

Lancashire County Council

Wyre Domiciliary Service

Inspection report

Wyre Day Service
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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

Wyre Domiciliary Service was inspected on the 25 and 26 July and the 01 August 2018. All the days were announced. This means we informed the registered manager of our inspection. We did this so people who used the service could decide if they wanted to see us.

This service is a domiciliary care agency. It provides a supported living service to people with learning difficulties within their own homes across the areas Fleetwood, Cleveleys, Thornton and Poulton so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The main office is located at Larkholme Avenue in Fleetwood. At the time of our inspection visit Wyre Domiciliary Service provided support to 34 people.

At our last inspection in November 2015 the service was rated as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found quality audits were carried out to identify if improvements were required and people were asked their views on the service provided. We asked the registered manager how often they carried out their checks. They said there was no specific timescale in place at present and they were in the process of addressing this. We have made a recommendation about the scheduling and recording of audits.

We found processes were in place to ensure people's rights were protected and referrals to social workers were carried out to ensure appropriate applications were made to deprive people of their liberty.

We found records contained person centred information to support staff to deliver care and staff knew the help and care people needed to live fulfilling lives. Staff spoke fondly of the people they supported and said they wanted to enable people to live independently in their own homes. We were told, "I'm proud to work with the guys. You can't help but build relationships with the people here. I like them and what I do."

We found medicines were managed safely and people told us they were happy with the way their medicines were managed.

If accidents or incidents occurred checks and investigations were carried out to identify where improvements were required. Staff told us they were informed of the outcomes of these.

People told us they felt respected and valued and they considered staff to be patient and caring. One person told us, "I like the staff. They're my friends."

Relatives told us they were consulted and involved in their family members care. People we spoke with confirmed they were involved in their care planning if they wished to be.

Staff we spoke with were able to describe the help and support people required to maintain their safety and people who received support told us they felt safe. Staff were trained to ensure their knowledge was in line with best practice.

People told us they were supported to access healthcare professionals if this was needed. Relatives we spoke with also confirmed staff supported their family members to gain medical advice if this was required. One relative told us, "I'm delighted with the care."

People told us they could raise their views on the service provided and there was a complaints procedure for people and relatives to use if they wished. At the time of the inspection no complaints had been made about the service.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as they needed. Staff told us they would report any concerns regarding nutrition and hydration so action could be taken.

Staff told us that they had received training in the risk and control of infection. We saw personal protective equipment was available for use if this was needed. This minimised the risk and spread of infection.

Staff told us they were committed to protecting people from abuse and would raise any concerns with the registered manager or the Lancashire Safeguarding Authorities so people were protected. One staff member commented, "Safeguarding goes to my manager but I would report to safe guarding if I needed. I'm protected by whistle blowing."

Recruitment checks were carried out to ensure suitable people were employed to work at the service and staff told us they were supported to attend training to maintain and increase their skills.

There were sufficient staff to support people. People and relatives, we spoke with told us they were happy with the staffing arrangements. Staff we spoke with raised no concerns with the staffing provision.

Staff told us that at the current time, they were not supporting anyone with End of Life care needs. They told us and we saw that training was available and could be accessed as required. Staff told us they were confident they would be able to meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received their medicines when they needed them and processes were in place to support safe medicines administration.

Staff were able to explain the action they would take to safeguard people from abuse and told us they would do so to protect people.

Staff were recruited safely and staffing was arranged to enable people's needs to be met.

Is the service effective?

Good ●

The service was Effective.

There was a process in place to ensure restrictions were made lawfully, if these were required.

People were supported to gain professional medical advice to improve and maintain their health.

Staff received training and supervision to enable them to update and maintain their skills.

People were supported to eat and drink sufficient to meet their needs and preferences.

Is the service caring?

Good ●

The service was Caring.

People and relatives told us staff were caring and their dignity and privacy was respected.

Staff spoke kindly about the people they supported and records were written in a respectful.

Staff knew the individual likes and dislikes of people who received support and the care given reflected these.

Is the service responsive?

Good ●

The service was Responsive.

People and relatives told us they were involved in their care and that of their loved one.

People were supported to take part in activities which were meaningful to them.

There was a complaints procedure at the service to ensure people's complaints could be reported and addressed.

Is the service well-led?

Good ●

The service was well-led.

Checks were carried out to identify if improvements were required.

People who used the service, staff and relatives spoke positively of the registered manager and said they were approachable.

Staff were able to explain their roles and responsibilities and told us they were able to approach management if they needed advice or clarity.

The registered provider sought feedback from people to improve the service provided.

Wyre Domiciliary 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.

There was a registered manager in place. 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.

The inspection visit took place on the 25 and 26 July and the 01 August 2018 and all the days were announced. The inspection was carried out by one adult social care inspector. At the time of our inspection visit Wyre Domiciliary Service provided care and support to 34 people who held their own tenancies in tenancy schemes in a number of houses.

Before our inspection visit we reviewed the information we held on Wyre Domiciliary Service Limited. On this occasion we did not ask the registered provider for 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. Information reviewed from our system included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed information passed to us from the Lancashire Safeguarding Authorities and contacted the local funding authorities to ascertain their views on the service provided. We used all information gained to help plan our inspection.

We spoke with seven people who received support by visiting them in their own homes, and five relatives. We also spoke with two care staff and four team leaders. In addition, we spoke with the registered manager and the business support officer.

We looked at support plans of five people who received care and support and a sample of medicine and administration records. We also viewed a training matrix and the recruitment records of three staff. We

looked at records relating to the management of the service. For example, we viewed records of checks carried out by the registered manager, policies and staff records.

Is the service safe?

Our findings

We asked people if they felt safe receiving support from Wyre Domiciliary Service. People told us, "I'm safe here." And, "Feel safe here." Relatives we spoke with told us they had no concerns with their family member's safety. One relative commented, "[Family member] is happy and safe."

Care records we viewed contained information to control risk and instruction on how people could be supported safely. For example, we saw a support plan instructed in the support a person needed to remain safe when they were in bed. We saw if equipment was required to support people's mobility, risk assessments were in place to assess and control the risks. For example, we saw a risk assessment was in place for the use of a hoist. This minimised the risk of avoidable harm occurring.

Staff we spoke with could describe people's individual needs and the help and support they required maintain their safety and well-being. Staff told us they were committed to helping people live their lives as independently as possible and could explain the risk controls in place and the help people needed. For example, we saw if people lived with behaviours which may challenge, support plans contained information on how the person should be supported. Staff were able to explain the strategies they used and the records we viewed reflected the staff explanations. This meant people were supported by staff who knew their individual needs.

We checked to see if medicines were managed safely. The registered manager told us only staff that had been trained to manage and administer medicines could support people with their medicines. Staff we spoke with confirmed this. We viewed Medicine and Administration Records (MAR.) We found there were no gaps. We found the MAR records and the totals of medicine remaining matched. This indicated people received their medicines as prescribed. Staff told us they received training and competency checks to ensure they were competent in the safe management of medicines. We saw documentation which confirmed this.

We looked at how accidents and incidents were being managed. Staff told us if an accident occurred they would record this in the person's daily records, on an accident form and verbally report this to the office. We saw accident forms were completed. The registered provider told us all accidents and incidents were monitored by them for trends and they took action if this was required. For example, we saw it had been noted that a person had fallen in a doorway. The registered manager described the action they had taken. They told us they had arranged for a ramp to be built to minimise the risk of reoccurrence. We visited the person's home and saw this was in place and in use. This showed accidents and incidents were reviewed and action taken to minimise the risk of reoccurrence.

Staff told us they were committed to protecting people from abuse and there were policies to guide staff on what should be reported and how this should be done. Staff explained what they would report to ensure people were safe. For example, staff told us they would report unexplained bruising, falls with injury or allegations of abuse to ensure people were protected. Staff said they would report any safeguarding concerns to the registered manager or to the Lancashire safeguarding authorities if this was required. One staff member said, "Safeguarding goes to my manager but I would report to safeguarding if I needed. I'm

protected by whistle blowing." This demonstrated staff were aware of the action to take if safeguarding referrals were required.

We viewed documentation which demonstrated staff were recruited safely. We viewed three staff recruitment files and saw checks were carried out prior to staff starting work. We found Disclosure and Barring Service (DBS) checks were completed. This is a check that contains information on any recorded criminal convictions. We found application forms were completed and references were obtained. This helped ensure only suitable staff were employed to work with vulnerable people.

Staff told us an induction programme was carried out when new staff joined the service and this included shadowing experienced members of staff so they could learn practical skills and meet the people they would be supporting. Staff were complementary of the induction. They told us it enabled people to be supported safely and staff to develop skills in a supportive way. This demonstrated the registered provider supported staff with a suitable induction so safe care could be delivered.

During the inspection we saw staff were available and supported people when they needed help. People and relatives, we spoke with raised no concerns with the availability of staff to meet their needs. We viewed rota's which showed staff were assigned to each tenancy scheme and staff we spoke with described the staffing arrangements as, "Fine, we have enough staff." Also, "I'm not concerned with the staffing. We have time for people." Staff told us that if unplanned sickness occurred, cover was arranged. One staff member told us they were proud of the way staff responded to unplanned leave. They told us staff were flexible and would cover any gaps in the rota to ensure people received support from staff who were known to them. This was confirmed by speaking with the registered manager.

Staff told us they were provided with personal protective equipment to help minimise the risk and spread of infection and we saw this was available in the tenancy schemes. This helped ensure the risk and spread of infection was minimised.

Is the service effective?

Our findings

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

In one tenancy we saw a person required restrictions to maintain their safety. For example, equipment was in use to minimise the risk of falls, a belt was used to maintain their safety when they were supported with personal care, or in a wheel chair. Additionally, there was a lock on a door which the person could not use, to prevent unauthorised people entering the tenancy. We asked the registered manager if an application to the Court of Protection had been made for the restrictions in place.

The registered manager told us they were aware that applications should be made. They further explained they had received direction from the registered provider that no referrals to the social workers regarding court of protection applications should be made unless a new person entered the service and restrictions were required, or if a person who already lived at the service had a significant change in needs which resulted in new restrictions being applied. Prior to the inspection process concluding we were sent evidence of the process in place and saw this contained information on when referrals to social workers regarding court of protection applications should be made.

We were informed by the registered manager that a referral had been made to the person's social worker. This was so a referral to the Court of Protection could be made to ensure the person's rights were upheld. We were informed the service had identified this was required.

In a further tenancy we saw a listening monitor was in place. Staff explained this was so they could hear people in the lounge when they [staff] were in the kitchen. They further explained people were informed when this was turned on and people we spoke with told us they were aware of the monitor. Staff said the monitor was used to help ensure people were safe and they would respond if they heard anything that raised concerns. We looked at two people's care records and saw a restrictive practice form was in place for this. The registered manager told us the people the records corresponded to did not have mental capacity to agree to this decision. We saw the form recorded that this practice was in place and mental capacity assessments and best interests meetings would be completed. In the care records we viewed we could see no records of mental capacity assessment or best interests meetings being completed. The policy of the registered provider instructed that if there was a concern that a person lacked capacity to make specific decisions, staff should assess capacity and document this. It also instructed that best interests decisions should be recorded.

We discussed the concerns we had with the registered manager. They responded quickly to our comments. On the third day of the inspection we saw mental capacity assessments and best interest meetings had been held in respect of the listening device.

We recommend the service seeks and implements best practice in relation to the timely documentation of mental capacity and best interests meetings.

People told us they were happy with the care provided. One person said, "I'm happy here." Relatives told us they were happy with the care and support their family members received. One relative commented, "I'm very impressed with the care." A further relative said, "I'm delighted with the care."

People told us they were helped to seek professional medical advice. One person described how staff had supported them to gain medical advice. Staff we spoke with confirmed this and we saw documentation which evidenced people were enabled to gain medical opinions if that was required. We saw care records contained the contact details of other health professionals to enable contact to be made. For example, doctor, podiatrist and learning disability nurse details were available and accessible if these were needed. Staff told us, and we saw records which demonstrated that information was shared between the service and other health professionals to help ensure all parties worked together to provide the best care and treatment possible for people who received support.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they attended registered manager meetings to learn and share best practice. Staff told us they were updated of any best practice. During the inspection we were shown a safety alert which related to best practice for people with specific dietary needs. The registered manager told us they were taking this to the registered manager meeting to share and discuss the implementation of the advice. This demonstrated the registered manager sought to implement best practice at Wyre Domiciliary Service.

We found technology was used if this was beneficial to people who received support. For example, we found equipment was in place to identify if people with epilepsy had night time seizures. When appropriate, we saw the equipment was in use. This demonstrated the registered provider accessed technology to support people's health and well-being.

Staff told us they received training to enable them to update and maintain their skills. For example, in areas such as first aid, moving and handling and safeguarding vulnerable adults. Staff were complementary of the training they received. They told us an on-going plan of training was in place and they also had regular meetings with their line manager to discuss any concerns, and to receive feedback on their performance. We viewed documentation which evidenced this took place. This meant staff were able to access feedback on their performance and training to increase their skills.

Care documentation viewed showed the help and support people required to maintain their nutrition and hydration needs. We viewed a person's care plan and saw recorded the help they needed and their preferences. Staff we spoke with could explain the preferences and support people required and during the inspection we saw this was provided. People told us they were able to choose their own meals. One person said, "They make our meals for us. They're good, we get to choose." We asked people if they wanted to help prepare their own meals, one person told us they chose their meals but did not cook them. They said, "Why would I when they're here?" A further person said they did some of their own cooking from foods they had chosen. This demonstrated the registered manager supported people to make decisions regarding their diet and staff supported individual needs and preferences.

Is the service caring?

Our findings

People who received support from Wyre Domiciliary Service told us they liked the staff who helped them. Comments we received included, "I like the staff. They're my friends." Also, "I like all the staff." Relatives told us, "Staff are very patient, friendly and happy." Also, "The staff are nothing but kind, always approachable and very friendly."

When we visited the tenancies where people lived we saw people were treated with respect and valued as individuals. We observed staff chatting with people and noted people were equal contributors to conversations held between staff and people who received care and support. For example, we saw people were asked how their day was, what they had planned and how staff could support them. There were positive relationships between staff and people who used the service. We observed staff laughing and joking with people and people responded with good natured banter. This demonstrated people were valued and respected as individuals.

Staff spoke affectionately of people they supported. Staff told us they were committed to helping people retain their independence and they took pride in helping people. Comments we received included, "I'm proud to work with the guys. You can't help but build relationships with the people here. I like them and what I do." And, "This is their home and they let us in. I'm so grateful to work with them." This demonstrated staff had a caring approach.

Staff spoke emotively of the people they had supported who had passed. We saw eulogy's written by staff in memory of people who had received support. These were respectful and person centred. Staff told us they celebrated people's lives and felt privileged to have been part of them. We viewed a response from a family member of a person who had passed. It thanked staff for the "exceptional and loving care" they had given to the person. This showed staff were caring and they demonstrated this to people who received support.

Care records we viewed were written in a respectful way and contained information about people's social histories and backgrounds. Records were person centred and contained detailed information about each person's strengths and the help they needed to live the life they wished. We spoke with the team leader who told us this information was gained by speaking with people, family and other health professionals. They told us they enabled people to take part in their care reviews whenever possible and this was confirmed by speaking with a person who received support. They told us, "I have meetings with staff about me."

People told us their privacy and dignity were respected. One person told us how they could spend time alone if they wanted. Families we spoke with also told us they considered staff were respectful of people's privacy. We were told, "They're very discreet with information, they know people's information is private." And, "We can spend time alone with [family member] if we want. Staff don't disturb us." "Staff demonstrated a good awareness of the importance of respecting people's privacy. They told us they understood people may wish to be alone and that if people needed support with personal care, this could be delivered in way that upheld people's dignity. Staff told us they would make sure doors were locked and curtains were drawn before personal care was delivered and that there was no reason they would be disturbed. Staff also said

people were given space and privacy if they had visitors or wanted to make a private phone call and if people did not want to discuss areas of their lives with staff, this was respected. This demonstrated staff were aware of people's right to a private life.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Wyre Domiciliary Service.

Staff we spoke with told us they had received training in equality and diversity and they would report any concerns of discrimination so this could be prevented. Staff had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would make sure people's rights were upheld by promoting equality and inclusion. One staff member said, "We look at everybody's needs individually. One size doesn't fit all." This demonstrated people's human rights were protected and promoted.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us they received support to access health services. They said, "They help me with doctors and dentist's appointments." Relatives we spoke with told us the service responded to changes in people's health needs by accessing expert medical advice when this was needed. We were told, "They're very good with check-ups and health care – if [family member] is under the weather they make an appointment at the doctor. They don't neglect [family member.]" And, "They arranged all their physical healthcare and [family member] is doing well."

We checked to see if people and their relatives were involved in care planning. People and relatives told us they were. One relative said, "They invite me to [family member's] care reviews." A further relative said, "We review [family member's] care with [family member] and the team." Records we viewed confirmed families and people were involved in care planning whenever possible.

Care records identified any communication needs and staff told us they would support people if they needed to access information in a different way. For example, by using pictures or large print to support understanding. We saw if people used non – verbal methods of communication, this was supported. For example, we saw one person used pictures and photographs to communicate. Staff were able to show us the way the pictures and photographs were used and explained they were working with the person to further develop their communication method. This demonstrated the registered provider considered people's individual needs.

Records we viewed were person centred and contained information relevant to the individual. For example, we saw care records instructed staff in the likes, dislikes and preferences of people who used the service. People's objectives and desires had been identified and recorded as part of the plan of care. For example, to remain independent or maintain their social interests. This enabled responsive care to be delivered.

People told us they were enabled to take part in activities which enriched their lives. One person told us they went to a local bike group, they said they enjoyed this. They also explained they had been on holiday abroad and they were looking forward to going again. We saw photographs of them taking part in activities and they were smiling and laughing. It was clear it was a positive experience for them. We spoke with a further person who told us they were planning to improve the garden of the house where they and their friends lived. They explained they were busy as they had employment, but the staff were helping them. They told us they loved working and they were glad the staff were helping as they could not have planned this by themselves. We spoke with staff who confirmed this was an ongoing project. We were shown documentation which evidenced the service had applied for a grant to carry out work on the garden. We saw this had been agreed and a meeting had been held with people who lived at the tenancy scheme to discuss what people wanted to happen with the garden. A third person told us they had enjoyed choosing the decoration for their tenancy. They spoke proudly of how they had done this and the enjoyment they had experienced doing so.

Relatives we spoke with echoed positive experiences of their family members' involvement in activities. One relative said their family member enjoyed the social life they had. They told us, "[Family member] does all

the things you and I would do. [Family member] goes out to lunch and follows what [family member] wants to do." A further relative said, "On Monday [family member] goes to drama, on Tuesday it's keep fit, Wednesday is Mencap. [Family member] goes to lunch and shopping, it's really important to them." This demonstrated people were empowered to live fulfilling lives and follow their own areas of interest.

Wyre Domiciliary Service had a complaints procedure which was available to people who used the service. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. People we spoke with told us they had no complaints but they would raise these with staff or the registered manager if they had. Relatives we spoke with told us they had no complaints regarding the care and support provided to their family members and they were confident any concerns would be investigated.

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager to enable any investigations to take place. At the time of the inspection we were informed no complaints had been received.

People and relatives were supported to discuss End of Life Care if this was appropriate. We spoke with the registered manager. We were informed that people were given the opportunity to discuss their end of life wishes and staff we spoke with confirmed this. They told us they would hold these conversations with people and their family members so care at the end of a person's life was as the person would want it to be. We spoke with a relative whose family member had been supported by the service at the end of their life. They praised the staff and the care and support their family member had received. They explained Wyre Domiciliary Service had worked closely with them to ensure their family member received care which met their needs and preferences. They also explained the service had worked with a local hospice to ensure the person was comfortable in their last days. They told us staff had followed health professional instructions and had been loving and caring towards their family member. They said, "They were so, so good."

Is the service well-led?

Our findings

There was a registered manager employed at Wyre Domiciliary 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.

We asked the registered manager what checks were carried out to ensure areas of improvement were identified and successes celebrated. We were informed the team leaders carried out checks on care records, the environment, medicines and training records. Any concerns were then brought to the registered managers' attention. The registered manager said they also carried out their own checks and the most recent checks were in the process of being documented. The registered manager told us they spent time with people at their homes and completed a range of checks which included medicines, care records and the environment. The registered manager explained visits were both announced and unannounced and enabled them to identify if improvements were required. We viewed the most recently completed checks and saw these identified areas of improvement. For example, more information was needed within a support plan. Staff we spoke with confirmed they were informed if checks had picked up on any improvements required. They told us these would be rectified and the team leader and registered manager checked to make sure actions had been completed.

We asked the registered manager how often they carried out their checks. They said there was no specific timescale in place at present, however they were in the process of addressing this.

We recommend the registered provider seeks and implements best practice guidance on the scheduling and recording of checks carried out.

The registered manager spoke passionately of the importance of ensuring people with learning disabilities and/or mental health issues were supported to live healthy and socially inclusive lives. They told us they promoted and upheld people's rights to access the health services and positive experiences that were the right of all citizens. We asked the registered manager how they achieved this. They explained they provided clear leadership to staff; they fostered an open-door policy where any staff member or person who received support could approach them to talk about any areas which needed improvement or any areas which had worked well.

During the inspection we saw this took place. We saw people and staff came to the office and the registered manager asked how they were and if they needed anything. People we spoke with also confirmed what the registered manager had told us. One person said they went to the office every week for a coffee and a chat. A further person said the registered manager arranged to go to their home to chat with them. We saw minutes of staff meetings where staff had been given direction from the registered manager. This demonstrated the registered manager sought to engage with people and staff to gain feedback, give direction and promote people's rights.

Staff spoke openly about their drive and commitment to making sure people received high quality care which enabled people who used the service to live as independently as possible. They told us they were proud to work for Wyre Domiciliary Service and took their roles very seriously. Comments we received included, "I like to see people go forward and achieve their goals." Also, "I think the service is run really well, we have excellent leadership from [registered manager]". And, "Registered manager] leads by example, he puts people first every time."

Relatives we spoke with also spoke positively of the leadership from the registered manager. One relative described how the registered manager visited the hospital to be with their family member. They said of the registered manager, "I can't fault him at all. He's exceptional." A further relative said, "He's approachable, so caring and staff see that and follow his example." A third relative praised the registered manager and staff for their approach. They said, "They're very open, there's no hidden agenda there, it comes from the top." This demonstrated the registered manager provided leadership to enable staff to deliver high standards of care.

We spoke with the registered manager, team leaders and care staff to discuss the responsibilities of each role within the organisation. We found the service had clear lines of responsibility and accountability with a structured management team in place. The team leaders were knowledgeable of their roles and how worked together to ensure a cohesive service was provided. Staff we spoke with were also knowledgeable of their own roles and those of the team leaders. They told us they would have no hesitation in seeking advice and clarity from any of them if the need arose. This demonstrated there was an operational management structure to help ensure the business ran smoothly.

We asked how people and their relatives were supported to give feedback on the service provided. We saw a suggestions box was in the office of the service and meetings were held with people who received support. This allowed people to express their views and raise any areas they wished. We also saw a relative's survey was carried out and overall, responses were positive. We saw one critical comment and discussed this with the registered manager. They explained they had discussed the comment with the relative and this had now been resolved. This showed the results of surveys were used to identify and resolve areas of improvement.

We asked the registered manager what they wanted to achieve in the next 12 months. They told us they wanted to review the support Wyre Domiciliary Service provided and look at how this might be improved. They explained they wanted to continue to build a staff team that enabled people to succeed. They said that staff were critical in the process of building upon people's skills and people should be enabled to further develop their unique skills and talents. The registered manager said they would continue to review staff performance and access high quality training to help ensure people achieved their goals.