Family Care Trust

Community Support Service

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Community Support Service is a domiciliary care agency which is registered to provide personal care to people in their own homes. The provider of the service is Family Care Trust; some people who use the service refer to the agency as 'the Trust.' At the time of our visit the agency employed 25 care staff and provided a personal care service to 22 people.

We visited the offices of Community Support Service on 29 June 2016. We told the provider before the visit we were coming so they could arrange to be available to talk with us about the service.

The service was last inspected in February 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager. 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 told us they felt safe with the staff that supported them. Staff understood how to protect people from abuse and knew about risks to people's safety. There were procedures to manage identified risks with people's care and people received their medicines as prescribed.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge. Staff completed a programme of training to support them in meeting people's needs effectively.

The registered manager understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care staff respected decisions people made and gained people's consent before providing care.

There were enough care staff to deliver the care and support people required. People were positive about the care they received and told us staff were respectful and caring. People said staff maintained their privacy and dignity and supported their independence.

People received a service based on their personal needs and care staff usually arrived around the time expected to carry out their care and support.
Care plans contained relevant information for staff to help them provide the personalised care people required. Although staff said not all people had care plans in their home and some plans were not up to date.

People knew how to complain and information about making a complaint was available to them. People and staff said they could raise any concerns or issues with the registered manager, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. However we found some of these processes were not regularly carried out. This included reviews of care plans, observations of staff practice and checking and auditing records completed by care staff.

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.

Care staff understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and staff understood risks associated with people's care. There were enough staff to provide the support people required. Recruitment checks were carried out to make sure staff were suitable to work with people. Staff supported people to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Care staff completed training to ensure they had the right skills and knowledge to support people effectively. The registered manager understood the principles of the Mental Capacity Act 2005 and care staff gained people's consent before care was provided. People were provided with support to eat and drink if required.

Is the service caring?

Good

The service was caring.

People received care and support from care staff who understood their individual needs and respected people's privacy and dignity. People said care staff were caring and friendly and supported them to maintain independence and remain at home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care needs were assessed and their preferences had been taken into consideration when planning their care. However, care plans were not reviewed regularly to make sure staff had up to date information about the care required. People received support from regular care staff who knew their needs and involved them in decisions when delivering their care. Care

staff arrived around the times agreed and had sufficient time allocated for calls to meet people's needs, and get to know people. People knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were satisfied with the service they received. There were systems to monitor the quality of service people received but these were not routinely implemented The procedures for monitoring staff practice, reviewing care plans and checking and auditing records were not sufficiently robust to ensure people always received a safe, effective service.

Community Support Service

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.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority or health who contract care and support services provided to people.

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 found the PIR reflected the service provided.

The office visit took place on 29 June 2016 and was announced. We told the provider we would be coming so they could make sure they and care workers would be available to speak with us. The inspection was conducted by one inspector and an expert-by-experience. 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 office visit we spoke by telephone, with seven people who used the service . During our visit we spoke with the registered manager, two team leaders and three care workers.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including care workers records of calls, medicine records, quality monitoring checks and complaints.

Good

Is the service safe?

Our findings

People and relatives we spoke with confirmed people felt safe with the care staff. When asked if they felt safe using the service, people told us they had regular care staff that helped them feel safe and at ease. Comments included, "Yes she does feel safe. She's got regular carers," and, "Yes very safe. We are absolutely 100% happy with the service."

People knew what they would do if they did not feel safe. People said they would contact the service if they had concerns and said they had the contact details to do this.

People were supported by staff who understood how to protect them from the risk of abuse. All the staff we spoke with had completed training on how to recognise abuse. They were aware of the different signs of abuse and their responsibilities to report this to the manager. One staff member told us, "I would speak to the office and report it." There was a policy and procedure for safeguarding people and to inform staff what to do if they suspected abuse and who to refer concerns to. The registered manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority and CQC.

There were sufficient numbers of staff available to keep people safe. The registered manager and team leader confirmed there was enough staff to allocate all the calls people required. The manager told us, "Staff retention is good so we have enough staff to cover calls and allocate consistent clients." Staff, people and relatives told us there were enough staff to meet people's needs. Staff usually arrived on time and stayed the full amount of time allocated. People told us the care they received was not rushed and staff supported them safely. Comments included, "She gets four visits a day and we are happy with the timekeeping for all of them," and 'They're not always exactly on time, on an odd occasion they can be about 15 minutes late, but I'm happy with that". People also indicated that if care staff were going to be late they would be contacted by the agency office to let them know.

Call schedules showed the allocated times of visits to people and staff recorded the times they arrived and left people's homes, to show they had stayed the length of time agreed. The service also used an electronic system for monitoring staff had arrived and left people's homes. The system alerted the office if care staff hadn't arrived within the agreed time. Staff in the office could then contact the care worker to find out the reason why, and make arrangements to cover the call if the care worker was delayed.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example some people needed equipment to move around, there was information for staff about the equipment to use, the number of care workers required and how to move the person safely. People we spoke with who required assistance with equipment indicated that things worked effectively and safely. One relative told us their family member required a hoist to assist getting out of bed and that, "Everything was working as it should".

Staff we spoke with knew about risks associated with the people they visited and what to do to manage the

risks. Staff confirmed there were risk assessments in people's homes which included an assessment of people's environment as well as risks to their personal safety. A staff member told us, "There are assessments in the care plan but we continually assess risk on each call. We assess the environment to make sure its remains safe for us to work and changes in people's needs, improvements and deterioration." They said any changes were referred back to the office staff for reassessment.

Care staff had completed moving and handling training so they could move people safely. They understood the importance of making sure equipment that people used was safe. Care staff told us they made a visual check before they used equipment to make sure it was working correctly. For example they would make sure the battery for using the hoist was on charge before they left so it was ready for the next care staff to use.

Where people required assistance to move or sat for long periods of time, risks associated with pressure area damage had been assessed. Information in care plans informed staff to check people's pressure areas during personal care calls. We asked care staff about monitoring people's skin to make sure it remained healthy. One staff member told us, "We check on each call to see if the person's skin is red. We check their bottom, back, elbows and shins. Any concerns we would complete a body map, record it and report it to the office. I would phone the district nurse if one was involved. If not the office would phone the GP or district nurse." Staff also told us people at risk of skin damage had pressure relieving equipment such as an air flow mattress or pressure relieving cushions if needed. These practices would reduce the risk of pressure damage on people's skin.

Some people had a key safe which care workers could access to gain entry to their home if they were unable to open the door. Care staff were aware of the importance of keeping entry codes safe and made sure following their calls that doors were closed and the home secured.

The provider had an out of hour's system when the office was closed. One care worker told us, "I have used the on call several times when I needed help or advice. It works well. "Care staff told us there was always someone available if they needed support. The provider also implemented a lone worker policy where evening staff contacted the on call after they had finished to let them know they were home safe.

The provider's recruitment process included checks to ensure staff who worked for Community Support Service were of a suitable character. Staff told us, and records confirmed, Disclosure and Barring Service (DBS) checks and references were obtained before they started work. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Care staff confirmed they were not allowed to start work until all the checks had been completed.

People were happy with the support they received to manage their medicines. Where people needed support to take their medicines this was provided as required so they could take their medicines as prescribed. One relative told us, "She gets help with medication twice a day and it works well, we've had no problems."

Where care staff supported people to manage their medicines it was recorded in their care plan. Care staff told us, and records confirmed they had received training to administer medicines safely. However staff competency was not checked to make sure they put their training into practice and administered medicines safely. The registered manager told us this would be implemented.

Care staff recorded in people's records that medicines had been given and signed a medicine

administration record (MAR) to confirm this. Completed MARs were returned to the office monthly for auditing. Although people received their medicines as prescribed we found the system for recording, checking and auditing medication records was not sufficiently robust. The registered manager advised this would be improved to avoid potential mistakes, and to ensure people were given their medicines safely and as prescribed.

Good

Is the service effective?

Our findings

People and relatives told us care staff had the right skills and knowledge to meet people's needs. We asked people if staff knew what they were doing when providing support and if they were sufficiently trained. People's responses were positive, for example "Yes I think so. They are all really good," and, "Yes. Mum seems a lot happier with this company than the previous one."

Staff told us they had completed training and this was updated to keep their skills up to date. New care staff told us they completed an induction to the service which included shadowing more experienced care staff. They said this helped them to understand their role and how to support people. The registered manager told us that new staff completed the 'Care Certificate'. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment.

The registered manager told us the provider had recently changed how they delivered staff training to computer based e-learning. They told us, "The training does provide staff with sufficient knowledge to do their job. I just find e-learning is not a particularly effective way of learning for some people. Some people prefer face to face so they can discuss things." The registered manager said they had devised competency assessments to check staff knowledge following the training which they were going to implement. They told us, "I think the assessment tool we have devised will make this better and support people to put their training into practice." All the staff we spoke with agreed with the registered manager about e-learning. They all said the e-learning provided the information they needed to understand the subject but they preferred face to face training as they could ask questions to check out their understanding. The registered manager maintained a record of staff training, so they could identify when staff needed to refresh their skills. Training records confirmed staff completed training and had their training refreshed in line with the provider's timescales.

We asked staff if they had supervision meetings with their manager and unannounced 'observation checks' on their practice to check if they put their training into practice. Staff told us they had started to have supervisions where they discussed personal development and training requirements but did not have their practice observed. The registered manager and team leaders told us they often worked alongside care staff when they covered calls to people and observed how staff worked during these calls. However these observations were not recorded.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The registered manager

understood their responsibilities under the Act. They told us there was one person using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. This person had a relative who we were told had lasting power of attorney (the legal standing) to make decisions about their care and welfare and finances in their best interest. However there were no documents to support this. The registered manager said they would ask the relative to provide a copy of this document for their records.

Care staff we spoke with had completed training in MCA and knew they could only provide care and support to people who had given their consent. We asked staff what the MCA meant, they told us, "It's about people's choices and rights." Another said, "People I visit have capacity to make decisions, even though I go there every day I still ask for their consent before I do anything." We asked people if care workers asked for their consent before they provided care, people confirmed they did. Care staff said other than one person, everyone they supported could make everyday decisions. Staff said there were some people whose decision making fluctuated due to their dementia but they were still able to make decisions and choices. The registered manager told us they would ensure capacity assessments were completed if needed and they would take the appropriate action if this indicated more support to make decisions was required. People and relatives told us they remembered signing their care plan to give consent to the care being provided.

Most people using the service told us they were either able to prepare their own meals and drinks or family members provided them. People who were supported by staff told us, they were offered choices and were happy with the support they received. Comments included, "Yes. They give me a choice," and, "They make her breakfast and it all works well." One person relied on staff to support them to eat and drink. Care staff understood how the person required their food to be prepared and told us they had time to assist the person to eat and drink at each meal time without having to rush."

People and relatives we spoke with said they managed their own health care appointments. Care workers said they would phone a GP and district nurse if they needed to but would usually ask the family to do this. One relative told us, "We deal with that side of things but they'll contact us if they have any concerns about her." Care records confirmed health and social care professionals, such as GP's, district nurses, mental health team, occupational therapists and social workers were involved when needed.

Good

Is the service caring?

Our findings

We asked people if care staff had a caring attitude, they said staff were caring and treated them with kindness, "Yes very caring. They make sure she's happy," and "Yes they do. They are always jolly."

Staff said they were caring towards people. Comments included, "We have time to chat and get to know people. We build up friendships and we get to know people well." "I always introduce myself to clients and let them know what I've come to do and how long I will be there." Another staff member told us, "I treat people as I would want to be treated." We asked people if care workers treated them with respect. We were told, "Yes. They use my first name and talk to me politely." A relative told us, "They treat her with the greatest respect."

The registered manger told us they tried hard to employ care staff who had the right qualities to provide care. They told us, "It's difficult to assess empathy and compassion during an interview. We do have scenarios at the end, and ask questions about the person to see if they have the right attitude and passion for the role and it's not just seen as a job."

The registered manager told us about one person they supported who was admitted to hospital. This person had no relatives, so they arranged for their call to continue and care staff visited the person in hospital instead of at home. The service also arranged a period of respite care for the person to ensure they were fully recovered before they returned home. This showed the service was caring and considerate of people.

People told us staff respected their privacy and dignity. Comments from people included, "That's fine. There are no issues around giving her personal care," and "They ensure the curtains are closed and personal care takes place upstairs in the bedroom."

Care staff we spoke with told us how they upheld people's privacy and dignity, Comments included, "It's their home you can't just walk in and take over." "I try to put people at ease by talking to them. I make sure their bottom half or top half is covered while I'm washing them," and, "I make sure curtains or doors are closed when people use the bathroom." Another said, "I will ask them if they want to wash their bottom bits themselves, if they are able to and will leave the room till they have finished."

We looked at the call schedules for three people who used the service and three care workers. These showed people were allocated regular care workers where possible. The registered manager and team leaders told us they tried to make sure people were supported by the same team of staff. Care staff said they supported the same people regularly and knew people's likes and preferences. Care staff told us they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Most of the comments from people confirmed this, "Yes. They will chat with her, she's got regular carers," and 'Yes. We chat and get on with each other."

People indicated that the service they received assisted them to stay as independent as possible. People

told us, "She wanted to stay in her own home and the service enables her to do that," and, "They do encourage her as much as they can." Care staff told us they had enough time allocated for calls to encourage people to do things for themselves where possible.

People told us they felt involved in all aspects of their care and that their opinion was listened to. People or their relatives said they were able to ask care staff for what they wanted. People said, "We have been involved and still are," and, "Yes. We feel involved. There was a meeting right at the beginning."

Requires Improvement

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that they had regular care staff that knew their likes and preferences. Comments included, "Yes, they went through it at the beginning." "They've got to know her, she's got a small regular team of staff," and, "She has one main carer and four others she's got to know, and vice versa."

Care staff confirmed they were allocated the same people on a regular basis, "We have regular clients who we know well. We know their likes and preferences and can tell if they are feeling unwell or not themselves." One relative told us that "things were working really well" with their family members care, and that care staff provided feedback on the person's health and general wellbeing. They said, 'I'm very pleased with the Trust and wouldn't want to change it'. We looked at the call schedules for the people whose care we reviewed. Calls had been scheduled to regular care staff and in line with people's care plans.

People said they received their care around the times expected. Care staff told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Care staff said they either phoned the person or asked the office to let people know they were running late.

Care staff told us that although they had allocated times to complete calls this was flexible depending on the needs of the person during the call. One care staff told us, "You have to be flexible you can't leave people if you haven't finished everything. Especially when you assist people to eat or to use the bathroom, you have to stay until they have finished. This is never a problem." Another said, "I have a call that's allocated 30 minutes but some days it takes 50 depending on the client. I let the office know when this happens and they cover my next call for me."

People's care and support was planned with them when they first started to use the service and care plans were developed following an assessment of their needs. The registered manager told us, each person had a care plan which detailed the care and support they required and how they preferred to receive this. We looked at three peoples care files. These contained care plans with details of what staff needed to do on each call and included peoples preferences. For example if they preferred to have a shower or a strip wash, or if they liked cream applied after a shower. Plans provided staff with the information to ensure each person was at the centre of the care and support they received. The registered manager told us, "We work in a person centred way but it takes time to find out this information and some people are private and don't want you to know lots about them. You have to respect this. "

One staff member told us that not all the people they visited had a care plan in their home. They told us they received information on their call programme that told them what people needed at each call so they know what people required without reading the care plan. However the information on call programmes would not provide care staff with details of risks identified with people's care and how these were to be managed. The registered manager advised they would ensure care plans were available to staff and remind staff to read care plans when they arrived at people's homes.

Where people were at risk of skin damage, information in care plans informed staff to check people's pressure areas during personal care calls. Staff knew how to reduce the risk of skin damage from pressure areas but it was not clear from records of calls that regular checks were always taking place. We discussed this with the registered manager who advised they would implement a separate recording sheet for pressure area checks so this would be easy to monitor.

We asked people if their care was reviewed regularly. People remembered having reviews but not recently. One person told us, they hadn't had a review but had received a phone call from the service to ask if things were okay. They told us the care package was working really well. Care staff told us some care plans in people's homes had not been reviewed since 2014. The registered manager told us, "I know not all care plans have been reviewed as they should, team leaders just don't have the time to get around to this. If there have been changes in people's care, plans have been reviewed and updated, so care workers have the right information." A member of staff said, "I've seen two care plans recently that were out of date. I reported it to the office and discussed it in supervision. You can get a good idea from the care workers records of calls, but it might not tell you everything."

We looked at how complaints were managed by the provider. People told us, if they had any concerns, "I'd contact the company," and, "I'd just pick up the phone if I needed to." Care staff knew how to support people if they wanted to complain, we were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." The provider information return (PIR) told us, "The Family Care Trust has a robust complaints procedure that is used to address concerns quickly if service standards have not been met and can be progressed through stages up to the Board of Directors (Charity Trustees)". We looked at the record of complaints. Complaints and concerns were managed in a timely manner but there was no record to show the number of complaints received, the action taken in response to the concern or the outcome of the investigation. The registered manager told us they would devise a log to record this information and so they could monitor any trends or patterns of concerns received.

Requires Improvement

Is the service well-led?

Our findings

People and relatives said they were happy with the service they received and thought the service was well managed. Comments included, "They are a very good company. They are the best of the four we've had". "I am happy with it. It has improved since it started." "We are 100% happy." "Yes I am happy because of the quality of the care. The way they provide the care and they've got to know her and will do everything we ask of them."

The registered manager and provider understood their responsibilities and the requirements of their registration. For example they understood what statutory notifications where required to be sent to us and had submitted a provider information return (PIR) which are required by Regulations.

There was a clear management structure, which included the registered manager and two team leaders who had defined roles and responsibilities. There was also an administrator and a Human Resource manager responsible for recruitment. The registered manager was also the registered manager for another of the provider's services, so was not at Community Support Service fulltime.

Although the team leaders understood their roles and responsibilities they said they had little time to carry out their role outside the office, and that some routine work didn't get done. A team leader told us, "There have been lots of management changes in the last two years. We have had a reduction in the management recently and we have had to take on more responsibilities so some things don't get done." They told us this included observations of staff and checking records when they were returned to the office.

The team leaders were responsible for co-ordinating client calls and covering calls when staff were off sick or on holiday. They also had responsibility for monitoring the electronic call system to ensure staff logged in and out and followed up any calls where staff had not logged in at the arranged time. Both team leaders and the registered manager also provided care to people if they were unable to cover staff absence. Team leaders, along with the registered manager had responsibility for completing initial assessments for new people, devising risk assessments and care plans, and care plan reviews. We were told that reviews were over-due where there had been no change in people's care as there hadn't been time to visit people and review this.

Staff we spoke with said they had supervision meetings but their practice had not been observed. A team leader told us they had started to provide staff with one to one supervision meetings for staff recently but had been unable to arrange observations of staff practice as they didn't have time. There were no routine checks on staff to see if they carried out care as recorded in care plans and managed risks safely. As there were no checks on staff in people's homes, records staff made at the end of the call were not checked to make sure all the required care and support had been provided. Work books, (records staff completed during the call) were returned to the office when completed, these books were not being checked to make sure care staff had delivered all the care people required.

We found the system for recording, checking and auditing medication records was not sufficiently robust.

For example, it was care staff responsibility to hand write the medicines prescribed onto the MAR. Care staff were expected to enter the information for each medicine prescribed from labels on the dispensed medication. However this was not being checked to make sure the medicines had been transferred correctly, to make sure people received medicines as prescribed. One staff member told us, "I always check what medication has been dispensed before I record it but I know not all carers do this. A new care worker told me they were pleased as they had just completed their first MAR. I asked them if this had gone okay and they told me, yes I just copied yours. They should have checked to see if anything had changed and all the medicines had been dispensed." Medication records (MAR) were not checked or audited when returned to the office. We looked at three completed medication records in the office and there were unexplained gaps on all three. The registered manager looked at completed work books for calls made at the time where there were gaps in MAR; these confirmed medicines had been given but not signed for.

From discussion with the registered manager and team leaders, it was evident there was insufficient senior staff to carry out all the tasks required. Team leaders said they scheduled care plan reviews and spot checks on staff but these did not take place as other tasks take priority. We were told, "The clients come first so if staff go off sick our priority is to cover the call."

The registered manager had been at the service for nine months and was aware of most of the shortfalls in the service and the improvements needed. They had started to make improvements but there was no plan to show how this had been put into action. We were told they would use the findings of our inspection to develop a written improvement plan.

The management team also provided the 'on call' procedure that operated out of hours to support staff by offering guidance and advice. Care staff told us the 'on call' system worked well and people we spoke with told us there was always someone available if they needed to speak with them.

People said they had no problems contacting the office with any queries they had about their care. One person told us, "If I have left a message they've always got back in touch". Most staff told us communication with the office worked well, "Communication is good. We are told about changes or updates. We also get memos to remind you of things or texts for immediate changes."

Care workers knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the registered manager and staff in the office. Although one member of staff said they had lost some confidence in the office staff lately. They said this was because they no longer received feedback when they reported issues to the office, so were unsure if anything had been done about it.

People and staff said they were asked for their opinions of the service and were sent an annual survey from the provider. We saw the findings from the last survey were mainly positive.

The registered manager and staff spoken with said they were proud of the service provided, comments included, "I am pleased with the care and how clients are treated." "We give the best quality of care that we can out there. There is a good team of care workers." "I love my job, it's brilliant."

The service had a contract with the local authority to provide care to people funded by social services. This was monitored by the commissioning team. At their last visit in March 2016 some improvements were needed, this included reviewing and updating care plans which we also identified required improvement during this inspection.