Mears Care Limited

Mears Care - Norwich

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 30 June and 1 July 2016 and we contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes and we wanted to ensure that the manager was available to speak with us.

Mears of Norwich provide domiciliary care to around 700 people who lived in their own homes in the Norwich and Hingham area. The Norwich and Hingham branch's had recently merged to form one single registered location. Mears of Norwich was a 'block provider' to the local authority. Mears supported people who were living with long term conditions.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 could not determine whether medicines were being administered in a consistently safe manner. There were gaps on the medicines administration record (MAR) where staff had not signed to confirm that people had been given their medicines. This meant the service couldn't be confident people had received their medicines as the prescriber had intended. The service had not effectively audited the MAR charts.

People were supported by staff who were knowledgeable in their roles and demonstrated the skills required. Staff had been safely recruited. There was a robust training system in place delivered by a trainer who was based at the Norwich office. Staff had a thorough induction to the service and their role. Staff had been selected for their willingness to care for people. Staff told us they felt supported in their roles. Staff were motivated and committed to provide a good service to people.

Staff demonstrated they understood how to prevent and protect people from the risk of abuse. Staff were mindful of this issue. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from the potential risk of harm as the service had identified and assessed the risks people faced. People had assessments which were individual to the person and their environment.

Staff received training and opportunities to further improve their skills and knowledge. Staff were given opportunities to discuss their performance with the management team. The competencies of staff were assessed and recorded to ensure an appropriate standard of care was delivered. Although this was not as regular as the service wanted, there was a plan in place to address this issue.

People benefited from staff who felt valued by the service. Staff told us they were motivated to make a positive contribution to people's lives. They had confidence in the management team and the service they

were providing.

People told us they were treated in a respectful, compassionate and caring manner. People said they generally saw the same care staff at regular times, and did not have missed visits.

Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave many examples of a caring and empathetic approach to the people they supported.

Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated they understood the importance of gaining people's consent before assisting them.

Care and support was delivered in a person centred way. The service had completed assessments of people's needs. People received individualised care as their care plans had been developed in collaboration with them.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs. Staff demonstrated they had the knowledge to manage emergency situations, should they arise.

Staff supported people to avoid social isolation.

People felt comfortable making a complaint. There was a complaints process in place for people to follow if they wanted to make a complaint. Staff also felt comfortable in raising any concerns they had.

The manager demonstrated an inclusive approach to the management of the service and people had confidence in the manager. They were supportive, accessible and they encouraged people to comment on the service they provided. The manager had a good knowledge of the people the service supported and their needs, despite it being a large 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.

People told us their medicines were managed safely.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns and they were confident in raising these.

People benefited from being supported by staff who had undergone recruitment checks to ensure they were safe to work in care.

The service had identified, assessed and regularly reviewed the risks to people.

Is the service effective?

Good

The service was effective.

The training, their induction, and the support and development the staff received, contributed to the effective support people experienced.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

When required people were supported to have their choice of food and drink.

Is the service caring?

Good

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People received care and support in a way that allowed them to be in control of their lives. Staff promoted people's independence and gave them choice.

People had been involved in planning the care and support they

received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted this.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs.

People were supported to avoid social isolation.

The service listened to people's needs and concerns and responded appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits of medicines were not effective. The service had no system of checking these audits were effective. The service could not confirm people had taken their medicines as the prescriber had intended.

The supportive and inclusive nature of the management team contributed to an open culture where people felt comfortable in expressing their views.

The management team was accessible, visible and approachable.

The manager had identified areas which required improvement and plans were in place to make these improvements.

Mears Care - Norwich

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 June and 1July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Before the inspection we viewed all of the information we had about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local authority quality assurance team and asked their views on the service.

During the inspection we visited the service's office, spoke with 26 people who used the service and five relatives via the telephone. We also spoke with the registered manager, the service trainer, and 12 members of care staff which included senior care staff.

We looked at the care records for 15 people who used the service and the medicines administration records for 12 people. We also viewed records relating to the management of the service. These included risk assessments, four staff recruitment files, and training records

Good

Is the service safe?

Our findings

We looked at the medication administration record (MAR) charts of 12 people who received support from the service. We found on some of these records that there gaps in the charts where staff had not signed to confirm that people had been administered their medicines, as the prescriber had intended. Because of this we could not determine that people were receiving their prescribed medicines correctly and at the times they required them.

Although the service had completed audits on the MAR charts, there was no evidence that these issues had been identified or investigated. Therefore, no action had been taken to mitigate the risk to people of not receiving their medicines as the prescriber had intended.

We spoke with people who received support with their medication. They told us they had no issues with this element of their care. One person said, "Yes they give me medication twice a day." A relative told us, "Yes they get the tablets and pass them to her, they write in the book." Staff told us they felt confident giving medication. Some staff explained to us their own system, to ensure they know for certain they have given the person their medication, and they had signed the MAR chart.

We spoke with the trainer for the service. They talked us through the medication training for new staff and the refresher medication programme for existing staff. We were shown a 'medication prompt card' which staff had attached to their Mears ID. It gave advice about the safe administration of medication. Staff said they found this helpful.

People who received care from Mears of Norwich said they felt safe because of the support from care staff. One person said, "We feel safe when the carers come." Another person said, "The carer is excellent. I have no concerns whatsoever." A relative told us, "We have never had concerns about [relative's] safety."

The manager and staff we spoke with all had a thorough understanding of what constituted abuse and harm. The staff we spoke with demonstrated an understanding of the symptoms that could indicate a person was potentially being abused. One member of staff said, "You have to have your wits about you." Another member of staff told us, "You have to keep an eye on the situation."

Staff gave us some examples about how they had taken action to protect people from harm. Staff told us they reported their concerns to the manager, who alerted the local authority. One member of staff told us how they gave information and worked with the police to ensure the harm one person was experiencing, stopped. We spoke with the manager and a care coordinator who told us about the concerns they had about a person who the service supported. They confirmed to us that they had informed the local authority social care team and had worked in partnership with them to address concerns.

Staff received training on safeguarding and how to protect people from the potential risk of abuse. We spoke

with staff who said they felt confident about raising their concerns. Some staff were aware of outside agencies who they could also report their concerns to. We spoke with the trainer for the service who confirmed that staff received regular training on safeguarding.

Staff had a good understanding of what constituted discrimination. Staff spoke about treating people equally and respecting people's choices. In the care assessments completed by senior staff, they asked if people had any cultural or spiritual needs. Staff told us they had received training on 'equality and diversity.' The manager told us of examples when staff experienced racism from the public and how they addressed and managed these situations.

The service managed risks appropriately. People had a detailed initial assessment completed by a senior member of staff before the care began or shortly after it had started. Risks were identified so staff could monitor and respond to these and keep people safe. We saw in people's care records that risks around choking, developing pressure areas, falling, and food and fluid intake had been identified. We could also see from the assessments, that people had been consulted on how they wanted to be supported in relation to these. In people's care records it had statements such as, "My support is to achieve the following outcome." It then listed what these were. We could also see risks to people's individual environments were assessed. This included information about where a person's utility supplies were located.

During our visit we observed care co-ordinators making contact with social services to address concerns or issues they had about some of the people they supported. Staff told us they used a communication book held in each person's home. This was used to record what they did during their care visit, and to make the next member of staff aware of any issues, and if they needed to take action. For example, if a GP had been called or if a person had declined a meal. One member of staff told us they would phone the next member of staff due to visit a person and update them if there were issues or events they needed to be aware of. Another member of staff said they would call the office if they had been away for a period of time, to check if the people they supported had experienced any changes in their needs.

The service had procedures in place to deal with emergencies. For example, if people did not answer their doors when care staff visited. Staff were to contact the office or the senior member of staff on call if this happened and seek advice. The staff we spoke with told us they did this. Staff gave examples of waiting outside people's homes while the office staff called relatives and the local hospitals, to see where the person was.

The manager told us the service had plans in place to respond to emergencies. There was an on call service which operated out of office hours, which senior staff and the manager took in turn to manage. This was for staff to call if they needed advice.

Staff told us how they sometimes visited people who were in distress, unwell, or had fallen. Staff told us how they took practical action to relieve people's distress and discomfort. One member of staff had noted a person was in pain when walking, they called the GP, when the GP didn't arrive, they called the paramedics, and the person was admitted to hospital. Another member of staff told us how they supported a person who had fallen. While they waited for the paramedic they told us, they made them as comfortable as possible, putting a blanket on them and, "Held their hand."

Mears are contracted by the local authority to provide care for people in the Norwich and Hingham area. The manager told us that if they didn't have sufficient staff to take on more work they would decline further care requests from the local authority. The manager also told us they had recent difficulties recruiting staff and this has had an impact on the service. As a result of this senior care staff, who would normally focus on

assessments, reviews, and spot checks on other members of care staff, have provided care visits. The manager told us it was important the care visits were covered. The manager told us they were now recruiting new staff and filling vacant positions. We spoke with staff who confirmed this was happening.

All the people we spoke with said they had not had any missed visits. People told us there were times when staff ran late but that they received a phone call to advise them of this. One person said, "Yes they arrive on time and yes if there is a problem they phone and apologise, and I am ok with that."

The service ensured that they only employed staff who were suitable to work in a care role. We looked at staff personnel files and could see that staff were only employed following recruitment checks. The appropriate Disclosure and Barring Service (DBS) checks had been made. This is a security process to check there is no reason why someone should not work in this role. For staff who had worked for some years with the service, the service had arranged for new DBS checks to be completed. Staff had a full record of their employment history and two references documented on their files. Staff confirmed to us that these checks were in place before they started working for the service.

The service had a disciplinary process to address and manage issues with staff. We were shown one document where the service had concerns about the practice of a member of staff. These concerns had been raised by their colleagues. We could see the manager had investigated these concerns, held a formal meeting and taken appropriate action.

Good

Is the service effective?

Our findings

We found that staff had the necessary skills and knowledge to provide effective care. One person told us, "There are no complaints, I have problems with swallowing and the carer knows it, they are very patient." A relative told us, "[Family member's] diet has changed, they know what to do."

Staff completed a robust induction programme over five days. During the induction staff were trained in fire safety, first aid, health and safety, moving and handling, administration of medication, safeguarding, dementia care, mental capacity and sensory care. The service had a trainer based at the service who showed us the induction programme. They explained to us how the training was delivered in order to meet a variety of different learning styles. The trainer told us how the training was interactive and practical. Staff learnt how it feels to receive care. Staff had training on catheter care, incontinence care and medication administration.

We were shown information staff received in their inductions and on their refresher training. This included training in 'person centred care.' The trainer said, "Staff are taught about the eight care values, dignity, choice, privacy, independence, respect, rights, individuality, and partnership." We spoke with the staff who had had this training, they told us they found it very useful. After this period of training staff were linked with a senior member of staff and completed shifts under supervision. Staff told us they were asked if they felt ready to work independently. Staff also told us they felt the induction prepared them for the work ahead.

We were shown a training programme which demonstrated all staff were up to date with the training in key areas. The manager, trainer, and staff told us they received a cash incentive to complete and pass their induction week. Staff were informed when their yearly updated training was due. We were told the service had recently created training programmes in specialist areas which were due to be delivered later this year. This included training in Parkinson's disease, Multiple Sclerosis, and stroke awareness. The trainer said, "I have now been trained to deliver training in end of life care."

The manager told us that due to recruitment issues, the service had not been able to complete the amount of staff supervisions they had planned to. We looked at staff records and spoke with staff. We found some members of staff were overdue supervision and spot checks. However, we could see in some staff records, and staff told us, that they had recently had supervision and spot checks. Staff also told us they felt supported by the senior staff.

The manager told us they would try and match staff with people who they felt would work well together, but there was no system in place to ensure this always happened. The manager said the service did try to ensure people using the service received the same members of staff on each visit, but this wasn't always possible. On the whole people told us they had the same care staff and they were happy with the staff who visited them. However, this was not the case for some people. One person said, "I was frustrated; they only gave me another carer to do my personal care. I was used to another one, they are excellent but for some reason, they send other people." A relative told us, I don't understand why they can't send the same person."

Staff told us they were allocated the same people who they supported, although there were times they had supported people who they didn't normally see. The staff we spoke with were able to tell us in detail about some of the people they supported. One member of staff said, "In order to really care for someone you need to know them."

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. We checked whether the service was working within the principles of the MCA.

One member of staff told us it was important for people to make their own decisions. They told us about a person who was initially reluctant to be supported with their care needs. They said, "I'm here, if you want the support." Another member of staff told us they would always ask open questions when they supported people with their daily needs, to ensure they made their own decisions.

Staff told us they offered people choice, sought their consent, and supported some people to make decisions. One person using the service said, "Of course, they ask for my consent." Another person said, "I always get everything I ask for." A relative told us, "All the time, they ask for consent."

We looked at people's care records and we could see capacity assessments had been completed. Staff told us they had completed training in the MCA. Staff had a good understanding on what mental capacity meant, and how important it was to give people choices. Staff told us how they supported people to make their own decisions. Staff also told us they were directed by the people they supported. One member of staff said, "I ask what can I do, and I respect what they tell me." Another member of staff said, "It is their choice."

Some people told us they are involved in making decisions about their care. One person said, "Yes, they always explain first." Another person said, "I admire the staff, they ask my permission before they offer any support." A relative said, "They talk to her, they ask."

We saw on people's records that the service had asked people what they wanted their care and daily routine to look like. People had signed that they consented to their care. Staff told us how they encouraged people who may lack capacity to make decisions. The staff we spoke with said they would explain the benefits of a certain outcome of a decision. Staff said they, "Spent time doing this." They were also, "Gentle in their conversations." All the staff we spoke with said if they had concerns about someone's capacity to make certain decisions, they would contact a senior member of staff.

People told us they were supported with their meals and drinks. One person told us that their lunch time was, "Very pleasant." A relative also told us staff were patient and encouraged their relative to finish their meal. They also made sure they had plenty of fluids to drink.

We looked at some people's records and could see people were supported with their meals and drinks. In these records we saw staff were directed to ask the person what they liked to eat and drink. However, the records did not stipulate what people's individual likes and dislikes were, which would be important to know if some people needed encouragement to eat. Staff told us they always left, "Plenty of drinks" for

people to access. Staff also told us they encouraged people who had low appetites to eat. One member of staff said, "I always say to this one person, come on let's sit down, you eat and I'll talk."

We found on some people's records certain people were at risk of choking. We could see referrals had been made to specialist health teams to address this issue. When we spoke with the trainer they told us how staff were trained on how to manage this type of need.

People were supported to have access to health services. On the day of our visit we observed a care co-ordinator making contact with an occupational therapist about a person's mobility needs. We also heard a care co-ordinator saying a GP had requested a food diary for one person, they said they would text all the carers involved. We found in some people's records referrals had been made to specialist health teams. A member of staff told us how they and senior staff sometimes meet with GPs if there are concerns. Staff told us about situations when they had called paramedics to people's homes and had given relevant information in order for the paramedics to provide treatment.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion. One person said, "They are kind and considerate, they do a wonderful job." Another person told us, "They really care." A relative we spoke with said, "They are terrific, lovely."

The staff we spoke with said they formed caring relationships with people. One member of staff said, "You have to have the personal touch to do this job, you do get emotionally attached, it's the job." Staff told us how they supported people in crisis or when people were low in mood or upset about something which was happening in their lives. We spoke with one member of staff who told us when they visited a person who is emotional or low in mood they spent extra time with them, "I tell them, I am here for you, I tell stories and sing songs." Another member of staff talked about lifting people's spirits, talking through the positive elements of a person's life. The staff we spoke with talked about making a difference in people's lives, one member of staff said, "I love making people smile."

The staff we spoke with told us how they listened to people's issues, and talked with the person about important decisions people were trying to make. One person was considering moving to residential care, another closer to their family, one person had relationship worries. The staff we spoke with told us how they dealt with these situations; they told us how they listened to the person, showed they understood, but didn't influence the person's decision.

We asked the staff we spoke with to tell us about the people they supported. Staff were able to give us personal details about people's backgrounds, their past histories and life achievements. The staff we spoke with understood people's physical needs but also knew people. One member of staff said, "Everyone has their own stories to tell." Another member of staff said, "People sometimes tell you stories they wouldn't tell their families." We concluded that people felt listened to, and that staff formed positive relationships with people.

We could see in people's care records people had been consulted with by the degree and type of personal information gathered, telling staff how they wanted their care delivered. One person had specific instructions about their personal grooming. People had personal details about lighting in their bedrooms, and how they wanted to be approached when the member of staff visited them.

The manager and a care co-ordinator told us how they sign posted people to advocacy services. We were told about one person who had some financial issues; the service put them in touch with an organisation who supported people with these matters. We were also told about some people who needed support with their animals, the service directed them to a charity who could provide practical assistance and enable them to keep their pets.

People told us they were treated with dignity and respect. One person told us, "[Staff] are polite, courteous, I can't fault them in any way." Another person said, "[Staff] are always polite, extremely so."

Staff told us how they protected people's dignity and privacy. Staff said they ensured doors and windows were closed, and curtains drawn when they provided personal care. Some staff told us how they built up trust with people who were anxious about having support with personal care. Some staff said they explained what they are doing. One member of staff said they looked at the communication log away from the person in order to ensure the support was, "Personal and dignified."

Good

Is the service responsive?

Our findings

Staff understood the care needs of the people they supported and were responsive to their needs. One person said, "I would be lost without them." Another person told us, "It's an excellent service, I couldn't ask for anything better."

People were visited and a detailed assessment was carried out by the senior staff from the service. We looked at people's care records and their assessments. These were person centred, giving advice and guidance to staff on how to meet people's needs. There was information about people's interests and hobbies. People's records included information about other people involved with their care needs, and people who were important to them, such as relatives and partners. Some of the staff we spoke with told us of the social care professionals who were currently working with some of the people they supported.

We could see in people's care records that the service had asked people what they wanted to achieve from having the support from the service. We saw on some people's records statements such as, "To allow me to live my life to a normal routine." People spoke about wanting to give their informal carers a break from their caring role. Staff told us they always asked, "What would you like me to do?"

People told us that staff encouraged their independence. One person said, "They always encourage me to wash my face." Another person told us, "I am in control, I tell them what I like and dislike and they respect that." A relative told us, "No one stops [relative] from doing anything they want to do."

The staff we spoke with told us how they supported people to be as independent as they could be. Staff told us about how they supported people to complete elements of their personal care routine in order to maintain their goal of independence. One member of staff said they will walk with one person around their home, to support the person to maintain their level of mobility. Another member of staff said they encouraged people to be independent with, "Everyday tasks…by doing it together."

The majority of people told us they received their care in a way they wanted. One person told us, "I requested the agency to provide female staff and they respect that." People told us they were supported by the same members of staff, at agreed and regular times, and on the whole staff were not late and if they were they didn't have an issue with it. Staff told us they would phone the office if they were running late. During our visit we observed a care co-ordinator deal with such an issue.

However, some people we spoke with said they didn't always have the same member of staff. One person said, "I don't understand why they can't send the same person." Another person said, "No they did not listen when I told them, I need the same person, not a total stranger."

People told us the relationships they had with staff were important to them. One person said, "I like the way they chat to me, make jokes and we have a laugh, I enjoy that." Another person told us, "The girls are very helpful and supportive. I keep a cup ready for myself and carers, when they arrive we have tea together." A

relative said, "They chat to [relative]."

Staff told us how they supported people who felt socially isolated. Staff said they would suggest day centres. One member of staff said they had advised one person about local clubs to attend and tried to motivate the person to go. Another member of staff said, "They give their time," talking to the person. Staff said if they were concerned about a person being socially isolated they would contact the office and ask (with the person's permission) for a referral to social services.

The manager told us the service reviewed people's needs on a yearly basis. We looked at people's care records and we could see people's needs had been reviewed, and this had taken place recently. Although we also noted some people's reviews were overdue. The manager told us this was linked with the issues they had with recruitment, but they were now addressing this issue.

People told us they knew how to make a complaint. One person said, "I have never complained, I would speak to the manager if there is a problem." Another person said, "The manager can answer my complaints, I have the number." A relative told us they had complained about some issues, and the manager had dealt with this.

The manager said, "We are humble if we make mistakes." We spoke with one person who was unhappy about an element of their care. We asked them if they had raised this with the manager, they said no. We asked if they felt able to do so, they said, "OK, I will phone the manager, I have their number."

We were shown some complaints people had made in the last year. We could see the manager had addressed these with the people involved and resolved the issues. The manager also told us about complaints raised by people or their relatives over the phone. The manager said they take action and pass this information to all the care staff. We were shown copies of memos the manager had sent to staff to improve their practices in certain areas.

Requires Improvement

Is the service well-led?

Our findings

The service had not ensured that the records relating to people who used the service were accurate or complete. There were numerous gaps in the MAR charts where staff had not signed to confirm that people had been given their prescribed medicines. The manager told us the service had received many cancelled visits from people using the service. They said that in all probability the gaps in the records related to cancelled visits, but they were unable to confirm this.

The service had completed audits on the MAR charts but had not identified the issue of gaps in the administration of medicines. Therefore, no action had been taken to investigate these omissions. When we spoke with the manager about this they said that they were not aware that the audits were not identifying errors such as this. This meant that the provider did not have an effective audit system in place to ensure that medicines were being administered correctly.

There were auditing systems in place to monitor the quality of the support people received. Senior staff would audit assessments, care plans, communication log books, staff time sheets, and spot check records. However, we found no evidence that suggested these audits were also checked, to identify any areas where improvements needed to be made.

The manager had a 'business action plan' in place to address areas which required improvement. Due to staffing issues they were aware spot checks reviews and supervisions were not fully up to date. The manager showed us a plan to address these issues with review dates to check progress.

The care staff we spoke with said there was an open culture at the service. One member of staff said, "[The manager and seniors] are approachable. Staff told us they felt comfortable speaking with the manager and their supervisors.

Staff told us the manager was approachable. One member of staff said, "[Manager] is brilliant very approachable." Another member of staff told us, "[Manager] says it, how it is, you can be honest with [manager]." Staff said they felt supported by their seniors and care co-ordinators. A member of staff said, "They're great, any problems, you can talk to them."

The staff we spoke with said they would have no hesitation in raising any concerns they had, with the office or manager. Staff told us if they discovered a practice issue relating to a colleague they would feel confident with raising it with them or the manager. They told us if the issue didn't improve they would go to a senior member of staff or to the manager.

The service had a clear set of values. The manager told us, "People who have care and the staff go first." In induction staff were taught about the service's vision in the form of, "The eight priorities of care." Staff told us the most important part of their role is to be caring, kind, respectful, and non-judgemental. This told us

members of staff we spoke with shared these values. The manager said, "It's simple but you have to be caring to be a carer."

The service encouraged a positive culture through induction and training which included mandatory yearly updates. Staff said their induction was, "Thorough" and they, "Felt confident." Staff told us they had good relationships with their senior staff. They said they were encouraged to call them whenever they had a question. One member of staff said their senior had told them, "There are no silly questions." Staff said they felt confident in calling and visiting the office. We observed this on the day of our visit.

Staff told us they enjoyed their work and wanted to work for the provider. One member of staff said, "I love it." Another person told us, "I don't consider it work, because it's so rewarding."

Questionnaires were sent to people who used the service as a way of monitoring the quality of the service. People told us they completed these questionnaires. One person told us, "Oh yes we get questionnaires all the time." Another person said, "We contribute all the time." We were shown a recent collection of questionnaires. The manager told us the provider will be analysing this information and they will feed it back to the manager and the service.

Staff told us the manager was actively involved in the day to day running of the service. The manager told us when we visited, despite the service supporting a large amount of people; they knew most of the people and their needs. When we spoke with the manager they demonstrated a good knowledge of people who used the service. During our visit we observed the manager discussing with the care co-ordinators issues relating to the people they supported, they gave advice about how to overcome these issues.

The manager told us what types of events they should notify us about. We could also see from the information we hold about the service that the manager had notified us of events, which they are required to under their registration.

There was a system of recording and analysing accidents and incidents. We were shown some accident and incident forms. We were shown records about an incident which occurred due to a lack of action, from a person's team of staff. We were shown records which demonstrated an investigation was carried out. A meeting had taken place involving the family and a local authority quality assurance manager. The manager said lessons were learnt, and a process was put in place to prevent this from happening again, which was shared with all the staff.