

Yourlife Management Services Limited

Your Life (Ferndown)

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 15 November 2016 and was announced. It was carried out by one adult social care inspector. We gave the provider short notice of the inspection as we needed to make sure they were available so that we were able to access records, talk to staff and gain permission from people who used the agency to talk to them.

The last inspection of the service was carried out in January 2014. No concerns were identified with the care being provided to people at that inspection.

Your Life (Ferndown) is a domiciliary care agency which is based within an assisted living complex known as Cherrett Court. The people who live at Cherrett Court owned the apartments they live in and could choose whether they received help or support from the agency or not. The agency provides many services such as domestic chores, shopping and cooking however these are not regulated by us. The agency is registered and regulated by the Care Quality Commission for the activity of assisting people with personal care needs. At the time of our visit five people were receiving assistance with personal care needs.

There is 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 and their relatives were very complimentary about the quality of the service provided and of the management and staff team. One person said "I find all the staff extremely kind and caring. Nothing is too much trouble." Another person said "It's all wonderful for me here. The staff and management are lovely. I have never experienced anything but kindness and concern."

People told us they were able to build trusting relationships with the staff team. The agency employed a small team of five care staff which meant people were supported by staff who know them well. A relative told us "[Person's name] has built up such a great relationship with [member of staff's name]. They have a great rapport and that is so important to [person's name]."

There were effective procedures in place to help keep people safe and reduce the risk of harm or abuse. Before staff were offered employment they were thoroughly checked to make sure they were suitable to work with vulnerable people. Staff had been trained and had a good knowledge of how to recognise and report abuse or any concerns. People told us they felt safe. One person told us "I feel very safe here. Visitors can't just walk in. They have to ring the bell at the main door first. I only buzz them in if I know them. There is also a CCTV camera outside which is connected to my television. Couldn't be safer really." Another person said "It's reassuring to know there is always somebody about if you need them. I couldn't feel any safer."

People were treated with respect and staff had received training and knew how to make sure people's legal

and human rights were protected. Staff always sought people's consent before assisting them with any task and people told us staff were courteous and respected their wishes.

Staff told us there was an on-call system which meant they had access to a senior member of staff when required. A member of staff provided sleep-in cover during the night and was available to assist people when required.

People told us the agency provided a reliable service. A relative told us "[name of staff] is so patient with [person's name]. It's all done at [Name of person's] pace." A person who used the service said "I've never known a carer be late and if we're all done before my allocated time they will always ask if I want anything else doing. I have never felt rushed and have never felt they are clock watching." Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence. A relative told us "When [person's name] needed more help and support, I met with [name of registered manager] and we talked about how much help we needed and what were the best times for us. I must say it has worked out really well."

There was a commitment to ensuring staff had the right skills, knowledge and support to enable them to meet people's needs. The people we met with had great confidence in the staff who supported them. One person told us "I think the staff are marvellous and very courteous." A relative told us "[Name of care staff] certainly knows what he is doing. He is extremely patient with [name of person]." Another person said "I have no complaints. The carers seem to know what they are doing and they do a good job."

People had opportunities for social stimulation. There were spacious communal areas which people could use if they wished and there was a restaurant which served a choice of three course lunches. There were activities and social events many of which were organised by the 'homeowners'. One person who used the service told us "I have made so many friends since moving here. We all sit together for lunch in the restaurant and relax in the lounge with a coffee afterwards. It's wonderful really." Another person said "Moving here was the best thing I ever did. I never feel lonely because there is always someone about to chat to."

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

There were robust staff recruitment procedures which helped to reduce the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good ●

The service was caring.

People felt staff were very caring and went out of their way to make sure they were comfortable and content.

People were supported by a small team of staff who they were able to build trusting relationships with.

People were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them

and took account of their preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People felt comfortable to make a complaint and felt any concerns raised would be dealt with.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a staff team who were well supported and happy in their role.

The registered manager and staff team were committed to providing people with a high quality service.

There were systems in place to monitor the quality of the service provided.

Your Life (Ferndown)

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 15 November 2016 and was announced. It was carried out by an adult social care inspector. We gave the provider short notice of the inspection as we needed to make sure we were able to access records and gain permission from people who used the agency to speak to them.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At our last inspection of the service in January 2014 we did not identify any concerns with the care provided to people.

At the time of this inspection there were five people receiving support with their personal care needs. With their permission we visited three people in their homes and met with a relative. We spoke to the registered manager, area manager and two care staff.

We looked at a sample of records relating to the running of the agency, staff recruitment and care of the people who used the service. These included the care records of two people who used the service and recruitment records for two staff members. We also looked at records relating to staff training, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt very safe with the care provided and with the staff who visited them in their apartments. One person told us "I feel very safe here. Visitors can't just walk in. They have to ring the bell at the main door first. I only buzz them in if I know them. There is also a CCTV camera outside which is connected to my television. Couldn't be safer really." Another person said "It's reassuring to know there is always somebody about if you need them. I couldn't feel any safer."

Care staff were not routinely provided with a key to people's homes. Keys were held by a member of the management team and staff were required to request a key where required. One person told us "We know what time the carer will be coming so I unlock my door for them." Another person said "The carer rings my bell and waits for me to answer. I've never had anyone just walk in."

People told us they always knew which staff member would be visiting them. One person told us "I always have the same carers so I always know who will be visiting." A relative told us "We chose [staff member's name] so we always have them. If they are off or on holiday; we are always told who will be visiting." A member of staff told us "Everything is really well organised by [name of registered manager]. The rotas are really clear so we always know who we are supporting and the time and length of the visit. We also have a handover before we start so we are up to date with how people are."

Staff told us there was an on-call system which meant they had access to a senior member of staff when required. A member of staff provided sleep-in cover during the night and was available to assist people when required. One person explained they had used their alarm fob one night when they felt unwell. They said "They [the staff member] was here straight away. I find it so reassuring there is someone there at night should you need them."

People told us staff always arrived on time and they said support was provided in a relaxed and unhurried manner. A relative told us "[name of staff] is so patient with [person's name]. It's all done at [Name of person's] pace." A person who used the service said "I've never known a carer be late and if we're all done before my allocated time they will always ask if I want anything else doing. I have never felt rushed and have never felt they are clock watching." A member of staff said "It's really good that we have plenty of time with people to give them the support they need. I never feel that people are rushed. I would never do that anyway."

Care plans included clear risk assessments relating to people's personal needs and the environment. At the time of the inspection nobody was identified as having a risk with mobility. However everybody had a mobility risk assessment in place. The forms showed there was room for information about the number of staff and any equipment that would be used to help a person move. Care plans also showed risks had been discussed and agreed with people at their first assessment. At the time of our visit there was nobody who required staff assistance with their moving and handling needs, however; the agency ensured all staff received training in safe moving and handling.

Risks of abuse to people were minimised because the registered manager made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans and posters were displayed in the complex so visitors and other people living there were also made aware.

The agency did not supply any equipment, such as moving and handling equipment, to people in their own home. This meant people were responsible for ensuring their own equipment remained safe to use. However; the registered manager told us staff were quick to recognise and report any concerns with people's equipment such as wheelchairs and walking aids. They told us they would remind people to arrange servicing or repair and would assist them with this where required. The agency ensured the communal areas within the complex were safe and well maintained. There were regular checks on the environment, fire detection systems, water outlets and the catering department. A maintenance person was employed and people who used the service had the option of using his services where required for maintenance or repairs to their home.

The registered manager told us they were not currently supporting anyone with the management or administration of their medicines. However; all staff had received training in the safe management and administration of medicines. This meant staff were able to support people safely when requested or required. Risks to people had been assessed as part of the pre-admission assessment process and on-going review of people's care plans.

There were procedures in place to manage emergency situations such as a fire. As people's apartments were within a complex; there were fire detection systems in the communal areas which were linked to the emergency services. This meant the fire brigade were alerted if an alarm was activated. Smoke alarms were fitted in each apartment. Action to be taken in the event of a fire was clearly displayed within the complex and people who used the service also had a copy of this. Each person had an emergency evacuation plan which detailed the level of support they required should they need to be evacuated. These records were easily accessible to the emergency services.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us "I think the staff are marvellous and very courteous." A relative told us "[Name of care staff] certainly knows what he is doing. He is extremely patient with [name of person]." Another person said "I have no complaints. The carers seem to know what they are doing and they do a good job."

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely and effectively. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported. The registered manager explained that new staff were always introduced to the people who used the service before they commenced any shadow shifts. They also told us the length of the induction programme was based on the competence and confidence of the staff member. They said "Staff won't work alone with people until we are sure they feel really confident and know what they are doing. We just want the very best for our homeowners (people who use the service)."

Staff received training appropriate to the needs of the people who used the agency. Staff were positive about the training they received. One staff member told us "I think the training is really good. You certainly get what you need." There was nobody using the service who had any complex health or cognitive needs, however; the provider had developed a new post of 'health and well-being advisor'. This person's role was to ensure each of the provider's services was "dementia friendly" and that staff received training and support to enable them to recognise the early signs of dementia and how to effectively support people who were living with dementia. We were informed that members of the senior management team had received training in dementia care and that this would be rolled out to all staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices.

The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. The registered manager told us the service had "an excellent relationship" with a local doctor's surgery and, where they contacted them on behalf of people who used the agency, they were always happy to provide home visits. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. One person told us "I know for sure that if I said I wasn't feeling quite myself; [name of registered manager] would ring the doctor for me." In their completed Provider Information Return (PIR) the registered manager explained "Although we strongly encourage independent living, if required we assist people to make appointments and often provide an escort when requested. The Tunstall alarm system means that individuals can contact the Duty Manager 24hrs a day in the event of an emergency."

Within the complex there was a restaurant where people could choose to have their lunch rather than cook for themselves. A catering company was based on site. We observed the restaurant was very well utilised. All of the people we met with told us they always attended the restaurant for lunch. One person said "I have lived here for years and have never used my cooker. Why would you when you can have a delicious three course meal for a very small cost." Another person told us "It's a real social occasion and the meals are excellent. The chef is fantastic and is always happy to accommodate your requests." People were provided with a varied menu each week where there were choices of starters, main meal and puddings. The PIR said "Suppers are also provided on request and our chef is flexible to meet individual needs, for example, homeowners may choose soup, sandwiches, salad or cheese and biscuits. In addition people may choose to purchase a support package to help them prepare their own meals."

Is the service caring?

Our findings

In their completed Provider Information Return (PIR) the registered manager said "As we are an on-site service with a small staff team people have continuity of workers, which is very important to both service users and staff and enables caring, trusting relationships to develop. We believe the most important factor in care provision is having a good staff team who understand that people should be treated with kindness and compassion. This is down to recruiting and retaining the correct staff. Valuing and developing our staff is also critical to this."

There was a happy and welcoming atmosphere throughout our visit and staff morale was very good. Without exception everyone we spoke with was extremely complimentary about the agency and the staff who supported them. One person said "I find all the staff extremely kind and caring. Nothing is too much trouble." Another person said "It's all wonderful for me here. The staff and management are lovely. I have never experienced anything but kindness and concern."

People had a consistent staff team and this was important to them. They were very complimentary about the way they had been able to develop relationships with all the staff and they knew them well. One person said "I've got to know my two carers really well. We really do get on well." A relative told us "[Person's name] has built up such a great relationship with [member of staff's name]. They have a great rapport and that is so important to [person's name]."

People and their relatives told us staff were always willing to do little extras for them. One person said "The carers are all so helpful and polite. When they have finished helping me in the morning they always ask if there is anything else they can help me with." Another person told us "When I had a fall, my carer called for an ambulance and stayed with me the whole time. Their shift had finished ages ago so they didn't have to stay with me. That meant a great deal to me. I really appreciated that."

People told us staff assisted them in a way which maintained their dignity and respected their privacy. One person told us "I have help with a shower and they are so very considerate. I don't feel uncomfortable in the slightest." Another person said "They are all very professional and so polite." People told us staff always rang doorbells and waited to be invited in."

There were ways for people to express their views about the service they received. Each person met with the registered manager when they started to use the service to discuss their care needs and expectations. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. One person told us "I am always being asked if I am happy with everything or if I want anything changed."

The registered manager held regular 'homeowner' meetings for people who used the service. These were well attended and the minutes of a recent meeting showed people had been informed and had been able to express a view about the redecoration of the communal areas within the complex. They had also been informed about up and coming events and activities. The chef also attended the meetings which enabled

people to discuss and request the menu. A newsletter was produced four times a year and this provided people with information about forthcoming activities and social evenings within the complex and local community. It detailed important information about health and safety and how to keep oneself safe. The registered manager told us that a person who used the service had now taken responsibility for producing the newsletters.

The results of a satisfaction survey had been very positive and people had expressed a high level of satisfaction with the service provided. The service had also received many compliments. One read "Thanking all the staff for their help and hospitality and for the care and professionalism shown to my [relative]."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

The registered manager told us he met with each person who was planning to purchase an apartment within the complex to explain the available services and to establish the level of assistance or support people required. The registered manager explained that people were signposted to other agencies where requested or where it was felt the service was unable to meet a person's needs. The care plans we read contained detailed pre-admission assessments which covered people's needs, preferences and aspirations. From these assessments, person centred care plans were developed. One person told us "I am completely in charge of what I want and how I want it done. If I want something done differently, it's never a problem and the carers will write it in my care plan." A relative told us "When [person's name] needed more help and support, I met with [name of registered manager] and we talked about how much help we needed and what were the best times for us. I must say it has worked out really well."

The people who lived at Cherrett Court decided which care agency they wished to use. In their completed Provider Information Return (PIR) the registered manager said "Homeowners may use any care provider of their choice. They don't have to use our services." We met with one person who continued to receive their morning support from an agency they had used before moving to their apartment. They told us "I didn't want to change because I had got to know them and had used them for some time. I do use staff from this agency to help me in the evening though. It all works well."

Staff had a very good knowledge of the needs and preferences of the people they supported. This enabled them to provide care that was responsive to people's individual needs and wishes. One person told us "I have got to know my carers really well and they certainly know me and how I like things done."

Care plans provided staff with the information they needed to provide people with care and support in accordance with their needs and preferences. People had been involved in regularly reviewing their plan of care to make sure it reflected their needs and wishes. One person told us "My carers write in my care plan every time they visit. They ask me every day if I am happy with everything. I feel I get a really good service and moving here was the best thing I have ever done."

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support, or responding in an emergency situation. People were able to choose the staff they wanted to support them. One person had requested only female carers to assist them with their personal care needs and this had been respected. In their completed Provider Information Return (PIR) the registered manager said "People can ask to change times and support at any time and are encouraged to discuss their care within visits so that we can be responsive to their needs. We can provide regular services, and also one off and short term or temporary packages; for example if someone comes out of hospital and needs support for a short period, or needs an increase in services for a short time. As the organisation is on site we are able to respond, immediately in most cases, to new care packages and making changes to existing packages."

People had opportunities for social stimulation. People's apartments were situated within a complex which

provided spacious communal areas for people to use if they wished. There was a restaurant and lounge areas with a television, music system and quieter areas. Tea and coffee were available throughout the day for people to help themselves. One person who used the service told us "I have made so many friends since moving here. We all sit together for lunch in the restaurant and relax in the lounge with a coffee afterwards. It's wonderful really." Another person said "Moving here was the best thing I ever did. I never feel lonely because there is always someone about to chat to." People could also invite their family and friends to social events and to have lunch with them in the restaurant. There was also a guest room within the complex which could be used by people's family and friends if they wished to stay overnight. We met with one person whose family regularly used this facility. They said "It's really handy and doesn't cost much at all. I only have one bedroom in my apartment so having the guest room means my family can stay with me. It's lovely."

There was a regular programme of activities and social events which people could attend if they wished. Some activities incurred a small cost such as keep fit, visits from a manicurist and cheese and wine evenings. Many activities/events were arranged by and facilitated by people who used the service. These included quizzes, a sewing club, cinema and musical evenings. One person told us "I really enjoy the quizzes. They keep your brain active. It's always fun."

People said they would not hesitate in speaking with staff or the registered manager if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person told us "I have never had anything to complain about but I know if I did [name of registered manager] would deal with it straight away." A relative told us "I would certainly feel comfortable in making a complaint if I needed to and I am confident it would be taken seriously."

Each person received a copy of the complaints procedure when they started using the service. The complaints procedure was also displayed within the communal areas of the complex for people's family and friends to see. The service had received no complaints in the last year. The registered manager said "I would always welcome any complaints our homeowners had as it would help to improve the service they received. I like to take any worries away from our homeowners."

Is the service well-led?

Our findings

People were supported by a team that was well led. The registered manager was supported by a small team of staff who all said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. In their completed Provider Information Return (PIR) the registered manager said "We have a manager on site 24hrs a day and part of their role is to act as a good neighbour to everyone living here whether they receive a care package or not."

The PIR said the service "promotes a positive culture that is person centred, open, inclusive and empowering. It promotes independent living and homeowners are encouraged and supported through services if they need/wish to live independently. People living at Cherrett Court may choose to purchase our services, as much or as little as they wish."

The registered manager and staff spoken with showed a great enthusiasm for wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people and what people who used the service told us. The registered manager said "Our homeowners are so important to us and we want nothing but the best for them. Living here and needing some support doesn't mean their life is over. We see it as a new chapter in their lives. We want them to be happy, safe and have no worries."

The service had effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and there were regular observations of practice to monitor staffs knowledge and skills. Supervisions and observations were an opportunity for staff to spend time with the registered manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed. Staff were very positive about the support they received. One member of staff told us "[Name of registered manager] is just excellent and so supportive. I wouldn't have achieved what I have if it wasn't for him. Thanks to [name of registered manager], his support and belief in me I have achieved an NVQ level 2 in health and social care and I am now working through level 3. I'd never of thought it possible."

People's views were encouraged and valued by the service. People told us their views were sought every time they received a visit. There were also more formal ways people's views were sought such as through regular meetings with the registered manager and through satisfaction surveys. One of the provider's area managers regularly visited the service to monitor the quality of the service people received. During their visits they visited a number of people to make sure people were happy with the service they received. Comments from a recent visit had been positive and included "I am happy with the manager and the staff. The service is great." And "[Name of registered manager] is very kind." The registered manager had taken action to address any suggestions or feedback from people who used the service. For example one person

had said they had found it difficult to park their car in their allocated space. In response to this the registered manager had arranged for lines to be painted making it easier for people to see their allocated space.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Any shortfalls would be identified and an action plan would be developed to address the shortfalls. The area manager had not identified any shortfalls at their last two quality monitoring visits. However; they explained they would regularly monitor the progress against an action plan where improvements had been identified.

The agency looked at ways of improving the service people received and acted on their plans for improvement. For example in their completed PIR in response to the question "What improvements do you plan to introduce in the next 12 months that will make your service more caring, and how will these be introduced?" The registered manager said "We are currently recruiting a Dementia Advisor who will be developing our staff training and looking at ways we can improve services for people with dementia within our assisted living environment. Within the next few months we intend to appoint a specific Care Compliance role. This person will focus on our care policies and procedures, setting up files in all developments so managers can demonstrate how they are meeting the standards, and particularly looking at how we improve services for people so we may achieve an outstanding service. The improved process will follow up the impact of training on staff performance and will contribute to providing a more caring service." During our visit we were informed that both posts were filled and senior staff had already received training in dementia care with plans to cascade this to all staff.

The agency had a variety of up to date policies and procedures which ensured all staff were kept informed of the agencies expectations and legal requirements. Policies were well written and informative; where appropriate they gave contact details to enable staff to seek further advice.

There had not been any significant events within the service however, the registered manager was aware of their legal responsibility to inform the Care Quality Commission where required. The provider and the registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.