The Regard Partnership Limited

The Regard Partnership Domicilary Care South West

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

The inspection took place on the 9 and 16 March and was announced. We gave the provider 24 hours' notice of the inspection because the service is small and we needed to be sure the registered manager would be present in the service when we arrived.

The Regard Partnership Domiciliary Care Southwest is registered to provide personal care and support to people living in their own homes and supported living premises. People being supported may have a learning or physical disability and other associated conditions such as Autism and Aspergers. People may also be supported who are living with conditions associated with sensory impairment and mental health needs. The service supports some people on a 24 hour basis and others at specific times during the day and night.

At the time of the inspection ten people received support with personal care needs.

There was a registered manager in post who was responsible for the day to day running 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 felt safe. We observed people as they were being supported by staff. We saw people looked relaxed and comfortable in their home and people's body language, laughter and smiles suggested they felt happy and safe with the staff supporting them.

Staff had received training in how to recognise and report abuse or poor practice. Staff were confident any allegations or concerns would be taken seriously and investigated to help ensure people were safe and protected.

There were sufficient numbers of suitably qualified staff to meet people's needs. The recruitment and induction process for new staff was thorough and helped ensure staff were safe and suitably prepared to work with vulnerable people.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People told us they always knew who would be supporting them and were kept informed of any changes. The registered manager said they considered people's needs and preferences when recruiting staff, "We have a diverse team, and when recruiting try to consider the needs of people we support particularly in relation to, age, gender, personality and interests".

People's support needs were clearly documented. Staff had the information they needed to provide support in a way people chose and preferred. In addition to people's personal care needs staff supported people

with other daily tasks such as shopping, cooking, support with medicines and accessing opportunities and activities outside the home. These arrangements formed part of the person's support plan and were reviewed and discussed on a regular basis.

The registered manager and staff had a clear understanding of the Mental Capacity Act 200. Staff made sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff respected people's privacy and recognised they were providing support within people's own homes. Staff talked with a great deal of warmth and affection about the people they supported One staff member said, "I know how much [….] loves their home and it is really important that we help them remain living here". Another said, "We always remind [….] it is their home. Sometimes family may want to make decisions, but we have to gently remind them it is […] home and choice".

There was a management structure in the service which provided clear lines of responsibility and accountability. People and staff knew who to speak to if they had any concerns and felt any issues would be addressed.

Information was used to aid learning and drive improvement across the service. We saw accident and incident forms had been completed in good detail and included a process for staff to consider any learning or practice issues. The manager and staff monitored the quality of the service by undertaking a range of quality audits and speaking to people to help ensure they were happy with the service they received. People, staff, relatives and other agencies told us the management team were approachable and included them in discussions about their care and the running of 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. People felt safe and were comfortable and relaxed when they were being supported by staff.

People were protected by staff who could identify abuse and understood how to report any concerns and protect people.

People were supported with their medicines in a safe way by staff who had been trained.

Recruitment practices were robust and staff were employed in sufficient numbers to meet people's need and to keep them safe.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People were supported when required to have their health and nutritional needs met.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with respect.

Staff understood and respected they were supporting people within their own homes.

People received support from staff who knew them well and who promoted their skills and independence.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and were regularly reviewed and updated.

People were involved where possible in the planning of their support arrangements. People's views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The provider took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good

The service was well-led.

There was a positive culture within the service. The management team provided strong leadership and led by example.

Staff were well supported, motivated and inspired to develop and provide good quality care.

The service works in partnership with other agencies to ensure people's full range of care and support need were met.

Quality assurance systems drove improvement and raised standards of care.

The Regard Partnership Domicilary Care South West

Detailed findings

Background to this inspection

Between February and March 2016 a small group of pilot inspections tested improved arrangements for the inspection of providers supplying regulated activity (ies) to people living in 'Housing with Care' (HwC) schemes. HwC schemes include supported living settings, extra care housing and people's own homes. As these settings are people's own homes we do not regulate the premises. This location was selected to take part in the pilot, and the provider was aware of this during the 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 the 9 and 16 March and was announced. We gave the provider 24 hours' notice of the inspection because the service is small and we needed to be sure the manager would be present in the service when we arrived. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed information held about the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspections and notifications. Notifications are specific events registered people have to tell us about by law.

We spent the first day within the main office of the domiciliary care agency. We met with the registered manager, locality manager for the service and one other staff member. We looked at records held in the office relating to people's support arrangements and the running of the service. This included, support plans, risk assessments, policy and procedures, accident and incident report and quality audits. On the first day of the inspection we arranged to visit some people who received support with personal care from the service. The registered manager arranged these visits and ensured people consented to us visiting them in

their home.

We visited five people in their own homes and spoke to them about the service and the care they received. Some people had limited verbal communication and were unable to tell us about their experiences, however, we were able to speak to six members of staff and observed some of the care being provided. These observations assisted in our understanding of the quality of care people received.

We spoke to one relative and two professionals who had involvement with the service and people being supported.

Good

Is the service safe?

Our findings

People who were able to, told us they felt safe. One person said. "Yes, I feel safe, the staff are all fine", and "Yes, I would talk to […] (registered manager) if I was worried". A professional said they had never seen anything within the service to cause them concern, commenting that staff have all been very caring and professional".

We saw people looked relaxed and comfortable in their home. People's body language, laughter and smiles suggested they felt happy and safe with the staff supporting them. One person returned home from a day placement. They had a significant visual impairment and required support from staff to attend to a number of daily care needs. They had a very clear routine when they arrived home, which included first having a cup of tea and relaxing before doing any other tasks or activities. The staff provided support by placing the tea pot, mug and hot water on a tray in front of them at the dining room table. The person concerned clearly trusted the staff to place all the items on the tray in a way they were familiar with. This helped ensure they were able to relax and make their cup of tea independently and safely.

Staff had received training in safeguarding adults. Safeguarding and whistleblowing procedures were available and staff were required to read them as part of their induction and on-going training. Staff understood about different types of abuse and knew how to report any concerns or incidents of abuse or poor practice. Staff told us there were opportunities to discuss practice and safeguarding issues and said they would not hesitate to report any concerns.

People were supported to understand what keeping safe meant and to report any concerns. Staff told us they spent time with people ensuring their property and belongings were safe. One staff member said, "I always check the windows and doors a number of times before I leave and make sure the environment is safe". Another member of staff said, "[….] always likes the front door to be locked, it makes them feel safe. We check the door together to make sure it is locked".

A key holder policy was in place and detailed the responsibility of staff when entering and leaving people's homes. Support plans provided detail for staff about what had been agreed with the individual about staff entering their home. This included any specific arrangements for ensuring the safety of the individual, their property and belongings. Staff wore identity badges, which were used to show people and relatives, when they arrived at people's homes.

Assessments were carried out to identify any risks to people and the staff supporting them. This included environmental risks and any risks related to the health and support needs of the person concerned. These included the level of risk as well as action needed to minimise the risks where possible. For example, in addition to personal care tasks one person was also supported to partake in activities outside of their home. There were known risks associated with this person's behaviour. Staff considered these risks when planning activities to help ensure the person, staff and others remained safe at all times. For example, staff avoided taking the person to busy environments such as shopping centres and carried a mobile phone at all times to help ensure they were able to call for help if needed.

People were supported to recognise and manage any risks associated with the environment. For example, staff said they supported people to check smoke detectors and advised them when new batteries were needed. The provider said they had a good relationship with the landlords of the supported living settings and would report any issues regarding the environment.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Reporting forms were available for staff within a file in people's homes so they could be completed and acted on promptly. Records confirmed appropriate action had been taken when accidents or incidents had occurred. Where necessary changes had been made to reduce the risks of a similar incident occurring in the future. Staff carried a card which informed the public why they were supporting people in the event of an incident. It contained a contact number for the service should a member of the public have concerns or require further information.

There were sufficient numbers of suitably skilled staff to keep people safe and to meet their needs. Some people had a designated team of staff supporting them seven days a week on a 24 hour basis. Others had support provided at set times dependent on their needs and requirements. Staffing levels had been determined by an assessment of need and specific wishes of the person concerned. The registered manager said they recruited 10 percent over the amount agreed with the commissioning authority, which helped ensure they had enough support available. Staff felt staffing levels were safe. Comments included, "We are different to big domiciliary care services, we have time to support people with their needs and to just spend time with people. We don't have to rush off".

The service had safe recruitment practices in place. The registered manager ensured prospective staff had necessary checks completed to ensure they were fit and safe to work with vulnerable people. These checks included disclosure and barring (DBS) checks, as well as the completion of a detailed application form, health checks and formal interview process. Staff told us recruitment of new staff was thorough. New staff completed a probationary period to ensure they continued to be suitable to carry out their role.

Some people needed support from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's support plans described in detail the medicines they had been prescribed and the type of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home had been considered with the person and their relatives. Where necessary records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained. All staff had received training in the safe administration of medicines and this training had been regularly updated.

Good

Is the service effective?

Our findings

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People told us they always knew who would be supporting them and were kept informed of any changes. The registered manager said they considered people's needs and preferences when recruiting staff, "We have a diverse team, and when recruiting try to consider the needs of people we support particularly in relation to, age, gender, personality and interests".

Staff told us they had good opportunities for on-going training. Before staff worked on their own they completed a full induction programme which included shadowing experienced staff and getting to know the person they would be supporting. The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their training. Each staff member had an on-going training programme to make sure they had the skills required to meet people's needs and to help ensure training remained relevant and up to date.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for 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 capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had procedures in place in relation to the application of the MCA. The registered manager and staff had received training and were aware of their responsibilities if people's capacity to make decisions about their care changed. We saw people had been involved in decisions about their care. When decisions had been complex, such as agreeing their support plan or tenancy agreement other significant people such as relatives and the local authority had been appropriately involved. The registered manager said, "If people lack the capacity to sign a tenancy agreement, it is important they have the support to do so, they still have a right to live in their own home".

Staff recognised when people's capacity to make decisions fluctuated. Support plans detailed how staff should encourage people to make decisions whenever possible. We saw best interest meetings had taken place in relation to one person who choose to leave the building, which was potentially unsafe. The registered manager had recognised the person's right and wish to access the outdoors, but also the potential risks to this person's safety. Meetings had taken place to consider the least restrictive way of dealing with this situation. Action had been agreed as part of a multi-agency plan to protect the person, whilst also considering more appropriate accommodation to help ensure the person's choices, rights and freedom were maintained and protected. Staff had a good understanding of offering advice and guidance, whilst allowing people the right and freedom to make their own choices and decisions.

Staff understood how people communicated and when their behaviours could escalate and place the individual or others at risk of harm. Some people had individual behaviour management plans, which

detailed the types of behaviour a person could display, ways to prevent the behaviour, and how staff needed to manage the situation safely and legally if behaviour that challenged others occurred.

Staff confirmed they received regular supervision sessions and an annual appraisal to monitor their development, performance and work practices. They also told us they felt well supported by the registered manager, team leaders and their colleagues. Comments from staff included, "Handovers are really important, we share practice issues and can also contact the team leaders and managers at any time".

People's dietary needs were assessed when required and any associated risks were incorporated into their care plan. Support plans clearly described how people needed and wanted to be supported with their meals and staff understood this information. A staff member supporting one person said "[…] like routines with their meals, drinks and snacks, we make sure we fit in around these times and choices and also offer suggestions on meals they may like to try". Another person had a high level of need in relation to their eating and diet. Staff said, "We still encourage choice as much as possible, we go shopping together, they help with all the meals and always choose what they want to eat and drink".

Staff supported people to access healthcare appointments if needed and liaised with health and social care professionals when appropriate. Support plans detailed people's health needs and how they chose and preferred to be supported For example, one person had a plan in place for increased monitoring by staff when they had a period of poor mental health. The person concerned was aware of this increased support and had been involved in their plan of care. Appointments and the outcome of visits had been documented in people's daily records. Healthcare professionals were positive about the service and felt communication with the service was professional. They commented that information had been provided when required in an efficient manner.

Good

Is the service caring?

Our findings

People who were able to told us they were happy with the service they received. One person said, "Yes, the staff are all fine". When asked if they were happy with the support they nodded and smiled. Another person said the staff were nice and spoke to them "politely" and "nicely". A relative said they were happy with the service and they were kept well informed of any important issues. A professional commented staff had been particularly compassionate and caring in relation to the recent death of a person. They added that it had been very difficult time for people and staff, and staff had coped well and supported each other appropriately.

Information about people and the service were held safely in the services main office. Information required by staff, such as support plans, risk assessments and other daily records had been copied and were available in the person's own home. We saw in most cases this information was stored appropriately and discreetly so they didn't impose on people's personal space. One person had a small box file in their kitchen. This held information staff required, such as, their support needs contact numbers and the complaints procedure. However, It was noted in one of the supported living settings that information about people had been stored in a cupboard within the communal dining area. We saw this cupboard was open during our inspection and staff used the dining table to write their daily notes. We spoke to the registered manager about this and the need to ensure people's personal information is protected. This included respecting confidentiality as the environment is people's own home and not an office space. The registered manager said they would address this issue as a matter of priority. Following the inspection the registered manager contacted us to say they had spoken to people and were considering the most appropriate way to store people's information.

Observations in the supported living premises showed there were friendly, caring and supportive relationships in place between staff and people. People's independence was encouraged and staff supported people to make choices about their daily routines and lifestyle. . We heard lots of conversation and laughter as people went about their day. Staff offered gentle advice and reassurance when required, whilst also allowing people time and space to do things for themselves. Staff told us, "Although people are living in a group setting they do respect each other's space, we remind people, and staff provide support but make sure they allow people time on their own and privacy".

People being supported on a one to one basis in their own homes were comfortable and relaxed with the staff supporting them. One person sat enjoying their breakfast, whilst staff pottered around the kitchen tidying up and starting to prepare meals for the day. The staff member said, "I just fit in with their routine, they choose what they want to do and when, if they want some time on their own or with friends and family, I just occupy myself doing some jobs or walking their dog".

Staff spoke politely and respectfully to people. Staff had a good understanding of people's different personalities and knew the people who liked a busy loud environment or those who preferred quiet and a more gentle approach. For example, one person looked to the staff to joke with them and clearly enjoyed lots of laughter and fun. The staff responded in a way the person enjoyed, whilst also knowing when their

mood might change and how this would be communicated.

Staff respected people's privacy and recognised they were providing support within people's own homes. The registered manager said on occasions they visited people to check they were happy with the care being provided and to undertake quality audits. They said they would always ask the person if they could visit and would never go uninvited. People told us staff were respectful and they looked after and protected their home and personal belongings. Staff told us, "We always remind people it is their home, we make sure people have keys and encourage them to answer the door and unlock their own front door". We observed a staff member answer the phone for a person they were supporting. They advised the caller of the person's home they were in and handed the phone over for them to talk. We observed friends and family visiting people. Staff offered cups of tea and then allowed people time and space to spend time with their visitors.

People received care as much as possible from the same care worker and team of staff. Rotas' were well organised so people knew who would be supporting them and were kept well informed of any changes.

Staff talked with a great deal of warmth and affection about the people they were supporting. One staff member said, "I know how much [….] loves their home and it is really important that we help them remain living here". Another staff member said, "We always remind [….] it is their home. Sometimes family may want to make decisions, but we have to gently remind them it is […] home and choice".

People had access to advocacy services and people outside their home and the service when required. Staff said they always thought about other services and people who could support people and further develop their choice and independence, "Some people have their own advocates, relatives who speak for them, and we make sure people have phones and mobiles so they can contact people if needed".

Staff had supported people and each other to deal with loss and the grieving process. Following the death of a person who had used the service staff had sought appropriate support from external agencies and considered the needs of people still using the service. People had been offered the choice of attending a funeral and also provided with time to talk about their feelings and to consider ways they would like to remember people that had mattered to them.

Good

Is the service responsive?

Our findings

Some of the arrangements for managing and supporting people with their finances were not personalised. In the supported living settings a system was in place called ' bag and tag'. This helped enable staff to audit people's expenditure and to keep their money safe. However, it was not evident if people had made choices about these arrangements, or if they met their individual needs and wishes. We spoke to the registered manager about this issue at the time of the inspection. Following the inspection the registered manager contacted us to say they would review these arrangements for each person to help ensure support met their specific care needs and personal choices.

Professionals who had been involved with the service felt staff provided consistent and personalised care to people.

People's care and support needs were assessed prior to receiving support from the service. Assessments included information about the person's background, their likes and dislikes, weekly/daily routines and significant family and professional contacts. This information was used to match people as well as possible with an appropriate care team and to help ensure people's support was delivered in a way they wanted and preferred.

Care records and support plans provided staff with detailed information to enable them to provide personalised care and support, whilst encouraging choice and independence where possible. In addition support plans also included other areas of need, which had been agreed as part of the support contract. For example, some people needed assistance with tasks such as shopping, cooking, budgeting and going out into the community.

Support plans included clear information about how people chose and preferred to be supported. For example, one plan stated, "I would like my support staff to make sure I have gone to bed before they finish, I would like them to make sure I am wearing my alarm and have access to it". Another plan stated, "I like staff to help me wash my hair in the evening, I enjoy this". Staff were familiar with these guidelines and people's particular routines and preferences.

Support plans included information about people's relationships and people who mattered to them. We saw people being supported to welcome visitors into their home and to make arrangements for visits to family and friends. One person had a large number of family photos on the sitting room wall. Staff said these photos and relationships were very important to the person concerned and they did what was needed to maintain these important contacts. We observed one person receive a visit from a relative and heard lots of friendly and excited conversation about a family wedding that was in the process of being planned. The person being supported had an important role to play in this occasion and staff joined in enthusiastically with the excited conversation and planning. These interactions clearly pleased the person concerned.

Staff responded appropriately to people's range of care needs and made reasonable adjustments to ensure their need were met. We saw staff supported one person with a significant visual impairment. The staff were

very aware of the person's routines, they made sure the environment was appropriate and prepared to enable them to mobilise and attend to tasks and daily routines as independently and safely as possible. We observed staff response when a person suddenly decided to go out having chosen to stay in the home for a number of months. When the person suddenly stood up and put their coat on the staff responded promptly by calling for a taxi and taking the person where they said they wanted to go. The staff were delighted this change had occurred and provided whatever support was needed to support the person at the time. The person went out in the taxi for a short drive and then returned to their home greeted by very happy staff who praised their achievement.

Support plans were reviewed and updated regularly. Staff said they spoke to each other regularly and used daily monitoring forms and handover meetings to ensure everyone was up to date with information. People were involved as much as possible in planning their care. Each person had a key-worker who had a particular responsibility for helping ensure support plans and support arrangements were appropriate and up to date. The registered manager said they had recognised some people found formal reviews and discussions about their care difficult particularly in their own homes. In response to this they had considered ways of making these discussions less formal and more personalised. One person had a 'Time to talk' session built in to their plan of care. The staff had recognised they were particularly anxious when they arrived home at the end of the day. The 'Time to talk session' gave them the opportunity to spend time with staff chatting about their day and saying about anything they wanted to happen. Another person had a plan in place to have a hand massage when they were talking with staff. This helped them relax and feel less anxious about answering questions. The registered manager said both of these arrangements helped inform the review process and helped ensure people were involved in planning and discussing their care.

People said they knew how to make a complaint. Some people said they would speak to their key-worker or the team leader and others said they would be able to telephone senior staff or the registered manager at the main office. People had been provided with information about how they could make a complaint and the action that would be taken by the service to address their concern. Throughout the inspection we saw people's queries, concerns and day to day issues were addressed by staff in a prompt, reassuring and appropriate manner. We saw two complaints had been raised about the service and records confirmed these had been dealt with appropriately and in line with the provider's policy and procedure.

Good

Is the service well-led?

Our findings

People expressed their satisfaction with the service and did not raise any concerns about the care and support provided to them. Relatives said they were happy with the support provided and felt they were kept informed of significant events and important information. A healthcare professional confirmed the service worked well with other agencies to meet people's full range of care needs. A representative from the local authority, involved in the commissioning of services, added they felt the leadership team had supportive relationships with their staff and a detailed knowledge and understanding of the people they cared for. They also commented that the service had recently worked with them to understand and embed new commissioning systems and processes.

The management structure provided clear lines of accountability. A registered manager was in post who had overall responsibility and they were supported by other senior staff who had designated management duties. The service had reviewed the management structure due to an increase in numbers of people supported and changes to the geographical area they covered. This change included the recruitment of an additional manager who would be responsible for overseeing the service and people supported outside of Plymouth and in the Cornwall area. The registered manager said this change was important to help ensure people continued to receive a good quality service and have their needs met in a way they required.

There was an open, team work culture within the service. Staff told us they enjoyed their work and were positive about how the service was run. One member of staff told us, "Some people and staff have recently had to deal with a difficult and upsetting situation. All the staff and management have been really supportive and we have all had plenty of time to talk and reflect on what has happened".

Staff and people were involved in discussions and plans relating to the service. For example, some people had been involved in developing service user satisfaction questionnaires in an easy read format and staff had been actively involved in discussions about the introduction of new daily monitoring forms. Within one of the supported living settings, people expressed some concern about who would be moving in to a vacant room. The staff supporting them provided reassurance, saying they would be kept fully involved and their views and requests would be considered.

Information was used to aid learning and drive improvement across the service. Accident and incident forms had been completed in good detail and included a process for staff to consider any learning or practice issues. For example, the registered manager said following a recent analysis of incident, it had been noted that one person had started to have a number of falls. The person's risk assessment had been updated and a referral made to the occupational therapy services, so their mobility needs could be assessed in relation to their environment.

The registered manager and staff monitored the quality of the service. They regularly spoke to people to help ensure they were happy with the service they received. The management worked alongside staff to monitor their practice as well as undertaking spot checks to review the quality of care provided. These checks included reviewing the care records kept at the person's home to ensure they were appropriately

completed and up to date. Feedback about the quality of the service was gathered on an annual basis from people, their relatives and where possible other agencies. An audit was completed of any complaints made about the service. Feedback and outcomes from this information was analysed and used to further improve the quality of the service provided. Although staff recognised they were supporting people in their own homes they were aware of the need to undertake informal checks of the environment and supported people when necessary to address any risks or concerns. Systems were in place to enable the service to liaise directly with landlords when required to address any concerns in relation to the environment or people's tenancy agreements.

The registered manager demonstrated a willingness and desire to maintain quality within the service and to make necessary improvements when required. Any issues raised during the inspection process in relation to quality or practice were welcomed and action plans were sent promptly to CQC without being requested, advising how these had been addressed or would be addressed as part of on-going improvement.