

St George's Park Limited

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Inspection report

St George's Park
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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

The inspection took place on 29 November 2016 . The inspection was announced.

St George's Park Limited is registered as a domiciliary care agency, providing personal care to people in their own homes within the St George's Park retirement community. They provide services to any people needing care and support who live in the apartments on the retirement homes site. St George's Park is a community of retirement apartments set in lovely grounds in East Sussex. There were approximately 24 people receiving support to meet their personal care needs on the day we inspected.

There was a registered manager based at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe when receiving their support from St George's Park Limited and knew who to contact if they had any worries about their safety. The provider had safeguarding procedures in place that were easy for staff to follow. Staff understood what their responsibilities were in safeguarding people within their role. They knew who to report their concerns to and were confident they would be listened to.

Risks to individual people and their circumstances had been identified, with actions put in place to reduce the risk and maintain people's safety. Some of these were detailed, with step by step by guidance to manage the risk, however some were less detailed. We have made a recommendation about this.

People's home environment, inside and outside, had been checked for hazards before their support commenced, helping to keep people and staff safe. Most people did not need help from staff to take their medicines, as they managed this themselves or family and friends helped, however some people did require support. Staff had the training necessary to equip them with the skills to safely administer medicines to people.

The provider had robust recruitment processes in place to make sure new staff were suitable to work with vulnerable people in their own homes. Enough staff were employed to be able to run a service that was responsive to people's needs. People told us that staff were always on time when visiting and always stayed to support them for the whole time they were allocated.

New staff had an induction to make sure they were confident and competent before supporting people for the first time. This included shadowing an experienced member of staff. However, these shadowing shifts were not formally recorded to evidence that they had actually happened. We have made a recommendation about this.

Staff had suitable training at induction when they were new as well as regular updates. Most of the training

was face to face training, delivered by the provider's in house trainer who was based on site. Additional training was available to make sure staff were skilled and confident to cater for specialist needs, such as to support people with diabetes. Staff had 'spot checks' to make sure their practice continued to be safe and of good quality as well as one to one supervision.

Although most people looked after their own health care needs or had a family member who helped with this, staff supported some people who needed assistance when requiring health care appointments or advice. This was clearly evidenced through the recordings in people's care records. Most people also managed their own meals or had family members who helped them. Where the need for support with nutrition and hydration had been identified, staff supported people with their meals and drinks through the day.

People told us they made their own decisions and choices and staff were clear that people were in control of their care and support. Mental capacity assessments had been undertaken where appropriate following the principles of the Mental Capacity Act 2005. People's families were often involved if their loved ones needed support to make decisions.

There was clear evidence of the caring approach of staff. People were very positive about the staff who supported them, describing them as kind, caring and respectful. Some people told us they would not be able to manage without the staff. It was a small staff team so people had regular staff providing their care and support who had got to know them well, creating confidence and trust. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

The registered manager undertook an initial assessment of people's personal care needs so they could be sure they had the resources available to support people. People had a care plan that detailed the individual support they required to provide a guide for staff. People, and their families if appropriate, were involved in the assessment and care planning process to ensure the support in the care plan expressed how they wanted their care and support to be undertaken. Regular reviews of the care plan took place with the involvement of people and their family members.

How to make a complaint was included in the service user guide, and the people we spoke to knew how to make a complaint if they needed to. The provider asked people for their views of the service by asking them to complete a questionnaire once a year. The registered manager also checked that people were happy with the service provided when they regularly visited to provide care and support.

The people we spoke to thought the service was well managed and were happy with the service provided. People and their relatives knew the registered manager by name and were complimentary, saying they were happy to speak to her and always got a quick response.

Staff were happy with the support available for them and said that they were confident suggestions or concerns would be responded to if they had any. The registered manager said she got good support from her own manager as well as from other managers who were based in care homes on the same site.

The registered manager had a quality monitoring system in place to make sure the service provided remained safe and of good quality. They were planning to improve their system, introducing another auditing process to ensure they were responsive to making necessary improvements in the future. A range of monitoring processes were undertaken at various intervals including checking care plans and medicines administration records. People were asked their views of the service and the registered manager acted on

the feedback provided to improve the quality of support to people.

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.

Staff knew how to keep people safe by following the safeguarding procedure and reporting any concerns they had.

Individual risks were assessed without impacting on people's independence. Risks to the environment were checked to help keep people and staff safe.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Accidents and incidents were reported and investigated.

Is the service effective?

Good ●

The service was effective.

Staff had one to one supervision and assessments while carrying out their role. Suitable training was provided to develop staffs skills appropriately.

People had control over the choices and decisions they wished to make about their support and care.

Staff contacted health professionals when necessary to get the appropriate support for people.

Is the service caring?

Good ●

The service was caring.

There was small staff team so people knew most of the staff well. People found the staff to be caring and respectful.

People were given information about the support they received and the standards they could expect from the staff.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People and their family members were involved in the whole care planning process and had the opportunity to change things when they wished or their needs changed.

People knew how to make a complaint and felt they would be listened to and action would be taken, although no complaints had been made.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good ●

The service was well led.

The registered manager was fully involved in the running of the service, providing support to people regularly. Support was readily available from the provider.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Monitoring processes were in place to check the safety and quality of the service

St George's Park Limited

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.

The inspection took place on 29 November 2016 and was announced. The provider was given 24 hours notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of two inspectors. One of the inspectors made telephone calls to people who used the service to gain their views.

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

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with four people who received personal care from the service, and one relative, to gain their views and experience of the service provided. We also spoke to the registered manager, and two members of care staff. After the inspection we asked two health and social care professionals for their views of the service but received no reply.

We looked at five people's care files and four staff records as well as staff training records, the staff rota and staff meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems, medicine administration records and quality assurance systems.

Is the service safe?

Our findings

The people receiving care and support in their homes within St George's Park felt safe with the staff and the care they received. One person told us, "Yes we are safe when the staff are here, they know us well and are always so helpful". Another person said, "I do feel safe just knowing they are there in case I get into difficulties" and a third person said a similar thing, "Oh yes I do feel safe when they are here. I can do a fair amount myself, but I am unsteady on my feet so when I am showering, getting dressed that sort of thing it's good to have someone here just in case".

The provider helped to keep people safe by having a safeguarding procedure in place for staff to follow if they had concerns or suspicions of abuse. The procedure was easy for staff to follow with a flow chart of what action to take and when clearly displayed. All the contacts staff needed to be aware of to raise a safeguarding alert if they needed to were detailed, including external sources of help. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe. The staff we spoke to knew how to report concerns they may have and who to. They were confident the registered manager would deal with any concerns raised with them but knew about the whistleblowing procedure if this did not happen.

People knew who to contact if they did feel unsafe at any time and were given this information at the commencement of their support. One person told us, "I feel very safe I cannot see that would change but I would talk to the manager if there was a problem".

An initial risk assessment was completed at the same time as the initial assessment of care needs. The initial risk assessment looked at such things as mobility, sight, health, and special equipment required. Individual risks were identified through the initial assessment in order to put measures in place to help prevent people coming to harm and to keep them safe. For example, where people required two staff members to support them using a hoist to be able to move from one part of their home to another. Although the registered manager had detailed individual risk assessments in place for some people who required them, others were less detailed. We spoke to the registered manager about this and they agreed with the need to ensure consistency in recording the assessment of risk.

We recommend the registered manager ensures a consistent approach is used in the identification and recording of individual risks to people when being supported by staff within their own home.

Environmental risk assessments of people's homes were undertaken to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as parking, lighting and access. The outside of the properties was well known by staff as the agency only supported people within the St Georges Park retirement village area. The inside of the property was looked at to check it was free from obstacles or the risks associated with rugs and mats, electrical installations or if the person had any pets. Where people required the assistance of equipment to address and support their needs, staff carried out a visual check of the equipment daily, before use, recording their findings.

The provider had an on call service available for people and staff outside of normal office hours, including weekends, if they needed to seek advice or pass information of importance. An emergency plan was in place to make sure they were prepared for most circumstances that would have an impact on their ability to run the service. Such as adverse weather conditions, for example, heavy snow or flooding. Those people who were the most vulnerable were prioritised as requiring priority support if an emergency did take place. For example, people who lived alone with no relatives living nearby and required personal care.

Accidents and incidents had been recorded, capturing the actual incident and the appropriate action taken. Accidents and incidents were followed up by the registered manager as necessary.

The service was run from an office situated amongst the St Georges Park retirement apartments. The DCA was a small service so did not require a dedicated office staff. The registered manager and deputy manager looked after the office support functions, they also provided support to people in their homes on a regular basis.

The provider had enough staff available to be able to provide people with their assessed support needs. People told us that staff were always on time and never left them waiting. One person told us, "The staff are punctual, very much so in fact, and yes they stay until I am sorted out, no problems there either". Another person said, "The girls are always on time, I really can't think of a time they have been late as such, of course the time varies within a five to ten minute window. The staff are here for their time. If we finish early I tell them they can go, but they usually stop and have a chat". Staff recorded the times they arrived and the times they left when visiting people. We looked at these and saw that they were consistent and corresponded to the visiting rota sheets. For example, people who requested a seven am visit always received a visit at seven am. The registered manager told us people had the same staff to support them most of the time, however, the staff team was small so people knew all the staff quite well and were happy to have any of the staff providing their support generally. One person said, "I have a few girls who come to me all the time, so it is not the same person every day but I know them all well". Another person told us, "We have been here eight years now, we do have the same carers, of course that has changed as we have gone along as staff do leave".

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history. The registered manager made sure that references were checked before new staff could commence employment.

We saw evidence that the registered manager had used the disciplinary procedure when staff were not carrying out their duties to the standard expected by the providers. People were kept safe by the provider making sure they did not tolerate conduct from staff that was not up to the standard expected.

Most people either took care of their own medicines or a family member or friend assisted with this. However, some people did need the assistance of staff. Staff received training to make sure they were competent to take on the role of administering medicines. Medicines competency assessments were carried out with staff during the observation checks the registered manager undertook with staff. Medicines administration records (MAR) were collected from people's homes every month by the registered manager who checked through them for poor practice such as frequent errors or poor recording. A coding system was used for staff to easily record additional information when signing to say they had administered prescribed medicines or creams. For example, A = assisted, NT = not required. We found good and clear documentation

of the MAR sheets with no gaps in recording. Guidance was given for staff when administering medicines, for example, wearing gloves when applying creams and exactly which part of the body the cream was to be applied to.

Is the service effective?

Our findings

The people we spoke to thought the staff had the skills needed to support them well and had no concerns with their competency. One person told us, "The staff are very good they know exactly what they are doing, I think they are extremely well trained". Another person said, "I would say that all the girls have received sufficient training they certainly know what help I need. When I have finished my shower and before they leave they always tidy everything, they are excellent".

Most staff training was carried out face to face on the St Georges Park site. A dedicated in house trainer was employed by the provider to attend to the training needs of all the care services on the site. Some additional training was provided through an online training provider or DVD's. For example, a diabetes management course was undertaken through distance learning. Staff told us they had received the training they needed to feel confident in their role. The registered manager had a training plan in place which was updated by the in house trainer. The registered manager was able to easily check that staff were up to date with their training by monitoring the training schedule. All staff were up to date with their training needs.

The registered manager ensured new staff were equipped with the knowledge and confidence to carry out their role before they were able to support people fully on their own. New staff completed an induction which included the expectation to complete all their training within the first three months of taking up post. The new staff gained experience and confidence initially by working alongside existing staff to shadow them and meet the people they would be supporting. Although we could see this happened by looking at the rota, the registered manager did not formally record this in the staff induction records. This meant the registered manager could not always be sure the shadowing had actually taken place as planned or, if there had been any issues, how these had been addressed.

We recommend the registered manager seeks to introduce a formal induction recording document to evidence that the important task of shadowing experienced staff is captured.

The registered manager and deputy manager worked closely with staff regularly as they both undertook support visits most days. They used this as an opportunity to carry out checks on staff by observing their practice and addressing any concerns they had straight away. However, these checks were not documented so there was no evidence of concerns that were addressed or good practice that was commended. Staff had received one to one supervision with their line manager. However, the registered manager told us these should be carried out four times a year and the staff files we looked at showed that staff had supervision twice this year. The registered manager told us the one to one supervisions had lapsed when she was without a deputy manager for a period while in the recruitment stage. We spoke to the registered manager about both of these issues and she said she would put a process in place straight away to record the observational checks on staff. She undertook to plan all one to one supervisions to ensure all staff have meetings four times a year.

Staff received an annual appraisal with the registered manager which gave them an opportunity to reflect on their practice and performance and receive feedback from their line manager. Goals were then set for the

next year which included any training needs or areas for development.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. People's capacity had been assessed where appropriate although most people supported in their own homes by the service did have the capacity to make their own decisions. Those who struggled with some day to day decisions were supported appropriately by family members.

People were supported to make decisions about their care when this was appropriate, for example, how people liked to have their support and at what times. The people we spoke with told us they were supported to make their own decisions and choices. One person said, "Oh yes the staff do what I want them to do, some days I need help with dressing after the shower and they are happy to help me". Another person told us about their decision to reduce their care visits, "I just have the staff in the morning and evening now, for a shower and getting in and out bed. I used to have the staff three to four times a day. As I have improved we have discussed what my needs are and I have reduced the visits".

Support with nutrition through the day varied from one person to the next and was generally decided by people and their family members. Most people did not need any help with their meals as they took care of this themselves or a family member or friend did. There was a restaurant on the St George's Park site and some people ate their main meal there. Some people had subscribed to have ready made meals delivered to their home and staff helped with these by heating up and serving them. Where necessary, staff recorded people's food and fluid intake if this was requested by a health care professional or if staff were concerned about a person and a request had been made to see a GP.

Most people looked after their own health care needs or had family members who helped them with this. However, some people were supported by staff with their health care needs. People's records showed that they were supported to remain as healthy as possible. One person told us, "The staff have a full list of my health problems, and there are a lot of them. Getting old I guess, but the staff know when I am not well and they will offer to call the doctor or call my daughter". The registered manager had a communication document for each individual which recorded in detail any contact the agency had had with other health and social care professionals. For example, routine health checks, diabetic clinic reviews or vaccinations such as for flu were supported and recorded. Appointments attended and contact with health services were used to inform changes to the care plan. For example, one person's records showed a visit to a dermatologist for advice and treatment for a skin condition. The care plan was reviewed to incorporate the advice given by the dermatologist and the treatment prescribed. The person was involved in the care plan review and signed to say they had been involved and that they agreed with the new plan. People's records showed regular referrals were made to health care professionals such as physiotherapists and district nurses and followed up to make sure prompt attention had been given.

Is the service caring?

Our findings

All the people we spoke to were highly complimentary about the staff and the care and support they received. One person told us, "The staff are all lovely they are very caring they support me well, I could not manage without them". Another person said, "The girls are more than kind, they are caring, patient, and just brilliant".

St George's Park DCA service was small and established to support people who lived within the park area. This meant the staff team was small and so the staff knew most people well and good communication meant that staff were kept up to date with any changes they needed to know. People were very happy with the support and how staff treated and respected them. One person said, "The staff know us both well, they know how (my relative) likes to be cared for and they respect that he likes to be in charge". Another person told us how the staff helped them, "They nag me if I am trying to do too much and insist they help. I am grateful for that as I am fiercely independent and can sometime try to do too much".

People's cultural and religious requirements were recorded. Where people had specific needs and wishes, these were recorded even if support from staff to maintain their cultural needs was not required. This made sure staff were aware of what was important to people and how it may impact on their support. For example if people wished to attend a religious service at certain times of the day or week so could not have support visits at those times.

Important information about people, their lives and the people who were important to them were incorporated into the care plan. Staff were comprehensive in their recording of the care and support they gave to people each time they visited. The daily recordings were respectful and thoughtful in their content.

The registered manager and deputy manager knew people well as they too provided care and support on a daily basis. We heard conversations on the telephone in the office between the registered manager and people, relatives and staff during the inspection. One call made was from a member of staff who required advice regarding an incident they had come across while visiting. The registered manager took the details, called the emergency services and went out to check all was well until they arrived. The registered manager then called the person's relatives to inform them what had happened. She then rang the person the member of staff was next due to visit to let them know they would be late, having a chat with the person, asking how they and their family was.

The registered manager included people in decisions about their support from the beginning. This made sure that staff had the information they needed to start to build good relationships with people. People were asked how they wanted to be supported, what their preferred times of support were and their likes and dislikes before any support commenced. One person told us, "I was asked a lot before the care started, my daughter was here to and they spoke to her. It did not take long for the girls to know what help I needed and what I like and don't like". Another person said, "I was asked about the help I needed at the very beginning. We have discussed this since as I have been more able and some of the visits have been reduced. But should I need more help in future I know this can be arranged".

People were given a service user guide at the commencement of their care and support. This detailed the information they would need to know about the service they could expect to receive including details about the provider and how to make a complaint.

People were encouraged to be as independent as possible, this was a theme that ran through the care plans and people told us this was the case. One person said, "The staff know just what to do, we do things together, I am independent and they know my routine. They give me time to do the bits I like to do". A staff member told us how they support people to remain independent, "I always see what people can do for themselves. If I see they are struggling I offer help, it is so important to let people do what they can for themselves. Some days that may vary so I give whatever help they need on the day".

People's care plans included how to maintain their dignity and respect while providing personal care and support. For instance, the detailed guidance for staff about how to support a person's morning routine started with, 'Greet (name) and discuss her needs first. Talk throughout the activity, explaining and gaining consent through understanding and cooperation'. Supporting people to maintain their independence was approached in a similar way in the daily guidance, 'Support (name) to do as much as possible for themselves'. People told us the staff team always treated them and their home with respect. One person said, "The staff do treat me with respect, they are professional, but also friendly I am so pleased that the service is available". Another person has similar things to say, "The girls show me nothing but respect, that includes the way they take care in my home".

Staff told us all the information they needed to know about people to be able to support them well was available. One member of staff said, "I know the people I look after well, there is lots of information in the care plan about their likes and dislikes and what we need to do to support them. We are introduced to people before we visit to give them care".

Is the service responsive?

Our findings

Although people said they had not had any reason to complain about the service provided by St George's Park Limited DCA, they knew who they would speak to if they did need to. One person said, "If I needed to make a complaint I would talk to the (the registered manager name) in charge, she makes sure we get the care we need". Another person told us, "If I ever needed to make a complaint I may speak to my daughter first, but I know I could talk to (the registered manager name) if that ever arose".

A complaints procedure was in place with the information needed to make a complaint to the service if required however, no formal complaints had been raised by people or their relatives. We saw evidence of one informal complaint that had been raised with the registered manager while she was supporting a person with their care needs. The person had told the registered manager that although she did like one of the members of staff, they felt as though they talked too much when attending to their care needs. The registered manager addressed the issue with the member of staff straight away, within three hours of the discussion, to the satisfaction of the person, recording their action and the outcome.

An initial assessment was completed with people by the registered manager or deputy manager before the service commenced. This was completed with the person and or their relatives following a referral which was often from the person themselves or their relatives. Sometimes referrals were made from a GP, district nurse or social services for example. The assessment detailed the specific support which was required from staff, the frequency of visits and the duration. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a walking frame or a hoist or any medicines they were taking. The assessment process supported the registered manager to find out what people expected from the service and to ensure that the service could provide what had been requested.

The information from the initial assessment was used to develop a care plan. Some care plans included detailed information and guidance to inform staff how to meet people's individual needs. Such as how much a person could do themselves and at what point staff needed to assist with a person's personal care. Attention to detail such as drawing staffs attention to good hand hygiene in order to control infection was included within the care plan. Records showed that people were involved in the development of their care plan by advising staff how and when they would like their support to be carried out. One person confirmed this by telling us, "I was very much involved in my care plan they have worked with me since I got out of hospital". It was clear that people were able to make changes to their care whenever they wished. The outcomes required for each support task was clear, such as maintaining independence and safety as much as possible and preserving dignity and respect by taking the person's lead. Some of the care plans were not as comprehensive and the detail was more basic. We spoke to the registered manager about this who agreed and said they had changed the format at one point and she had found she preferred the previous way of recording. She said she understood the concern raised and would review all the care plans and risk assessments to ensure they were all comprehensive with appropriate detail.

People's hobbies and interests and what was important to them were recorded where relevant so staff could support and encourage people if this was appropriate. For instance, the jobs, vocations and careers

people had in their lives and if they loved the company of others or preferred to be more solitary.

Care plans were regularly reviewed every month as well as earlier if people's care needs changed. A clear calendar record was kept of the date the review had taken place with a very brief description of changes made. The record helped the registered manager and staff to see at a glance whether the review process was up to date and if changes had been made that they needed to be aware of. For example, we saw on one person's review record in May 2016 that changes to the care plan had been made three times within that month and were then able to check these in the care plan. People's care was regularly reviewed with health and social care professionals to reduce time needed with personal care when people's conditions had improved. People had also requested an increase in support time when this had proved necessary.

The registered manager sought people's views of the service when she was supporting them in their homes, which was a regular occurrence. The discussions were recorded and any issues addressed immediately by the registered manager. St Georges Park Limited was a small service so seeking people's views and recording them in this way was appropriate. The registered manager used people's views and comments to inform service improvements on an on-going basis.

People were asked their views of the service provided once a year. The last questionnaire that was sent out to people was in early 2016. The majority of people returned the questionnaire and the response was good with no negative comments. Comments from people included, 'It is hard to think how I would have managed without your support', another read, 'The care is discreet', while a third read, 'Carers are cheerful, kind, family orientated and friendly. They show an interest in clients'.

Is the service well-led?

Our findings

All the people we spoke with told us they had good experiences of the support provided by St George's Park Limited DCA and how the service was run. One person told us, "I think the service is well managed, I know talking my other friends who live around here that they are also happy about the way the service is run". A second person said, "I think the service is managed very well indeed", and a third person also had a good experience, "I would say the service is managed well as we never need to complain about anything".

The registered manager and the deputy manager undertook care and support with people on a regular basis so regularly chatted with people about their care, finding out their views and checking if there were any concerns. People knew the management team as they saw them regularly so felt able to raise concerns if they had them. One person told us, "The manager (registered manager's name) comes as a carer sometimes as does her deputy. I am very happy with the service, the carers are all kind and very gentle".

The registered manager was very involved in the St Georges Park community, including the future planning and development of the site. Other DCA's supported people living within the apartments and the registered manager said she liaised well with them. For example, providing a two hour break each day for one live in care agency providing support to one person living in the apartments.

The provider delivered care services to people in care homes on the same site as St Georges Park Limited DCA. The registered manager told us they received peer support from other managers, meeting with them regularly and contacting them when necessary. The registered manager told us she had good support from her line manager who visited regularly as they were based on the site and were always available by telephone as well as visiting regularly.

The registered manager held regular team meetings to keep staff updated with information and allow an opportunity for further support. The last staff meeting was held in November 2016 when all members of staff attended. The items discussed included updates from the manager, feedback and discussion amongst the team about the people they supported and employment issues. This gave the staff time to have useful discussions with each other as well as the registered manager as well as being able to offer advice and support to one another. The office base was within close proximity of all apartments so staff could easily pop in to the office for advice or to collect information needed at any time. Staff could call in to the office more than once a day if necessary so they were never far from support and advice if needed.

Staff found the registered manager approachable and felt able to take concerns or suggestions to them. One member of staff said, "I think the manager is ok, I think she supports us well". When asked if the registered manager took on board suggestions for improvement, another member of staff said, "Yes, if I had any I think she would".

The provider had a full range of relevant policies and procedures for staff to follow. The information and guidance provided was relevant and easy to follow

Quality assurance processes were in place for the registered manager to check the quality and safety of the service provided. People's care files and the staff's daily recordings of their visits to provide support were checked regularly for content and accuracy. Medicine administration records were checked to make sure there were no gaps in recording and they were legible and neat to help to prevent errors. The registered manager and deputy manager observed staff when they were providing support to people to ensure the quality of care remained of the standard expected. However these monitoring processes were not always documented to evidence the regularity of checking. We spoke to the registered manager about this who agreed it was important they better recorded the important quality checking processes they undertook. People and or their relatives views were sought about the service provided in order to improve where necessary. The provider and registered manager had identified the need to develop their quality assurance systems further and had a plan in place to introduce a new audit, to be undertaken by the provider.