

Improving Prospects Ltd

# Manor Community Domiciliary Care Agency

## Inspection report

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Date of inspection visit:  
04 November 2016  
11 November 2016

Date of publication:  
09 March 2017

## Ratings

Overall rating for this service

Outstanding 

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

# Summary of findings

## Overall summary

This inspection started on 4 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The service was last inspected in June 2014 and at that time there were no breaches of regulations.

At the time of this inspection the service was providing the regulated activity of personal care to 13 people who lived in their own homes. The service was provided to younger adults and older people.

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

The feedback we received from people was positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff and services provided. One person told us, "The whole experience has been great; I don't know what I would do without them".

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

Staff were very highly motivated and proud of the service. They were fully supported by the registered manager and a programme of training and supervision enabled them to provide a high quality service to people.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity and promoting independent. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The provider and registered manager were very committed to continuous improvement. The registered manager demonstrated strong values and, a desire to learn about and implement best practice throughout the service.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

## 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 had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through safe recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Staff took measures to protect people from infection

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Where necessary people were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The registered manager and staff were committed to providing care that was kind, respectful, and dignified. Person centred care and promoting independence were key principles on which the service was delivered and this was reflected in the day-to-day practice of the service.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

People felt all staff treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service.

### Is the service responsive?

Good ●

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

### Is the service well-led?

Outstanding ☆

The service was well led

The provider and registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people

benefited from a constantly improving service that they were at the heart of.

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# Manor Community Domiciliary Care Agency

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The service was last inspected in June 2014 and at that time there were no breaches of regulations. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had 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 service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection we contacted and spoke with three people who use the service and three staff members. We spent time with the provider, registered manager and training coordinator. We looked at three people's care records, together with other records relating to their care and the running of the service. This included the employment records of four staff, policies and procedures relating to the delivery and management of the service and, audits and quality assurance reports.

# Is the service safe?

## Our findings

The service was safe. People we spoke with told us they felt safe with the staff who supported them. Comments included, "I feel very safe and I have built up a relationship of trust with the staff", "We have always felt safe with the staff, we are in good hands" and, "The staff are respectful that this is my home and I feel safe when they are here".

Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. New developments for this year included the introduction of a 'Whistleblowing Card' in the new staff introductory pack. This was in addition to the information on whistleblowing that is already in the staff handbook. There will also be a facility to whistleblow on the provider's website which will be sent to the company directors for their attention and any subsequent action required. Further plans over the next 12 months included a new initiative to increase people's understanding of abuse and safeguarding each other. An interactive, fun, training day was being developed to suit all levels and would include games with safeguarding themes. The PIR stated, 'Refreshments and discussions about the sessions will provide a chance to discuss the level of learning achieved and to raise important issues within the safeguarding policy'.

Staff knew how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated, for example, by moving furniture, looking at flooring, and reviewing footwear or walking aids. The staff monitored for signs of infection as a possible cause of accidents or incidents.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and, transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the co-ordinators. Staff did not perform any moving and handling on their own and always waited until their colleague had arrived for any joint visits.

People confirmed that in general staff were on time and they were contacted if there were any delays. One person told us, "I receive a telephone call if a carer has been held up; it's just nice to know and stops you worrying". Staff were deployed effectively to meet people's care and support needs. Staff rotas were well



managed and were planned in advance using a computer software package. This system automatically populated regular visits, and highlighted where gaps in the rota needed filling. Travel time was scheduled in for staff to get from one visit to another. The service covered a fairly small area so that staff could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time. Comments from staff included, "The visits are coordinated well and they do their very best to ensure we have enough time to reach each client" and, "We can't account for every eventuality for example road works and traffic, but we have good systems where people are contacted if we are running slightly later".

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the services' policies, procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on at least three occasions or until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed. There had been one minor medicine error in the past 12 months, no one came to harm and the error was dealt with effectively to help prevent a further reoccurrence.

Staff had received training and guidance on safe hygiene and infection control procedures. Staff were provided with protective equipment such as disposable gloves and aprons. Spot checks were conducted to ensure staff were wearing the correct uniform. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

## Is the service effective?

### Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff confirmed that the induction and subsequent training they received was effective. The induction programme consisted of 15 modules to be completed within three months and, was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. In addition to this they had found additional on-line learning resources through a training provider called, 'The Grey Matter'. They provided staff with modules that aimed to equip them with the knowledge they needed in order to meet the Care Certificate outcomes. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform. One staff member told us the, 'shadowing was incredibly helpful'.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, person centred approaches to care, managing epilepsy and autism awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. The provider had recently appointed a trainer to support staff across all their services. Staff said the trainer was engaging and that sessions had been interactive and a positive, interesting way to learn. The trainer was very enthusiastic about the new role.

The service had a small, steadfast group of staff. They felt supported on a daily basis by the provider, registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the registered manager.

Staff were available to support people to access healthcare appointments if needed and liaised with health

and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

## Is the service caring?

### Our findings

The service was caring without exception. People who spoke with us told us, "We really cannot fault the service we receive, the girls are exceptional in every way" and, "Oh gosh they are all so very kind and caring, we love them, they are part of the family now". The service had received some lovely written comments from people and their families. These included, "They are all good as gold, ten plus carrot gold", "They are all very good, helpful and understanding" and, "All staff are excellent and go out of their way, they have the patience to listen which helps those who are lonely".

Staff morale was positive and they were enthusiastic about the service they provided. We asked them what they were particularly proud of and what went well. Comments included, "I love working for the agency, everyone is supportive and kind, that makes everything so much easier and worthwhile", "People tell me they are happy with the support we give and that makes me proud" and, "I think it's great that we help people avoid hospital admissions or moving in to a care home, it's an achievement".

The care and support provided had been developed around 'Compassionate Care (Seager 2006)'. The concept of which is to focus on creating a secure and psychologically healthy, caring relationship between staff and individuals. Whilst staff remain professional they show empathy, understanding and compassion in the spirit of a homely environment which gives individuals confidence to take positive risks, become independent and recover. Positive, caring relationships that were based on respect, treating people as equals and personalisation had been developed with people and their families. When the care package started people were introduced to the staff who would be visiting them. Continuity of staff to individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. Comments included, "To be honest, each and every one of them are great in their own way, but it is helpful when you have the same few overseeing care", "I know they do their best to ensure regular staff, but they are all nice and variety is also good" and "It's reassuring I have the same staff who visit me because they know my needs so well". Another person told us, "I like that they don't take over, they respect and understand what I can do and then they help me with the rest".

Staff were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Their practice was monitored when they were observed during spot checks when they were in people's homes. Staff were mindful they were 'privileged visitors' and respected this. This year staff will again be completing the 10 point dignity challenge (now the 10 Dignity Do's). The challenge describes values and actions that high quality services who respect people's dignity, should be practicing.

The registered manager and staff shared with us various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. We heard some heart-warming accounts where the service had improved lives for people. It was evident that staff had shown patience, understanding and true commitment to sensitive issues and previous lifestyles that people were living. There was a real sense of an empowering culture for people. Independence and autonomy was promoted at all times and was at the

centre of all care and support people received. Support pathways were developed with individuals and relevant professionals to support phased progression within a community setting. The registered manager and staff recognised individual capabilities and worked on strengthening these. One person using the service had mental health needs. They had previously been reclusive and had been neglecting their health and well-being. This person had been sleeping on the floor because they had no furniture. They had one set of clothes that were never washed because there was no washing machine. There was no landline or phone so they were unable to contact anybody in the outside world or to call for help in an emergency situation. When they started using the service they had not been taking care of their personal hygiene and had not had a bath for three years.

At the time of this inspection the registered manager and staff had been supporting this person for two years, it was evident they had come a long way and their quality of life had improved immensely. They were now supported with all personal care needs and enjoyed a bath at least once a week. The service arranged for the bedroom to be decorated and completely refurbished, this place was now a sanctuary where they could relax, rest and have some private time. Staff had supported the person to have a wardrobe full of new clothes and a washing machine was installed. They now did their own laundry and small domestic tasks. The registered manager told us there was a sense of pride and achievement for this person. The person's outlook on life had changed considerably, the registered manager told us, the person now enjoyed meeting people, having conversations and telling jokes. They described them as a person with a 'very bubbly character' and said, "Their confidence has grown so much in the last two years, we are all so very proud". This enablement had been an extensive, positive piece of work.

One staff member wrote to us and described their journey and personal success with a person they supported. They wrote, "When I started supporting one gentleman he was having a wash from his sink every day. I was talking with his wife one day, and I asked her why he was not having a shower. His wife told me that he would love to use the shower but it was not safe. I spoke with my manager who agreed to conduct a risk assessment. Following the assessment and on my next visit I assisted him to have a shower and he was so happy. At first he would only have a shower whenever it was my shift because his wife said he trusted me. I assured her that all the carers were capable and trained to assist him as well. Since then we have been supporting him to have a shower every day and he loves it. Sometimes I have to remind him that it's time to come out now! I was happy to help because it made Mr X so happy. We have since made a referral to the council and requested to have a wet room installed".

The service protected people from social isolation and recognised the importance of social contact. The ethos of the service was to promote people being part of the local community so that it was personal to each individual, offering choice, empowerment and independence to individuals; so that people would lead enriched and fulfilling lives. The newly appointed trainer told us about how the service was looking at ways to support people who may wish to seek employment. They were developing a training package which would include, applying for jobs, writing curriculum vitae (CV) and learning interview techniques.

The provider supported their services to take part in sponsored events to raise money for national and local causes. People who used the services were asked for recommendations about which charity they would like to sponsor and donate the money raised. Last year they took part in a charity Christmas hat day and raised money for the Sarcoma Trust. Each year the service supported the providers other services and participated in the national Residential Care Home Open Day. This was where family, friends and neighbours join the 'residents, service users' and staff for refreshments and entertainment. Quarterly coffee afternoons were arranged at the main office and gave people and families the opportunity to meet each other and all staff members from provider to administration staff. One person wrote in a recent survey, "Thank you for the coffee afternoons, we enjoy a change of scenery, talking with people, playing games, receiving prizes and

eating good food. It's all very good for ones well-being".

People, families and professionals were kept informed and involved with the organisations quarterly newsletters. The newsletter provided information about significant events with photographs and future plans for the coming months. The introduction of the quarterly news letters in 2015 had received positive comments from people who used the service. These were being further developed to help improve existing methods of communication. The PIR stated, 'The newsletters will improve communication around key policies and highlight how everyone can be further involved in the running of our services and support community events'. Personal invites were sent to people, families and friends so they could join in any celebrations or events.

## Is the service responsive?

### Our findings

The service was responsive. People told us they were very happy with the care and support they received. Comments in a recent survey stated, "Staff are happy, cheerful and proficient" and, "They will do anything for me". People confirmed that the registered manager completed a thorough assessment when they were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met.

The approach to care was person centred and holistic and included the support people required for their physical, emotional and social well-being. The care plans were informative and interesting. They evidenced that people had been fully involved in developing their plans and how they wanted to be supported. People confirmed this when we spoke with them, comments included, "Right from the start staff were keen to ensure they did things exactly how I wanted it", "Staff always listen to me and know how I like things done" and, "When new staff visit me they read my plans and then we have a conversation". Staff told us there were good communication systems in place to help promote effective discussions so that they were aware of people's needs and any changes for people in their care. This included daily handovers, staff meetings and written daily records.

People had taken time to provide and share specific details about preferred daily routines and what level of assistance they required and this was reflected in their records. Information was detailed and would help ensure that person centred care was promoted and respected. Information contained the level of support needed whilst at the same time promoting independence and respecting people's wishes.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes.

Staff used a telephone monitoring system linked to the agency's computer system to log in when they arrived at each visit, and again before they left. This helped ensure staff stayed for the allocated, funded time. Staff consistently told us they had enough time to complete their support without rushing. Staff shared with us examples where it had been identified there was not enough time to meet people's needs and this had been responded to and actioned. On other occasions, especially where people's health and well-being had improved, allocated funded time had been too long. In both scenarios the registered manager had taken the appropriate action and additional time had either been allocated or reduced.

The complaints policy and procedure was available in written and pictorial format. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these

promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. Last year the provider's website was updated so that people, staff, family, professionals and members of the public were able to post queries, complaints or compliments. One person told us, "We never have to complain, everything runs very well and if there is a problem, it's always sorted very quickly".



## Is the service well-led?

### Our findings

The service was exceptionally well led. The service was part of a small organisation which also included two small care homes accommodating 14 people in total. The ethos, vision and values were provider led and, as such, applied across all three services. This included, current best practice, innovation, plans for the future and striving to be the best. It was evident that the provider and registered managers worked in collaboration. However each service was additionally recognised for its individuality. They had a healthy, respectful, working relationship for each to strive to provide the best possible care independently, based on their own merits, in addition to those at organisation level. One of the care homes had received an outstanding rating following a recent inspection by CQC.

People felt the service was 'well run' and the 'registered manager and staff were super'. Comments included, "What more could we ask for", "I have been totally happy with everything ever since I started using the service" and, "They are the kindest most helpful people". The registered manager promoted and encouraged open communication amongst everyone that used the service. People told us they were always able to contact staff in the office if they needed to speak with someone. Monthly phone calls were made to people to check if they were happy with everything and whether there were any problems. One person told us, "It's a nice touch and shows that they care". Another person wrote in a recent survey, "The office staff are polite and helpful, they respond delightfully".

The provider communicated with the registered manager, staff and if required people who use the service on any local issues, weather warnings and other safety matters. When they received alerts from the local authority the information was shared with everyone. This would include things such as being aware of bogus CQC inspectors, or other unauthorised visitors that may try to enter people's homes fraudulently. The provider encouraged and supported a wide range of communication methods in order to reach out to every individual. This included text messages, popular social networking sites and emails as well as traditional methods such as face to face conversation, group meetings and written memos.

There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. The PIR stated, "Our policy on Duty of Candour encourages openness and honesty and a no blame culture, which in turn promotes team working to solve issues and improve safety and quality'. The provider and their registered managers encouraged team bonding through events such as bowling, team meals and fund raising. They rewarded and shared good practice. Recently one staff member appeared in the organisations newsletter and was commended for their innovative methods of encouraging independence with the people they supported. She was awarded a voucher for the positive feedback from people who used the service.

The PIR stated, "The service recognises exceptional care provided by our staff in our management 'rising star' chart. This is used to identify staff with specific potential and to help harness and develop that potential which may lead to skills development, training in a particular area and eventually promotion". Staff told us this had a positive impact on morale and made them feel valued individually and as a team. One staff

member told us, "It makes everything you do worthwhile. I enjoy coming to work and feel appreciated by the clients and my employer".

The provider spoke with us about how they had been afforded the opportunity to expand their knowledge so that the service could continue to create a better future for everyone who used their services. The provider was currently completing a Master's Degree in Social Care Law. Modules within the degree had helped highlight areas they wanted to improve. They told us, "We are not finished here, we provide good services but we want to provide a service that's better than good. We can do so much more to help our clients go that little bit further and to provide them with even more opportunities".

The provider and registered manager were constantly reviewing the service so that people received a service that was responsive, innovative and based upon a person centred approach and best practice. This year the service was in the process of introducing Critical Reflective Practice based on a framework developed by Kim (1999). A policy had been developed to explain the principles of reflective practice and how this would develop further improvements in the support people received. People who used the service and staff were to be supported to adopt this approach. The thinking behind its implementation was to promote change in staff approach to care, to promote self-awareness and to improve communication skills for all involved. Reflective practice is a way of considering and examining ones thoughts, actions and reactions, in order to gain a better understanding of yourself and to identify more effective ways of responding in future. We look forward to seeing the progress and impact for people on this initiative at our next inspection.

The provider was currently in the later stages of developing an interactive company intranet site. This will update staff on what is going on in the company and allow them to make suggestions on changes, adaptations and improvements as well as nominate each other for recognition of good practice so this can be shared. It will also be used to help staff development and will have a training section where the trainer can post blogs, vlogs, information and updates for staff to access and interact with. Through the portal, staff will have their own career development page where they can track their own progress, request training and be supported by their manager in their work. It will also log supervisions and spot checks in a secure part of the site which the provider will be able to check live and spot anything that may need to change within the service much faster and responsively.

The provider also planned to roll out the site to individuals who use the service so they will have a separate individual site. They will have a private, password protected log-in detail where they can access their care plan live, request changes and be updated on what is going on within the organisation. The aim is that the care plan becomes even more individual-led and responsive to immediate changes in their preference of how they want their care delivered. This part of the development is planned for Summer/Autumn 2017 Launch.

The service worked in partnership with other organisations to make sure they were following current practice. The organisation is a member of Care and Support West. The provider is also a director of the body and attends various board meetings and meetings regarding the current topics within the care sector. The registered manager had won the Care and Support West award for Registered Manager and subsequently went on to become a 2016 Regional Finalist at the Great British Care Awards 2016. The registered manager is also a member of the National Skills Academy. Senior staff attended various workshops and seminars in relation to the care sector that are organised and attended by experts. Last year the provider attended the Health and Care exhibition which is one of the biggest health and social care exhibitions run in the UK, they have registered to attend again this year. The PIR stated, "There are many speakers at the event and exhibitors. It has been a great way to ensure we keep abreast of the key discussion points, whilst at the same time experiencing and discussing new ways of working".

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.