

Life-Line Care 4 U Limited

# Life- Line Care 4 U Noor Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection of Life-Line Care 4 U Noor Centre on 3 and 4 December 2018.

Life-Line Care 4 U Noor Centre is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to children, older people, younger adults, people with a physical disability or sensory impairment, people with a learning disability or autistic spectrum disorder, people with mental ill health, people who misuse drugs or alcohol and people living with dementia. At the time of our inspection the service was providing support to 52 adults. No children were being supported.

This was our first inspection of the service.

At the time of our inspection the service had a registered manager in post who was responsible for the day to day operation of 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 told us they received safe care. Records showed that staff had been recruited safely and the staff we spoke with were aware of how to safeguard adults and children at risk. There were safe policies and processes in place for the management and administration of medicines.

People supported by the service and their relatives told us staff visited them on time and stayed as long as they should. People were supported by staff they knew and told us they liked the staff who supported them very much.

Staff received an effective induction and appropriate training which was updated regularly. People supported by the service and their relatives felt that staff were competent and had the knowledge and skills to meet their needs.

People received appropriate support with eating, drinking and their healthcare needs. Referrals were made to community health and social care professionals to ensure that people's needs were met.

People told us staff respected their right to privacy and dignity. They told us staff took their time when providing support and encouraged them to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People received care that reflected their needs, risks and preferences. People told us their care needs had been discussed with them and we found that where appropriate, their relatives had been consulted.

People being supported and their relatives told us they were happy with how the service was being managed. They found the registered manager and staff approachable.

Staff felt well supported and fairly treated by the registered manager. They told us they would be happy for a member of their family to be supported by the service.

The registered manager regularly sought feedback from people being supported and their relatives. We noted that people had expressed a high level of satisfaction about all areas of the service.

Audits and checks of the service were completed regularly. We found the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Further information is in the detailed findings below.

## 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.

The registered manager followed safe recruitment practices when employing new staff, to ensure they were suitable to support adults and children at risk.

Staff had completed safeguarding training and were clear about their responsibilities if they suspected abuse was taking place.

Risks to people's health and wellbeing were assessed and reviewed regularly. We saw evidence that people's risks were managed appropriately.

People's medicines were managed safely and people told us they received their medicines when they should.

### Is the service effective?

Good ●

The service was effective.

People were happy with the support they received and felt staff had the skills to meet their needs.

Care plans were detailed and included information about people's needs, risks and preferences.

Staff sought people's consent before providing support. Where people lacked the capacity to make decisions about their care, their relatives had been consulted in line with the Mental Capacity Act 2005.

Staff supported people appropriately with their nutrition, hydration and healthcare needs. People were referred to community healthcare services when appropriate.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff they knew and who were familiar with their needs. They told us they liked the staff who supported

them very much and that staff were kind and compassionate.

People told us staff respected their right to privacy and dignity and encouraged them to be as independent as they could be.

People's care needs had been discussed with them and they told us they were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which reflected their needs and preferences.

People were supported to follow their interests and some people were supported to go out regularly.

People told us they felt able to raise concerns with staff or the registered manager. The people being supported and relatives we spoke with told us they had never needed to complain.

### Is the service well-led?

Good ●

The service was well-led.

People supported by the service, relatives and staff were happy with how the service was being managed.

People were asked regularly to give feedback about the service they received and the registered manager used this information to improve the service.

Regular checks of people's care documentation and staff practice were completed. The checks being completed were effective in ensuring that appropriate standards of care and safety were being maintained.

# Life- Line Care 4 U Noor Centre

## **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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

This inspection took place on 3 and 4 December 2018 and was announced. We gave the service 48 hours' notice of the inspection, so that the registered manager could contact people being supported by the service to ask if they would be willing to provide us with feedback about their support. The inspection was carried out by an adult social care 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. A new inspector also took part in the first day of the inspection.

Before the inspection we reviewed information we held about the service, including notifications we had received from the service. A notification is information about important events which the service is required to send us by law. As part of the inspection we contacted five community health and social care professionals who were involved with the service for their comments. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke on the telephone with four people who received support from the service and seven relatives. We also spoke with one relative at the service's office. We spoke with three support

workers, the registered manager and the team leader. We reviewed the care records of three people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and audits of quality and safety.

# Is the service safe?

## Our findings

People supported by the service told us they received safe care. Comments included, "They always make me feel safe and comfortable. I look forward to them coming" and "The care workers do my personal care with great care. I always feel safe when they help me". Relatives told us, "My relative always receives safe care from the care workers" and "They talk to [relative] to make her feel comfortable and safe".

People told us staff arrived on time and stayed as long as they should. Comments included, "Oh yes, they do come on time. Timing is fitted around when I need them. They stay for the full length of time" and "They work around me. The timing is good, they are not late. It works very well for me". One relative commented, "They are on time most of the time. I recall once they were late but they called us. They always stay for the whole length of time".

Records showed that staff had completed training in safeguarding adults and children. The staff we spoke with understood how to protect adults and children at risk of abuse and were aware of their responsibility to report any concerns. A safeguarding policy was available which included the different types of abuse and staff responsibilities. The contact details for the local authority's safeguarding team were also displayed in the office and staff told us this information was also in the care files in people's homes. One safeguarding alert had been raised about the service in the previous 12 months and had been substantiated. We saw evidence that lessons learned had been shared with staff and additional staff training relating to the concern had been arranged.

The service had a whistle blowing (reporting poor practice) policy in place. Staff were aware of the policy and told us they would use it, for example if they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults and children at risk.

Risk assessments were in place for people supported by the service, including those relating to the home environment, medicines, health and medical conditions, equipment, moving and handling, activities and road safety. Risk assessments provided information for staff about the nature of each risk and how best to support the person to reduce the risk. They were reviewed regularly. People were happy with how their risks were managed by staff. One person commented, "They are always careful when they do things with me. They never put me at risk". One relative told us, "When turning [relative] on the bed or using the hoist, they do this carefully".

We noted that a generic evacuation procedure was in place however information about the individual support people would need from staff if they needed to be evacuated from their home in an emergency was not available. We discussed this with the registered manager, who arranged for a personal emergency evacuation plan to be completed for each person supported.



There was a business continuity plan in place. This provided guidance for staff in the event that the service experienced disruption due to a loss of amenities such as electricity or telecommunications. This helped to ensure that people continued to receive support if the service experienced difficulties.

We looked at how the service managed any accidents or incidents that had taken place. We reviewed the accident records for 2018 and found that accident records had been completed fully by staff and appropriate action had been taken.

We looked at how people's medicines were managed by the service. A comprehensive medicines policy was in place. We reviewed the Medicines Administration Records (MARs) for three people and found that staff had documented when people's medicines had been given or the reason why, if they had not. We noted that while people's allergies were documented in their care files, some people's allergies were not included on their MARs. We discussed this with the registered manager who arranged for the MARs to be amended. He told us he planned to arrange for all MARs to be provided by the local pharmacist in future, to ensure that all relevant information was included. This would help to avoid potential medicines errors. Records showed that staff who supported people with their medicines had completed medicines training. Regular spot checks [observations] of staff practice were completed. However, we noted that medicines administration was not specifically documented as part of the spot checks. We discussed this with the registered manager, who amended the spot check documentation to include medicines administration. Shortly after the inspection, the registered manager provided copies of completed spot checks for all staff who administered medicines. This helped to ensure that staff were competent to administer people's medicines safely. People told us they received their medicines as and when they should.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that all staff had completed infection prevention and control and food hygiene training. The staff we spoke with confirmed they had completed the training and told us they used appropriate infection control equipment, including gloves and aprons, when they supported people. People told us that staff used appropriate equipment when supporting them. One person commented, "They always wear gloves and aprons. They are very clean indeed". One relative told us, "At all times they wear gloves and aprons. Hygiene is spot on".

We saw evidence that records containing personal information were managed appropriately. People's care documentation was kept electronically and was password protected, with only authorised staff having access to it. Staff files were stored securely at the service's office and were only accessible to authorised staff.

## Is the service effective?

### Our findings

People were very happy with the support provided by Life-Line Care 4 U Noor Centre. Comments included, "They're all very good. They do everything we need plus extra. They are very flexible and will change visits or do extra visits if we need them to" and "They always ask me whether I need anything. They look after me very well, they do everything for me". Relatives commented, "All my relative's needs are met. The care is excellent from the care workers, no complaints at all" and "My relative has complex needs. The care workers really support [relative] well".

One community professional who provided feedback about the service told us, "[Staff member] understands the needs of the service user. Without this positive relationship the individual would struggle to access [community] services safely".

People told us staff had the skills to meet their needs. One person commented, "They have all the skills to look after me. I have no issues about experience or skills. Even the younger ones are good". Another told us, "Yes, they do have skills and it looks like they have had good training, as they do the job right".

Staff told us they received a thorough induction when they joined the service and this was confirmed in the records we reviewed. They told us their training was updated regularly and they could request further training if they felt they needed it. Records showed that all staff had completed the provider's mandatory training. This was updated yearly and included moving and handling, fire safety, end of life care, medication, risk assessment, confidentiality, catheter care, documentation and food hygiene. In addition, all staff had completed a qualification in falls prevention awareness and most staff had completed a qualification in dementia awareness. This helped to ensure that people received support from skilled, competent staff.

Staff members' competence to deliver safe care was checked during regular spot checks. We saw evidence that any shortfalls in practice were addressed with staff. For example, one staff member had been reminded during a spot check of the importance of wearing their ID badge and another staff member had been reminded to offer people choices during visits.

Staff told us they received supervision every three months and a yearly appraisal, and this was confirmed in the records we reviewed. Records showed that during supervision, staff received feedback about their performance and were able to raise any concerns. This helped to ensure that staff felt supported in their role.

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. This helped to ensure that the service was able to meet people's needs.

We reviewed three people's care files. We found they included detailed information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, the support they needed and how

this should be provided by staff.

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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager told us that no applications had been made to the Court of Protection at the time of our inspection.

A MCA policy was in place, which included information about the principles of the MCA, capacity assessments and best interests decisions. We found that where people lacked the capacity to make decisions about their care, their relatives had been involved in line with the MCA. One relative commented, "I'm absolutely involved in decisions about [person's] care. They also involve [person]. I certainly do feel that the whole team make sure [person] is at the centre of any decisions". Staff told us they sought people's consent before providing care and gave examples of how they provided additional information when necessary to help people make decisions. People told us staff asked for their consent before supporting them. One person commented, "Yes, they always ask me [for consent], they also tell me what they are doing". One relative told us, "They work as a team with my relative. They take his consent, tell him what they are going to do. They do not force or do anything without my relative wanting this".

Care plans and risk assessments contained information about people's nutrition and hydration needs and referrals were made to community professionals where concerns were identified. The staff we spoke with were aware of people's preferences and special dietary requirements. One person told us, "They make the food I like. I am happy with this as if I could not eat the food which I like, it would have been a great problem". One relative told us, "They make the food my [relative] likes".

People's care files included information about their medical history, medicines and any allergies. Records showed that people had been referred to, and were supported by, various health care professionals, including GPs, district nurses and occupational therapists. This helped to ensure that people's healthcare needs were met. One staff member told us, "If we have any concerns, we contact the family who contact the GP or we do it ourselves". People told us medical attention was sought when needed. One person commented, "My family do all the referring or they [staff] discuss with my family if they think something is wrong". One relative told us, "They support my relative with quite a few [health care] appointments".

The registered manager told us that when people were taken to hospital, a copy of their care plan was given to ambulance service staff if needed. This helped to ensure that information about people's needs and risks was shared with other professionals when they moved between services.

## Is the service caring?

### Our findings

People liked the staff who supported them very much and told us staff were kind and caring. Comments included, "They are wonderful. I really look forward to seeing them. They are caring and kind" and "The staff are wonderful who come to see me". Relatives told us, "They are always kind and caring. They do things with [relative] that he enjoys. They chat with him, they are so friendly. They give him attention, they never ignore him" and "They are kind and caring in all that they do. They treat [relative] as a person, they speak to her and get her involved in her care".

People told us they were supported by staff they knew. One person commented, "Yes, I do have regular care workers. I have never asked for a rota. I am happy with who comes". Another told us, "I have the same care worker". This meant that people were supported by staff who were familiar with their needs and how to meet them.

People told us staff took their time when supporting them. One person commented, "They always do what I need and more. They never rush". One relative told us, "The care workers always treat my relative with compassion, they never rush".

People told us they were encouraged to be as independent as possible. One person commented, "Yes indeed, they always help me to be independent. When we go out they hold my hand but let me also walk slowly" and "They do their best. Sometimes I do not feel brilliant so they will not push me too much". The staff we spoke with described how they supported people in a way which kept them safe but encouraged them to be independent. One staff member commented, "I try to encourage people to wash the parts of their body that they can". Another commented, "I encourage people, for example to wash their face if they can and clean their dentures, otherwise they lose these skills if we do everything for them".

People told us that staff treated them with dignity and respected their right to privacy. Comments included, "They are always respectful towards me. They always give me respect and dignity. When I am in the shower they cover me properly. They are really, really good" and "They are always respectful. They do not speak to me as a child. They always give me dignity". One relative commented, "They do treat [relative] with respect. They always make sure he is covered, they speak to him with respect, they treat him as a person". Staff gave examples of how they respected people's right to privacy and dignity, such as being discreet when they were supporting people with personal care, offering people choices, using people's preferred name and seeking their consent before providing support.

People told us communication from the service was good and their care needs had been discussed with them. Comments included, "[Registered manager] came, he is very good. He discussed the plan with me", "Yes, [registered manager] came to discuss the plan with me and my family" and "They come from the office often, it is an ongoing process". One relative commented, "If there are any changes, they will always let me know. We have a good relationship". Staff told us that communication at the service was effective. One staff member commented, "If people's needs change, we contact the office and they contact social services if they need to".

The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The guide included information about the provider's philosophy of care, the importance of privacy and dignity, confidentiality, care planning, safeguarding, how to make a complaint and some useful local telephone numbers

We saw evidence that people's right to confidentiality was protected. The service had a confidentiality policy and staff signed a confidentiality agreement when they joined the service, which provided clear information about their responsibilities. People's personal information was stored securely and the staff we spoke with understood the importance of confidentiality. One staff member told us, "We keep information confidential. People's folders are kept out of the way and we keep discussions private". One relative told us, "We have no issues at all with regards confidentiality from the staff or issues about privacy or respect".

Information about local advocacy services was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members. The registered manager told us that no-one was being supported by an advocate at the time of our inspection.

## Is the service responsive?

### Our findings

People told us they received care that reflected their individual needs and preferences. One person commented, "The staff know me well. I have had the same staff for a long time. They know what I like and they do not do what I do not like". Relatives commented, "They have really made an effort to understand the likes and dislikes of my relative" and "They have built a wonderful relationship between themselves and my relative. They know when they go out with my relative to walk slowly at [relative's] own pace".

The care plans we reviewed contained detailed information for staff about what people were able to do, the support they needed and how that support should be provided. Care documentation was reviewed and updated regularly.

People supported by the service told us staff offered them choices and they were involved in day to day decisions about their care. One person commented, "They do not force anything on me that I do not like. We have a discussion about what I would like to eat or what I should wear that day". One relative commented, "They help my relative to choose clothes after the personal care". Staff told us they encouraged people to make decisions when they could. One staff member commented, "The people I support make lots of choices, like where they go, their meals and their clothing".

We looked at how the service ensured that people were protected from discrimination. All staff had completed equality and diversity training and the service had an equality and diversity policy, which stated there was a zero tolerance approach to discrimination against people being supported or staff. We noted that care documentation included information about people's religion, ethnic origin, their first language and their gender. This meant that staff had information about people's diversity and what was important to them. None of the people we spoke with had experienced discrimination from the service. One person commented, "There has been no discrimination. They understand me, what my culture is, as they speak the same language". Another told us, "I have never, ever been unfairly treated. I have always been treated well by everyone".

The registered manager told us the service supported a large number of people from the south Asian community and that a large number of the staff were from the same background. This meant that many people were supported by staff who were familiar with their religious and cultural needs and preferences, and could speak their first language. This was reflected in some of the feedback we received from people. Comments included, "I am so happy. They speak the same language, they are brilliant", "They are brilliant. They make curries and chapatti for me. I really enjoy the food" and "They call me 'uncle' out of respect. They look after me really well".

Records showed that people were supported with their hobbies and interests and some people were supported to go out regularly. Activities that people were supported with included attending the gym, gardening, shopping and going for local walks. One staff member told us, "I support two people to go out. We go food and clothes shopping, to garden centres, things like that. It helps people to build their confidence". This meant that people were supported to take part in activities and outings they enjoyed and

to avoid social isolation. We noted that some people were also supported with their religious needs regularly, such as attending their mosque.

The service used different types of technology to support people and staff. This included the PASS system, which is an electronic care planning and care notes system that staff can access through their mobile phone. The system allows for documentation to be updated electronically and enables the provider to monitor information, such as staff arrival and exit times and how long they are staying with people. We noted that most information, including staff rotas, care documentation and policies and procedures were stored and updated electronically. Any concerns or changes in people's needs or risks were communicated to staff by text or through the PASS system and all staff were contactable by mobile phone. In addition, some staff training was completed online.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The service had an Accessible Information Standard policy and procedure in place. The registered manager told us no-one was being supported at the time of our inspection who required specific support with their communication needs and assured us that appropriate support would be provided if needed in the future.

A complaints policy was in place which included timescales for a response and the contact details for the Local Government Ombudsman and the Parliamentary and Health Service Ombudsman. Information about how to make a complaint was also included in the service user guide. The registered manager told us the service had not received any formal complaints in the previous 12 months. The people being supported and relatives we spoke with told us they knew how to complain but had never needed to. The registered manager told us that if any complaints were received and were upheld, any lessons learned would be shared with staff to avoid similar issues arising again.

We reviewed a collection of thank you cards that had been received by the service. Comments included, "To all at Life-Line Care, thank you for the short notice care and support", "I have no words to explain how good the girls are" and "[Registered manager] is very helpful. One phone call does the job. Never been disappointed. Carers are very kind and helpful. Love this company. Thank you".

The registered manager told us there was no-one receiving end of life care at the time of our inspection, though staff have provided this support in the past. Records showed that all staff received training in end of life care.

## Is the service well-led?

### Our findings

At the time of the inspection there was a registered manager in post who was responsible for the day to day running of the service. The registered manager was also the provider for the service.

Everyone we spoke with was happy with the way the service was being managed. People being supported told us, "They are very good, no issues at all", "The company is very organised and extremely helpful" and "I really like [registered manager]. He treats me with respect all the time. Their timing is good and the care workers are great". Relatives commented, "It's well managed. Not just efficiency or service, but their attitude, the way they do things. My relative is extremely happy. Management do all they can, they treat my relative as if they are a family member" and "They are well managed. The timing is spot on, the manager is able to communicate in our native language and they understand our needs".

People being supported and their relatives felt that the registered manager and staff were approachable. Comments included, "The manager is brilliant, the care workers are wonderful. The whole team are approachable and friendly", "They are friendly, kind and caring. The office staff and the manager are very approachable, we can call them at any time" and "They are very good. Reliable and approachable".

One community professional who provided feedback about the service told us, "I found the manager very helpful and willing to support where he was not being paid, such as providing meals and shopping. I found him to be very supportive of his own care staff, ensuring that they were kept safe at all times. I feel that I can contact the manager at any time. I have absolutely no complaints at all".

We looked at how the provider engaged with people being supported by the service and sought their feedback about the support they received. Records showed that 'service user review and satisfaction audits' were completed with people at least twice a year. The audits were completed by the team leader at the person's home. Issues discussed included the time of visits, satisfaction with the care staff who visit, being treated with respect, feeling safe, being informed of any changes and the response to any complaints. We reviewed some audits and noted that people expressed a high level of satisfaction with the service. We noted that where people had raised concerns or made suggestions, action had been taken. For example, in one person's audit they had asked for a smaller team of regular carers and in a later audit with the same person, they commented that this had improved. Records showed that the views of people being supported and their relatives, were also sought during regular staff spot checks.

Feedback was sought from staff through yearly questionnaires. We reviewed the outcome of the questionnaires issued in April 2018, when 30 staff had responded. We noted that staff had expressed a high level of satisfaction with all aspects of the service, including training, supervision, the availability of supplies and equipment, response to feedback and trust in senior management. Comments included, "It's like a big family, everyone gets on with each other", "Help is available whenever you need it" and "Very professional and organised. They address any concerns I have".

The registered manager told us that staff meetings took place monthly. We reviewed the notes of some



meetings and noted that the issues addressed included staff workload, annual leave, training, moving and handling, infection control, complaints, health and safety and any concerns about people being supported by the service. In addition, each meeting provided a refresher about specific issues, such as fluids and nutrition, consent, whistle blowing, safeguarding, human rights, health and safety and moving and handling. The staff we spoke with told us that through these meetings, they were updated regularly by the provider about best practice and any changes in guidance.

Staff told us they were happy with the management of the service and felt that people received good quality care. Comments included, "The management are good, they're on top of everything. They look after everyone, service users and staff. They're very good at ensuring people are receiving a good, honest, reliable service", "I feel well supported and feel that people get good care" and "The management are good. It's organised, there are no issues. We are kept up to date with everything". The staff we spoke with told us they would be happy for a member of their family to be supported by the service.

People being supported and their relatives felt that staff were clear about their roles and responsibilities. One relative told us, "Staff understand their responsibilities. They follow what has been agreed. They never do anything that we are not happy with". Another commented, "They have the care plan. They have never crossed boundaries. They are very patient-centred. They listen and work around my relative to support him at his pace". The staff we spoke with were clear about their responsibilities and the visions of the service. One staff member told us, "I know what I'm supposed to do through my training, supervision, staff meetings and the feedback I've received from service users. You know if they're happy with you".

Records showed that the service worked in partnership with a variety of community professionals. These included social workers, district nurses, GPs, pharmacists, occupational therapists, housing associations and the local community mental health team. This helped to ensure that people received effective care which met their needs,

We looked at the checks of quality and safety completed at the service. We noted that audits of care documentation and Medication Administration Records (MARs) were completed monthly. Compliance levels were high and most audits found that no improvements were needed. In addition, observations of staff practice took place regularly. We found that the checks completed were effective in ensuring that appropriate levels of quality and safety were maintained by the service.

The registered manager told us that a number of improvements to the service were planned. These included improved training, with most training being delivered by an external provider, and printed MARs being provided by local pharmacists for everyone receiving support with medicines.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.