the same level, but due to experience we know which staff to send where. We try to match care worker to the person using the service".

People were supported by staff who had received training in how to keep them safe from harm. All staff spoken with had received training in how to safeguard children and adults. Staff were able to describe to us the signs and behaviours that a person may display that might suggest that they were suffering from abuse. A member of staff told us, "If I had any concerns I would report it straight to the office and if it was out of hours I would ring whoever is on call. I know it would be dealt with straight away". We saw evidence of a safeguarding concern being raised by a member of staff and support being offered both to the person using the service, their relatives and members of staff following a particular incident. The registered manager told us, "I went out and visited the person and made sure both they and the staff were safe".

People were supported by staff who were aware of the risks to them on a daily basis. A member of staff told us, "I always make sure the wheelchair is safe and the person is strapped in properly. Everything is put in place so I know what I need to do". We saw that risks were identified and plans put in place to minimise risks to people. For example, we saw that a risk assessment was put in place to support a person to attend the 'Saturday Club' that was run by the service with the intention of providing respite for family members. We saw that additional training was sourced for staff to ensure they supported the person safely and staff spoken with confirmed this. A member of staff said, "We had training on how to specifically position [person's name] when they are at club". This meant that whilst the person was supported to engage in an activity outside their home environment, their relatives could be confident that appropriately skilled staff were in place providing their loved one with the support they required.

A relative told us, "[Person's name] has had no accidents [since being supported by the service] and nothing gets overlooked". We saw that there was a system in place for the reporting of accidents and incidents. Where accidents or incidents had taken place, we saw that they were reported, recorded and actions taken where appropriate.

People told us that if there was an emergency, there was always someone to contact from the service. One person told us, "They are very nice on the phone. We have an emergency number and it's not been needed but it's there". Staff were aware of the processes to follow in an emergency and we saw evidence of this. A member of staff told us, "If there was an emergency, all the information you need is in the care plan, all the phone numbers to contact, where the gas, electric and water supply is in a person's house. Everything is there for you". We saw that there was always someone for staff or people using the service, to ring out of

hours. The care co-ordinator told us, "On call, it's about having someone there who is prepared to talk to you and giving you that contact, why should people have to wait until when the office is open the next day?"

People told us that they had not experienced any missed calls. One person told us, "I can get in touch with them [the service] ok, if they ever run late they phone me" and a relative told us, "We've never been let down". A member of staff told us, "If we are running late we contact the office or on call and they sort out cover or go out themselves or sort a taxi. They sort it". We saw that staff absences were covered by other staff and staff spoken with confirmed this. The registered manager told us, "I know if there was a crisis with any of our families, I know I could get someone to cover".

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. Staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work with the service and we saw evidence of this.

For those people who were supported with their medication, they told us this was done according to procedure, was on time, without mistakes and that staff noted what had been administered on a Medicine Administration Record (MAR). A relative told us, "They are good with [person's name] medication and they have a MAR chart and we chart things together". We saw that when people were supported in their own home for respite care, prior to the care commencing, checks were made to ensure all medication records were up to date and additional guidance was available for staff. Where one person required their medication to be administered 'as required', we saw that staff had received specific training about when and how the medicine should be provided. A member of staff told us, "Everything has been put in place so I know what I need to do if something happened and how to administer the medication and when to contact the hospital". We saw that medication audits had taken place which highlighted that some staff required some additional training with regard to the recording of medication. In response to this, we saw that the care co-ordinator had written a training document with regard to the completion of MAR charts, in order to enhance staffs' learning. Staff spoken with confirmed this had helped their practice.

Is the service effective?

Our findings

All the people we spoke with complimented the service and the skills of the staff who supported them and their loved ones. People told us the support provided was, 'consistent' and 'reliable', and that they benefitted from being supported from the same regular staff group who knew them well. A relative told us, "I have no concerns with regard to the three members of regular staff. We have a group of five to support us and if one can't do it another will step in, we have never been refused [support], they have always been able to cover". People told us that they were supported by staff who were competent in their role. One relative told us, "They are well trained and they need to be with [person's name]". A second relative, who used the service for regular respite support, told us that prior to respite support commencing, arrangements were made to go through the whole care plan and check that there have been no changes. They commented, "They are on the ball. This firm needs to be cloned! Others have not been so good and I talk from experience". Another relative said, "I have been with them since they started. I have been fully involved and we have had consistently good carers".

People were supported by staff who benefitted from an induction that equipped them for their role. Staff told us that their induction included shadowing other colleagues and being introduced to people who used the service and their families. The registered manager told us and staff confirmed, that as part of staffs' induction, they attended the weekly 'Saturday Club' to observe how people were supported by a number of different staff and how those people reacted to the individuals supporting them. Staff told us they found this beneficial and a relative spoken with confirmed this. A member of staff told us, "Once you are confident, you meet the family and they get to know you".

Staff told us they felt well trained and well supported in their role. They told us they received regular supervision and an annual appraisal and we saw evidence of this. The registered manager told us, "We are constantly in touch with staff, my door is always open". There was a system in place to ensure all training was up to date. A member of staff said, "Training is good, we have refresher training every 12 months and specialist training for specific people". We saw a number of examples where specialist training had been sourced to assist staff to support people safely and effectively. The registered manager told us, "If someone needed support with PEG [Percutaneous endoscopic gastrostomy is a tube fitted directly into the stomach providing a means of feeding when oral intake is not adequate] feed we would ensure the training is person specific and staff are trained by the medical team". Staff spoken with confirmed this. One member of staff described the particular healthcare needs of one person and the training that was put in place to enable staff to support them in the community. They told us, "The professionals came in and showed us. Any problem with anything and arrangements are made for us to see how things are done. I've attended hospital appointments with people as well to learn more about how to support them". This meant that people could be confident that when staff were supporting them with their healthcare needs, they had been trained to meet their individual requirements.

The provider told us in their PIR that the newly employed care co-ordinator was responsible for ensuring all training was in place and up to date and we saw evidence of this.

Staff told us that communication between themselves, management and people who use the service was

good. A member of staff told us, "Communication is good. They [management] will ring you and tell you of any changes" and another member of staff told us, "People all have their little ways and it's important if someone is going to cover you, you need to tell them the most important things that might trigger behaviours that challenge".

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 interest and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that they were.

We saw that it was instilled in staff the importance of respecting people's rights and choices and obtaining their consent prior to supporting them. The following statement was seen throughout people's care records, 'Allow [person] to make choices so that he/she can maintain their independence'. People confirmed that staff would routinely ask for their consent prior to supporting them. Staff spoken with told us they had received training on this subject and demonstrated a good understanding of how they supported people to make their own decisions. One member of staff told us, "When we first supported [person's name] we soon realised they just said 'yes' to everything because they didn't realise they could say no. We have worked with [person's name] and they are now more confident to say what they want".

People were supported by staff who were aware of their dietary needs and preferences. Those people who were supported with their meals, told us this was done well, with food being prepared to their liking and being nicely presented. One relative told us, "They [care staff] prepare all [person's] meals and they are excellent", and another relative said, "[Person's name] has special food provided. They do the breakfast and it's done properly, they have been trained for this".

People were supported by staff who were aware of their healthcare needs and had been trained to support them appropriately. Relatives told us that staff would alert them to any medical or other health issues and would call the doctor or other service for them if needed. One relative told us, "They will alert us to the need for the doctor. They let me know and make sure [person] is not hurt". Another relative said, "They [staff] responded well in an emergency, and I am confident with them". One member of staff told us, "Sometimes you can pick up on people's moods. If something does happen differently we make sure we report it immediately and record it". We saw that each person had care plans and risk assessments in place for their particular healthcare needs, for example, epilepsy and staff were able to describe to us in detail, how they would or had responded when a person had suffered a seizure.

Is the service caring?

Our findings

People told us that the staff who supported them were caring, polite, respectful and were sensitive to their needs and specific preferences. We saw that efforts were made to match staff to the people they supported. One relative told us, "Let me put it this way, if the staff weren't kind, caring and didn't treat my relative with respect, they wouldn't be in my house". Staff spoke positively and warmly about all the people and the families they supported. A relative commented, "[Person] is very at ease with them [care staff], they like [person] and they go out of their way to meet our needs" and another relative said, "Yes, we are very safe with them and they are lovely with us. They ask us about how we are and I like seeing them. It's fine really, we are very happy with them".

A number of people and relatives we spoke with had been supported by the service for many years and spoke very positively about the caring nature of the staff. People commented that staff went 'above and beyond' what was required in order to help them. For example, we saw that for one person, staff had actively looked for activities for the person to become involved in and had arranged for them to do some volunteer work in an area they were interested in. A member of staff said, "We knew [person] was bored, so we found things to keep [person] occupied. It's lovely to see how [person's] confidence has grown". A relative told us, "It's been like a service for us both, it's been one for me as a parent and for [person] who is now 18. [Person] gets on with the carers and they are like friends to them. [Person] has just them and us". A second relative told us, "The carers are fantastic and [person] has a great relationship with staff" and another relative told us that when they had returned from holiday, the member of staff who was supporting their relative had cooked a meal not only for their relative but for them too.

People told us they were involved in their own care planning and were supported to make their own decisions and maintain their independence. Care plans contained pictorial images in order to assist people to understand the content. A relative told us, "They [care staff] are now helping [person] prepare a meal and put a wash on. [Person] is preparing to be self-living". A member of staff told us, "We have to give people a choice, [person] chooses their own shopping. We give [person] choices and try to advise and offer something a bit healthier and give some ideas". Staff spoken with were able to provide us with a number of examples of assisting people to maintain their independence and they spoke warmly and with pride regarding each person's individual achievements. One member of staff described a particular person they supported. They told us, "When we first supported [person's name] they couldn't cook, or clean. They needed a lot of prompting but I went in the other day and [person] had washed their bowl. We have encouraged [person] and taught [person] to cook and get their clothes ready".

People were supported by staff who treated them with dignity and respect. Staff were able to describe to us how they supported people whilst maintaining their privacy. One member of staff told us, "You must talk to them, it's the most important thing, cover them, tell them what you are going to do for them". A relative told us, "They help to get [person] washed and ready for the day. [Person] can be a little awkward and [staff member's name] can influence [person] and talk them round. It's all done with dignity and there's not shouting or harassing [person]".

We saw for those people who needed it, advocacy services were available. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

People told us they contributed to the assessment process and were involved in the planning of their care. Care plans were detailed and held information that highlighted people's likes, dislikes, preferences and how they wished to be supported. A relative told us, "You can have a good dialogue with them [care staff], they really listen. They do the routine that we have spoken about and they will always follow through; if something is not right it's really dealt with and they let me know it's done".

The service supported young people and their families and many staff had seen the young people grow up and had been able to support them and their families. This gave them a great insight into people's family lives.

We saw that as part of the pre-assessment process, efforts were made to match staff with people they supported. Staff told us that once the initial pre-assessment had taken place, the registered manager would speak to the member of staff they had identified as being potentially suitable to carry out the call. They told us, "It's important to get the right people in first off, they [management] have an idea who they want first off" and another member of staff said, "You talk to the registered manager, they tell you about the client and it's up to you if you're comfortable, you get a choice. Same as the people we support. We need to gel with them". We saw that once a decision was made arrangements were made to introduce the carer to the person and their family, to go through the care plan with them and when everyone was happy, the package of care would commence. A member of staff told us, "We sort out a date and we are introduced, we have to build a relationship". A relative told us, "We have always been involved and they have been very informative, we would not want to change".

Staff spoken with were able to provide us with a good account of the people they supported, what was important to them and how they liked their care to be delivered. We saw efforts were made to keep up to date with what has happening in people's lives, through regular reviews and where other opportunities arose, for example, one relative told us, "They [care staff] follow through on things and they attend [person's name] school reviews to get some idea of how they can help". Another relative commented, "They [care staff] know [person's] funny little quirks, but even new staff will look at the care plan". A member of staff told us, "One person who is Catholic has the priest come in. If there was something we need to know the [care co-ordinator's name] would say, 'this is what has to be done' and you'd adhere to it". Another member of staff told us, "[Person's name]. Got him volunteering because he was bored. Found him things to keep him occupied. He's really happy now. His confidence has really built up" and another staff member added, "It's lovely to see how his confidence has grown".

A number of people spoken with expressed to us how responsive the service was to changes in people's care needs and packages of care. We saw an example of a package of care being put together a short notice in order to support a person and their family. One relative commented, "It's a very responsive agency. It's a two way relationship and this makes a lot more sense. They try to fit in with us whatever and even at short notice they fit in to get someone here".

Staff told us and we saw, that people's care plans were reviewed on a regular basis. One member of staff told us, "Any concerns, we tell [care co-ordinator] and reviews are done immediately". A relative told us, "We have regular reviews and we see if anything has changed and they will update themselves. We have a good two way dialogue". Another relative told us, "I can make changes at the reviews and the care plan gets amended and I get a copy of the revised plan".

We saw the service offered respite care to families to enable them to go on holiday. This meant the member of staff would move into the person's home whilst their relative was on holiday, therefore keeping the disruption to the person to a minimum. A number of people we spoke with told us how well this system worked and what a difference it had made to their lives. One relative told us, "I was very dubious about the respite at first but it works really well". They went on to describe the process, telling us, "The care co-ordinator comes out the week before I go away to see if anything has changed and goes over everything, it's very reassuring. I know [person] is safe". Another relative told us, "We want the best [for relative] and we want to be able to trust them [the service]".

We saw that a number of compliments were received by the service, for example testimonials included, 'We wish to thank you for all your help in giving us a much needed break' and '[Person] has astounded all who support him with the way he has taken to every challenge set and run with it. At the AGM [Annual General Meeting] of the charity in September [Person] stood up and gave an account of his past and how the charity has helped him. There is so much more potential and I cannot praise too highly the care and support given to [person] by [care co-ordinator] and the care team'.

The registered manager told us, "We speak to people we support every day, we will check and ask them if everything is ok. It's not a business, it's a family". People spoken with confirmed they were in regular contact with the service and their opinion was sought on the care provided. One relative told us, "I've completed surveys in the past and there's an annual carer's day where they invite speakers, we talk about different issues and it gives us chance to raise any issues. They give you ample opportunity to raise any issues". The provider told us in their PIR that they planned to send out questionnaires to all people using the service and their relatives within the next 12 months. The registered manager confirmed that plans were in place to send out the questionnaires in the next few months to gather people's views on the quality of the service provided. They confirmed that the 'carer's day' was an annual event to bring people together, offer support to each other, obtain feedback on the service and to also provide people with information that may be of assistance to them. She told us, "Last year we had speakers and we had a discussion around the Care Act".

People were aware of how to raise a complaint, and told us they had no complaints regarding the service, but were confident that if they did raise an issue, it would be dealt with appropriately. One relative told us, "I've never had to raise a complaint" and went on to describe an example of what they described as a 'small grumble' and told us it was dealt with immediately, with no issues. Another relative told us, "I've no complaints and never needed to as I can sort things with the staff. I can tell them". We saw that there was a system in place to record any complaints and compliments that had been received.

Is the service well-led?

Our findings

The resounding response from people we spoke with, was that they received care from a well led, caring and supportive service. People were complimentary about the staff, the registered manager and described the care received as 'excellent'. One relative told us, "They are a very well managed service. I know what it's like to work in care" and another relative said, "I would recommend them to others, it's an excellent service with excellent care". Many people had been receiving support from the service for a very long time and told us they felt they benefitted from being supported by a consistent staff group that knew them well.

The service was established 30 years ago by a committee made up of parents and professionals and benefitted from the same registered manager being in post. A number of staff had also been with the service for many years. This meant people benefitted from receiving support from care staff who knew them and their families well. Most of the people supported by the service lived with their parents and the service provided additional and respite support. We spoke with the treasurer of the organisation who had been one of the original parents who had established the service. Although she no longer used the service, she remained supportive and played an active role. She told us, "I am absolutely confident that everyone is receiving a quality service and everyone gets the same". We saw that she visited the service weekly and the registered manager confirmed this and told us, "I get supervision from [treasurer's name] and I feel very supported. I get on with it, but if things crop up I let them [committee] know". The treasurer told us, "I am very proud of [registered manager's name], she will always go above and beyond".

We saw that there was a culture of working alongside others, to find solutions to problems and ways to help people. For example, the service had developed a 'Saturday Club' in order to provide families with a respite option and activities for people to enjoy. The registered manager told us that it was recognised that there was a need for this type of support and the service went ahead and developed it. We saw that the 'Saturday Club' was based at a local school and the registered manager told us they worked closely with the school in terms of using their equipment. She told us, "We work very closely with the school, it's a two way thing". The registered manager told us of plans to take on a holiday bungalow in Skegness so that people who used the service and their families could take a holiday in the bungalow that was purpose built to meet their specific needs.

We saw that efforts were made to maintain links with the local community. The care co-ordinator told us, "There is a shop run by volunteers and it brings in money every month and it gives us good links with the community" adding, "[Registered manager's name] has a really good relationship with lots of people who she needs to know, she will put her feelers out, you do build up your contacts, part of our success is [registered manager's name] contacts, it's a shortcut. She can get to the right people quickly".

People were supported by staff who were given access to training which enabled them to reach their full potential. The registered manager told us, "We've a good track record with workforce development, for me it's a great achievement, we've lost some people but they have moved onto other professions, such as nursing".

A relative told us, "They [the service] are open and transparent, they will give out copies of the inspection report and always ask if there are any problems, I do feel I have the confidence to speak to them". There were clear lines of management and staff were aware of their roles and responsibilities and who to speak to if they had any concerns or required support. One member of staff told us "I've been here a long time, I'm so glad I work for Multicare" and another said, "[Registered manager's name] is lovely, very approachable, always asks you how you're getting on. She's very supportive, it's like a family".

We saw that every effort was made to ensure all things were in place prior to a package of care commencing, not only equipment, but specialist training and ensuring that the staff supporting people not only had the skills but also had similar interests as the people they were supporting and well able to get along together. The registered manager told us, "I'm not someone who will let things happen, if we're not competent and confident to do something we will pull out all the stops to get help from the right people". She went on to provide an example of support obtained from an occupational therapist in order to support one person.

People were supported by staff who were motivated and told us they enjoyed their work and found it rewarding. One member of staff, told us, "I've given up a contracted job to come here. That speaks volumes, I'd rather work here, I feel very supported" and another member of staff said, "People we support feel like family, most families appreciate you, if they're happy, you're happy". Staff talked with pride about the work they did and told us they felt valued. We saw that staff meetings took place and staff told us they were able to voice their opinion and felt listened to. One member of staff told us, "They hold the meetings at different times to give you the chance to attend".

The provider told us in their PIR that the registered manager was working closely with other voluntary organisations to set up a consortium of voluntary organisations that could work more closely together to achieve the best possible outcome for people and their families. The registered manager confirmed this was in the early stages of being set up. We saw that the registered manager was also a member of a number of organisations that would help develop her learning and support both her staff and the people they provided care for. She told us, "I'm part of the Health and Social Care Forum for Sandwell. We share information and challenge the powers that be to ensure good practice in Sandwell. I'm very much an active part in these organisations and the Carers Alliance".

We saw that a number of audits were in place to ensure the quality of the service received, including medication and care plan paperwork. For example, the registered manager told us, "One member of staff completes the initial audit of communication sheets and then passes it onto the care co-ordinator. Generally if there any concerns we know about it straightaway, we don't have to wait for the audits to pick things up". We saw where audits had picked up errors, action plans were put in place, acted upon and lessons learnt. Spot checks of staff practice also took place. The registered manager told us, "We try to do spot checks of staff when we are doing a review of care, we are conscious of that fact that the people we support constantly have people in their home, it's an intrusion".

We asked the provider to complete a provider Information Return (PIR). The provider completed and returned this to us within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this.

We found that the manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.