

# Topaz Care and Support Company Limited

## Fortis House

### 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

This inspection took place on 23 and 27 April 2018 and was announced. This was the first inspection of the service since its registration on 12 December 2016.

Fortis House, also known as Topaz Care and Support Company Limited, provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. It provides a service to older adults and younger disabled adults. At the time of our inspection four people were using the service.

The service had a registered manager. 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. Staff were positive about the leadership and culture of the service.

During this inspection we found the service met requirements and is rated Good.

People told us they felt safe using the service. Safeguarding procedures were in place and staff knew how to identify and report safeguarding concerns. Staff knew how to deal with emergencies and report incidents and accidents.

There were arrangements for managing medicines and mitigating risks to people using the service. The provider had robust staff recruitment procedures in place and people received their personal care and support at the time they expected it, by staff who were punctual. There were cover arrangements in place for staff absence.

Staff had a good understanding of infection control procedures and used personal protective clothing such as aprons and gloves when carrying out personal care or meal preparation to prevent the spread of infection.

People's needs were assessed and care and support was planned and delivered in line with their individual care and support needs. People's support plans had detailed guidance for staff regarding their preferences.

People told us the service was effective in meeting their needs and carried out an initial assessment to plan their care and support. People using the service had access to healthcare professionals as required to meet

their needs. People were supported to meet their nutritional needs.

People made choices for themselves where they had the capacity to do so and the service operated in line with the Mental Capacity Act 2005.

Staff received training and supervision to support them in their role and attended staff meetings to share and receive information.

People told us the service was caring and spoke positively about staff. Staff knew the people they were supporting well, respected their privacy and encouraged independence.

The service had a complaints procedure in place and people knew how to make a complaint. Staff told us they felt supported by the management team. The service had robust systems in place to seek and analyse the views of people using the service. Recordkeeping was up to date and consistent with protecting people's privacy.

Effective systems were in place to monitor the safety and quality of the service provided. The registered provider upheld all of their responsibilities to the Care Quality Commission (CQC) by submitting statutory notifications, such as serious incidents that had taken place.

## 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 they felt safe.

Appropriate safeguarding and whistleblowing procedures were in place and staff understood their responsibilities for reporting any safeguarding concerns.

Identified risks to people were mitigated with clear guidance for staff.

Medicines were managed safely.

Processes were in place to minimise the risk of infection.

There were enough staff available to meet the needs of people using the service and robust recruitment processes were in place.

The service demonstrated how they learnt from accidents and incidents.

### Is the service effective?

Good ●

The service was effective. Assessments of people's needs were carried out prior to providing care and support.

Staff received training and support to carry out their role.

Staff demonstrated an understanding of the Mental Capacity Act 2005 to ensure people had choice and their rights were protected.

People were supported to maintain good health and to access healthcare services when they needed them.

People were supported to meet their nutritional needs.

### Is the service caring?

Good ●

The service was caring. People told us staff were caring and respected their privacy.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

### **Is the service responsive?**

The service was responsive. People's preferences were reflected in their support plans.

People were supported to engage in activities where this was part of their support package.

The service had an easy read complaints procedure.

**Good** ●

### **Is the service well-led?**

The service was well led. There was a registered manager in place. Staff were positive about the culture and leadership of the service.

Effective systems were in place to monitor the quality of the service. This included seeking the views of people using the service.

**Good** ●

# Fortis House

## 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 23 April 2018 and was announced. We gave the service 48 hours' notice of this inspection visit because it is a small service and the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. This inspection was carried out by one inspector.

Inspection site visit activity started on 23 April and ended on 1 May 2018. It included speaking with people using the service and staff. We visited the office location on 23 April and 27 April to see the registered manager, provider and support workers; and to review care records and policies and procedures. We telephoned people following the inspection on 1 May 2018.

Before the inspection we looked at concerns raised and information we already held about this service. This included details of its registration and notifications of significant incidents they had sent us. Notifications are information about important events which the service is required to send us by law. We contacted the host local authority with responsibility for commissioning care from the service, to seek their views.

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

We spoke with one person using the service. We spoke with six staff; this included the provider, registered manager and four support workers. We looked at the support records for the four people using the service, including support plans and risk assessments. We reviewed the training records for all staff and looked at the recruitment and supervision records of three staff. We looked at medicine records of three people and minutes of team meetings. We checked various policies and procedures including adult safeguarding procedures. We reviewed quality assurance and monitoring systems at the service.

# Is the service safe?

## Our findings

The person we spoke with told us they felt safe using the service. They told us, "Because it's good environment they [staff] keep me safe."

The service had systems in place to protect people from the risk of abuse. There was a safeguarding and whistleblowing policy which made clear the services responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). The policy also covered whistleblowing and made clear staff had the right to whistle blow to appropriate outside agencies. One staff member when asked about whistleblowing said, "I would tell the manager and I would ask for updates. If I was worried about the practice of one staff that affects the clients and if management were not responding I wouldn't be worried about reporting it."

Staff had completed training on safeguarding and whistleblowing and had a good understanding of their responsibilities for reporting any allegations of abuse. Staff told us they would report safeguarding concerns to the manager in the first instance. They also told us they would report it to the police and local authority adult safeguarding team as appropriate.

The registered manager and provider were also aware of their responsibility with regards to safeguarding. They told us about safeguarding alerts they had raised with the local authority and the outcome. We had received safeguarding notifications from the service and saw management plans in place to safeguard people from abuse.

When staff spent money on behalf of people, clear financial records were maintained. Financial records contained information about expenses, benefits claimed, income received and outgoings. Records detailed people's financial goals and outcomes, for example, if they were saving for a special trip or purchase. We reviewed financial records for each person using the service and noted the service kept detailed up-to-date records of any money spent including receipts. Records showed the balance was checked and signed by two staff members at each transaction.

Risk assessments were carried out for people using the service and contained information about the risks people faced. Risk assessments contained clear guidance for staff of how to mitigate the identified risks. Each risk assessment was completed every six months or sooner if new risks were identified. For example, one person had an identified risk relating to road safety when being supported in the community by staff. We saw a risk assessment had been carried out and guidance was in place for staff, which identified triggers for when the person became agitated when out in the community and actions staff should take to mitigate and manage the risk. This showed that risks were identified and managed by the service.

Where people exhibited behaviours that challenged the service, risk assessments and guidance was in place to support people. The registered manager told us staff did not use physical restraint when working with people. One person's care and support plan showed they had been assessed for risks including behaviour that challenges. There was a description of behaviour and guidance for staff, including the use of distraction

techniques.

Staff told us how they supported people when they displayed behaviour that challenges the service. One member of staff said, "Sometimes as challenging as people's behaviour maybe or puts them at risk, you can't take the behaviour personally. It's about learning and moving towards more positive steps to help them manage the behaviour." They said although it could be challenging for staff and other people using the service important guidance was available for staff to manage risks associated with behaviour that challenges.

Medicines were administered safely. The service had a medicines policy and procedure and supported three people with their medicines. We reviewed the Medicine Administration Records (MAR) charts from 25 December 2017 to 15 April 2018. All MAR charts were accurate and up to date. Records showed people were receiving their medicines when they needed them. Medicines records for each person contained information about their allergies, the type of medicine and the possible side effects.

Medicines taken as needed or as required are known as 'PRN' medicines. Individual 'when required' protocols (administration guidance which informs staff about when these medicines should and should not be given) were in place. Medicines were managed safely. Records showed stock balances of each person's medicines. Records contained the quantity of medicines received from the pharmacy, the quantity given and the remaining quantity. Records showed all support workers who administered medicines had the appropriate training and were knowledgeable about the medicines procedure.

Staff were aware of and followed infection control procedures and processes to prevent the spread of infection. Records showed all staff had completed infection control training on 13 July 2017. This training was refreshed every two years. Staff were provided with personal protective equipment (PPE) including gloves and aprons and staff were able to explain infection control procedures followed when supporting people with personal care and during food preparation. One staff member said, "Infection control is about stopping the spread of infection using gloves, aprons and hand washing techniques. We know about the proper use and storage of things that are dangerous like bleach. We change mops for different areas and we have proper documentation for when we clean. We wash hands before and after everything."

Staff were punctual when visiting people to provide personal care and support. Staff told us and records reviewed showed staff sickness absence, training and annual leave was covered by staff employed by the service. The registered manager told us there were never any missed visits to people because the service had cover arrangements in place. Staffing rotas reviewed showed changes made to cover unplanned staff absence. The registered manager and provider told us they would provide cover on occasion. Staff told us visits were always covered and that on occasion the registered manager provided cover.

The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. Staff were employed subject to various checks including references, proof of identification, eligibility to work in the UK and criminal record checks. The process assured the provider employees were of good character and have the qualifications, skills and experience to support people using the service. Staff told us about the checks carried out and the interview process prior to starting employment at the service. One staff member said, "They did checks and two references and DBS checks. I had it done before I started working here and all was in order." Disclosure and Barring Service (DBS) is a check to identify if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Staff records confirmed that appropriate checks were carried out before staff began their employment at the service.

The service learnt from accidents and incidents. We reviewed incident and accident records for three people

using the service. Each incident was recorded giving a full description of the incidents with witness statements as necessary and actions taken. However, two recent incident records did not include actions to mitigate the risk of recurrence. We discussed this with the provider. They said this was an oversight and would have been identified in the next audit. They showed us records of actions taken to prevent future occurrences in people's individual care files and carried through to their risk assessments. Records also showed how the service worked with health and social care professionals as necessary to prevent reoccurrence of incidents.

## Is the service effective?

### Our findings

The person we spoke with told us the service was effective in meeting their needs. They said, "Yes they help with cooking and going out and help me with my medicines."

An initial assessment was carried out before people started using the service. There was clear information recorded about the person using the service, relating to their needs. The initial assessment report contained the views of the person's relatives or carers relating to the person's needs. Issues relating to health, education, housing, finance, risks and strengths were clearly documented. Information from professionals involved in the person's care was also included. We saw this information was used to complete a care and support plan which would meet their needs.

People were supported to access healthcare to promote their health and well-being including GPs, dentists and opticians. Health action plans were in place which detailed actions around medical appointments and any outcomes, such as recommendations and further medical treatment. People using the service had a personalised hospital passport with information medical professionals needed to know if they were admitted to hospital or sought emergency healthcare. This included details of their medical history and medicines they had been prescribed. Their communication needs including their spoken language and behaviour the person may exhibit when anxious or in pain.. People's likes and dislikes were documented as well as any reasonable adjustments they required while seeking medical treatment.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people lacked capacity, assessments were carried out by local authorities prior to using the service. We checked whether the service was working within the principles of the MCA and how staff applied this when supporting people with day-to-day decisions. Staff told us and records showed staff received training and understood the importance of assessing whether people had capacity to make specific decisions. One staff member said, "The approach I use is to think that people have the ability to make a decision. That's what I do in the first place then if needed I support them to make their own decision." Another staff member told us, "You need to be patient and take time, give them the opportunity to make the decision even if it's to take their medicines they need to decide they want to take it."

Staff explained and gave clear examples of how they sought consent from people before carrying out any care or support. Consent to care and support forms were completed by people using the service or their representative and witnessed by staff.

Staff were able to explain how they supported people to make choices relating to their care and support. For example, one staff member said, "I know [person using the service] likes to cook their meals separate to

everyone else so I make sure that happens." Where people were unable to make decisions, records showed their family members were involved in making decisions about people's care and support. We saw records of best interest meetings carried out with the involvement of family members.

People told us and support plans showed the service supported people with meal preparation. Staff told us they supported people to prepare meals of their choice and to shop for ingredients. One staff member said, "I support people with their food. We have a daily menu and we do the meals they like but will also make cooking fun and make it interesting during meal preparation." Staff were aware of people with specific preferences needs. One staff member said, "[person using the service] is [dietary preference] and we make sure their meals are cooked separately, all crockery and cutlery and pots are all separate. If they want something that everyone else is having we do the version they can eat. We change the ingredients and make a separate one so they can join in too."

Staff were supported to carry out their role through training and supervision meetings. Records showed up to date staff training courses. The provider told us, "Training is on an on-going basis all the time and it's good quality training." Staff were positive about the training they received. One staff member said, "The training is fantastic. I had an interview and when I was accepted, I did safeguarding training and medicines training straightaway. We are always doing training updates." Another staff member spoke positively about the different training methods used by the service trainer They told us, "We had situations and scenarios about what we would do next in different situations that's been tailored to my learning style that really helped me."

We looked at staff supervision meeting records. Supervision meetings were held so staff and their manager could discuss the staff member's on-going performance, development and any concerns. Records showed supervision took place every eight weeks and staff were aware of future dates. One staff member said, "[Registered manager] does my supervision I've had three since starting and the next one is booked for May. I find the meeting so useful." Another staff member, when explaining the benefit of supervision meetings said, "You feel motivated to continue working and give more to the service users." Staff had annual appraisals. Records showed that discussions included identification of development goals and training needs. Staff were positive about the appraisal process.

New staff completed an induction programme. Staff work towards completion of the Care Certificate following induction. The Care Certificate requires staff to complete a programme of training, including observations of a senior colleague, followed by an assessment of their competency. Staff told us they had completed an induction programme when commencing employment at the service. The induction program was completed by all staff over a minimum period of two weeks and was tailored to their experience. Staff spoke positively about the process. One staff member told us, "I did an induction for more than a week. I got a general summary of my role. I met the service users and had training and always worked with another staff member. I had lots of training. I had two to three weeks of on-going training and very intense support. Then I started doing the shifts and started doing more on my own with the service users."

Staff files showed staff had completed the induction programme and their knowledge was checked. The staff member and the registered manager signed off each section as completed.

## Is the service caring?

### Our findings

The person we spoke with told us they were treated in a caring manner. They said, "They [staff] are nice and gentle and help me."

The registered manager told us the service provided care and support to people in their own homes. Staff respected the person's home and aimed to provide a caring service. The registered manager said all staff were expected to provide personalised care. They said they worked alongside staff to observe that this was taking place and checked with people using the service about their care and support experience. Staff explained the aim of the service to support people using a person-centred approach. They explained how they treated people with dignity and respect.

The registered manager told us they tried to match staff with people they thought worked well together. They gave an example of how they allocated a staff member to work more closely with one person who displayed behaviour that challenged because they observed they had developed a rapport. The staff member became the person's keyworker and over time other staff members were trained by the keyworker to start working with the person. They told us this had good outcomes and the person no longer displayed behaviour that challenges.

People told us the service respected their privacy. The person we spoke with said, "If I want to stay in my room then I can. I do. I can be private." Staff treated people with dignity and respect. One staff member said, "I don't talk about service users outside of work. If I see someone I know when I'm out with the service user I don't stop to speak with them. I don't discuss anything or socialise with anyone when I'm out with them. I try to maintain dignity when providing or prompting them with personal care I keep it confidential from other service users." Another staff member told us they ensured the bathroom door was closed when supporting people with their personal care.

Confidential records were stored at the service's office in locked cabinets and in password protected computers. The registered manager and provider had access to computer records. Staff had a responsibility not to share confidential information about people with unauthorised persons and signed a confidentiality agreement. This helps to protect people's privacy.

People told us the service promoted their independence. One person we spoke with said, "Yes they help with going out and I can go out wherever I want." Staff told us how they promoted people's independence. One staff member said, "We promote independence to the service user and how they want to be supported. We support them to achieve and give them free will to do so."

Support plans showed how people were supported to maintain their independence. One person's support plan stated, 'As I am independent with my mobility and go out by myself, staff must ensure that I returned back home when I go out. Staff should check on me. Support staff should call me on my mobile to find out where I am.' Records showed this happened.

Staff knew people's preferences regarding communication and support plans contained guidance for staff. One staff member said, "[Person using the service] takes time to process information so they can make a decision and they need support. We need to speak using a certain tone so as not to be perceived as too direct. We use short sentences and prompts are given quite a lot."

The service sought to meet people's needs in relation to equality and diversity. This was included in the initial assessment carried out before people began using the service. People's support files contained details of their beliefs and preferences. Staff told us they respected people's beliefs and any specific guidance they should follow in people's homes regarding meal preparation. Staff completed equality training and the service monitored how they were meeting people's needs through group discussion at staff meetings and reviewing any complaints and grievances relating to equality issues. The service collected information about people with particular protected characteristics who used the service, to ensure their preferences were considered when meeting their support needs.

## Is the service responsive?

### Our findings

People told us they were happy with the support provided by the service. Support files we reviewed showed support plans were in place for people using the service. People using the service or their representative signed a support agreement. Each person's support file contained their support plan with a section called 'Who am I'. This included their name and support needs and medical condition. For example, one person's file stated, 'My name is [person's name], I have autism which impacts on my day-to-day activities.'

Support plans were detailed and personalised. Support plans contained information about maintaining and improving relationships, participating in community activities, attending college in order to enhance knowledge, holiday preferences, budget planning, eating and drinking, cooking skills, personal care, medicines, activities and support needed when attending medical appointments. Support plans were reviewed every six months or sooner to reflect changes in people's support needs. The registered manager completed a monthly report summary for each person which detailed their activities, their health needs, medicines, appointments; safeguarding alerts and future plans.

Support plans were in place for the management of specific medical conditions to guide and inform staff. One person had a support plan for epilepsy detailing the types of seizure they may experience, what happens during seizure and how long seizure may last. Details of triggers including missed medicines used to control their medical condition were included. The support plan contained information to guide staff to ensure they supported the person safely during the seizure. Actions to take during and after the seizure were detailed, including monitoring the person during their recovery phase. We saw an epilepsy chart in place even though the person had not experienced a seizure since coming to the service.

Each person had a key worker who reviewed their care and support every month or sooner if required. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life. One staff member said, "I'm a key worker for one person. I know the person well and make sure I'm supporting with personal care, meal preparation and medicines and I contact the family sometimes. We have a good rapport." Records showed people and their keyworker met each month to review all their support needs and future plans. Records showed discussions took place on how staff should deliver support to ensure the person had the best experience. This showed people had up to date support plans which reflected their needs and preferences.

Changes and updates in people's support needs were communicated to staff during daily handover meetings. Handover records were available for review and highlighted specific changes regarding people's care needs of the incoming shift. These were clear and up-to-date.

Support needed with daily activities was identified and people expressed how they would like staff to support them with washing and dressing, changing their clothing, eating healthily, maintaining a safe living environment and remaining safe in the community. For example, one person's file stated, 'I have a habit of begging for cigarettes from strangers and put me in a vulnerable position. Staff to always remind me of the danger of this habit.'

Support plans showed goals identified during the person's initial assessment and outcomes achieved. People were supported to identify things they needed to change or achieve. For example, one person's file stated, 'I want to get on with my life with the right support and guidance to do so. I want to attend courses to educate me about computers and art in the college. I want to plan and go on holiday.' We saw outcomes were being achieved relating to their goals.

Some peoples support packages included the provision of activities. We saw this was documented in support plans. Each person had a weekly activity schedule. For example, the support plan for one person showed they attended activities including karate club, Aikido club, shopping and attending college. Support required when travelling on public transport and any risks associated with this activity was clearly documented.

The service has a complaints policy and procedure. The policy included timescales for responding to complaints and details of who people could escalate their complaint to if they were not satisfied with the initial response from the service. People were provided with their own copy of the complaints procedure in an easy read format.

We looked at records of complaints received by the service. All complaints including those received verbally from people using the service or their relatives were recorded. The service registered, acknowledged and responded to all complaints in writing within the timescales specified in the complaints procedure.

The service had a complaints internal reviews policy. The service dealt with verbal complaints in a sympathetic and efficient way and followed these up in writing. There was clear guidance for people and their relatives about how to escalate their complaints if they were unhappy with the initial response.

The registered manager and provider told us the service did not provide end-of-life care to any of the current people using the service. However, they knew how to access other agencies and training for staff if required.

## Is the service well-led?

### Our findings

The service had a registered manager in place. The person we spoke with knew the registered manager and said they were "Nice."

Staff told us they felt the service was well led and the registered manager and provider were approachable and supportive. One staff member said, "The registered manager gives great support and is really easy to contact and she wants the best from us. She is more a mentor to us as well as a manager. We get to the solutions together. Very welcoming and very approachable. [Provider] is also very nice and very helpful." Another staff member said, "[Registered manager] is very on top of things we don't give excuses and she likes punctuality and to be told in advance of things she's very organised. The management should be commended because there's never a time they [registered manager and provider] haven't responded when I call. They're very approachable." A third staff member said, "[Registered manager] is an action person. She is fair, doesn't take nonsense but in a really good way. I find her so approachable she's very professional and it makes us professional."

Staff spoke positively about the culture of the organisation. One staff member said, "I love working for Topaz. We have good communication how we relate to each other. We are open and free to communicate with our manager who is very understanding." The registered manager spoke positively about the staff team and the quality of support staff delivered to people using the service.

The service operated a 24-hour on call system which meant senior staff were available to provide guidance if required. A staff member told us, "We have the managers' mobile numbers and we can call anytime." Another staff member said, "Management are always on call and we have mobile numbers for them and can call any time. They are responsive and act on our concerns. They're spot on and act on things immediately."

Staff meetings took place every six to eight weeks, which gave staff the opportunity to contribute to the running of the service. On the first day of our inspection a scheduled staff meeting was in progress. We looked at records of team meetings from June 2017 to February 2018 which showed attendance by the majority of staff. An action plan was devised after each team meeting and checked for progress and completion at the following meeting. Standing items on the agenda included support planning for people using the service, medicines, health and safety, people's finance, information sharing, safeguarding and staffing issues. A member of staff said, "There are staff meetings and communication is good we talk about medicines, safeguarding and how we are communicating with our clients and staff. We discuss how to do everything better."

The service had a quality assurance policy and procedure in place which stated the management team would, 'Implement, review, analyse feedback and create action plan to drive improvement.'

The registered manager completed monthly quality assurance audits and up to date records were available for review. Audits included care and support plans, risk assessments, staffing, activities, mealtime experience, medicines management and administration, staff handovers, improvement planning, accidents

and incidents, safeguarding, MCA and best interest, compliments and complaints, safe working and infection control, and access to healthcare services by people using the service. We saw actions required were completed in a timely manner. For example, the quality assurance audit in February 2018 highlighted risk assessments were to be reviewed for two people using the service we saw that this had been completed in the audit carried out in March 2018.

We saw another example of the need, identified during support plan audits for staff, to work in a different way in response to one person's refusal for personal care. We saw actions staff had taken in the following audit and improvements were made in their attempts to encourage the person resulting in them attending to their own personal care.

We reviewed records of audits carried out by the provider on a quarterly basis. The areas audited included care and support planning, risk assessments, the service handbook, medicines administration records, and support records for each person using the service. We saw comments and actions completed by staff when issues were identified.

The service sought the views of people who used the service and their relatives. We looked at three survey responses from people using the service. People indicated they were very satisfied or satisfied with the care they received, staff kindness and compassion, communication, staff spending agreed time with them, and the service seeking their views. One person using the service wrote, 'I like my carers. Thanks for helping me.'

One relative wrote, 'Topaz care and support service are ideal for my family needs and have been very supportive. Although the service has started for a short period, it has been like we have known them for a long time, and that is very important.'

The provider submitted statutory notifications relating to significant incidents that had occurred in the service. The statutory notification is a notice informing the Care Quality Commission of significant events and is required by law.

The provider and registered manager worked with other agencies to develop best practice. They told us they were affiliated with a nationwide social care organisation that provided up to date information on the social care sector and best practice. The registered manager and provider attended 'Provider Forums' run by the local authority. They told us, "We have a good rapport with the borough and share information and best practice."