

Curzon Care Limited

Curzon Care Limited

Inspection report

12 Goldfinch Close
Heysham
LA3 2WD
Tel: (01524) 850652

Date of inspection visit: 25 & 26 November 2015
Date of publication: 08/02/2016

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 

Overall summary

This announced inspection took place on 25 & 26 November 2015.

Curzon Care is a small domiciliary care service providing support to people with learning disabilities in the Morecambe and Heysham district. 24 people were being supported by the organisation on the date of inspection.

The service was last inspected on 11 November 2013 and was found to be meeting all the assessed standards.

There was a registered manager in place. 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 who used the service and their relatives spoke highly about the way in which the organisation was organised and managed. People described their staff team as reliable and voiced no concerns in the way in which staffing was deployed.

Summary of findings

Staff were aware of types of abuse and how to report any concerns. The registered provider had appropriate systems in place to support staff that had any safeguarding concerns. Staff were confident any concerns relayed to management would be dealt with effectively.

When people required support with their medicines, the registered provider had suitable arrangements in place. Medicines were safely stored and appropriate arrangements for administering them were in place. People who had capacity and could manage their own medicines were encouraged to do so.

Appropriate systems were in place to address and manage the risks associated with the carrying out of the regulated activity. Staff told us they were fully briefed about how to manage risks prior to working with a person.

The registered provider understood the requirements of the Mental Capacity Act (2005) This meant they were working within the law to support people who may lack capacity to make their own decisions.

Health care needs were met in a timely manner. People were encouraged to participate in health promotion initiatives as a means to maintain and promote health.

Staff told us they were fully supported within their role. The registered manager had systems in place to ensure all staff were fully supported within their induction and did not work alone until they felt comfortable and confident to do so. The registered provider also provided some training to staff following their induction to ensure they were equipped with the necessary skills to carry out their role.

Relatives and people who used the service told us the registered provider met people's dietary needs. Staff supported people to cook nutritious meals. Where people were required to lose weight staff supported them with healthy cooking and also supported people to undertake exercise and attend weight loss groups.

Support was organised to meet people's needs. Rotas were developed in conjunction with the people being supported to ensure their support time was appropriate to them. When staff were working in people's own homes they were mindful of respecting privacy.

People who used the service told us they were encouraged to live active lives and participate as valued members of their community. People were supported to attend various community groups according to their preferred wishes and hobbies. There was an emphasis placed upon improving people's quality of life and increasing social networks.

Care was provided in a person centred way. People were involved in their own care planning and the development of their service. People were confident they could discuss their care with the registered manager and if they were unhappy with care provided they could change their service.

Concerns were dealt with in a timely manner and this prevented any concern from escalating into a complaint. People who used the service were aware of their rights to complain and who to complain to. People who had complained previously praised the ways in which the manager addressed the complaint and their commitment to making improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us staffing levels met their individual needs and staff were reliable.

Processes were in place to report any safeguarding concerns. Staff were aware of the processes and the importance of reporting all concerns.

Systems were in place to ensure medicines were managed appropriately. People were encouraged to administer their own medicines where appropriate.

Suitable systems were in place to manage risk. Staff were appropriately briefed about risks prior to working with people.

Good



Is the service effective?

The service was effective.

Peoples health needs were met by the registered provider where appropriate. The registered provider worked with other agencies to promote good health.

Staff told us they were appropriately supported within their role. The registered provider had systems in place to ensure staff received an adequate induction.

Where people had dietary needs, staff supported people with these.

Good



Is the service caring?

Staff were caring.

People who used the service and relatives were consistently positive about the staff and their approach.

Staff respected people's rights to privacy, dignity and independence.

Relatives and people who used the service consistently said staff often went above and beyond what was expected of them within their role.

Good



Is the service responsive?

The service was responsive.

The service for each person was individually designed, with the person at the centre of the service. The registered provider encouraged people to develop community networks and relationships through community participation.

Activities for each person were delivered in a person centred way. People were encouraged and motivated to live valued lives. There was an emphasis on developing independence and enabling people to have positive outcomes within their life.

Feedback from people was received regularly. Any complaints made were taken seriously and dealt with in a timely manner.

Good



Summary of findings

Is the service well-led?

The service was well led.

The registered provider had good working relationships with the staff team. People who used the service spoke positively about the management team, the staff and the support provided.

Communication between the staff team was described as good.

Staff felt supported within their roles and praised the efforts of the senior management.

Good



Curzon Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 26 November and was announced. 48 hours' notice was given because we needed to be sure someone would be at the office.

The inspection was carried out by one adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with six staff members who worked for the organisation. This included the care manager, senior support worker and four staff responsible for delivering care.

We spoke with eight people who used the service to obtain their views on what it was like to receive a service from the registered provider. People who used the service chose to speak to us at the office, rather than within their own homes.

To gather information, we looked at a variety of records. This included care records belonging to three people who used the service and records relating to three staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

Is the service safe?

Our findings

People who used the service told us they were supported to feel safe in their own home. One person said, “[Registered Manager] helped me out, they helped make me feel safe.”

One relative we spoke with was confident people were treated fairly, with respect and were free from any bullying or harassment. They described staff as, “Respectful and kind.”

We reviewed three files relating to people employed at the service. The registered provider retained comprehensive records relating to each staff member. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work, one of which was the last employer.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. We noted the registered manager had robust systems in place to ensure people recruited were sufficiently qualified and were of good character. Full pre-employment checks were carried out prior to a member of staff commencing work. The senior support worker said they looked at people’s past histories before considering people for employment to ensure people were of good nature and suitably qualified.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. Staff told us they were unable to commence employment until their DBS certificate was published and verified by the service provider.

The registered manager explained they looked at people’s personality traits and personal characteristics as part of the recruitment process. They felt it important people employed had the correct values in order to be able to provide a person centred service.

People who used the service were safeguarded from abuse as the registered provider had systems in place to ensure people were kept safe. The registered provider had a detailed policy for staff to refer to when reporting abuse. This included information which signposted staff to other agencies when reporting it. Staff were all able to describe the different forms of abuse and were aware of how to report abuse. One staff member said, “I would speak to [registered manager] if I had any suspicions.” Staff were confident any information shared with senior management in relation to safeguarding concerns would be dealt with seriously and effectively. One staff member said they had once raised a safeguarding concern. On investigation the incident was not identified as a safeguarding. The staff member said they did not regret making the alert and said, “It’s better to be safe than sorry.” Staff were also aware of their rights and responsibilities should they decide to whistle blow.

On the first day of inspection we were informed the registered manager was away from the office as they were having a meeting with the police to discuss a safeguarding incident that had happened the previous day. The incident involved two people who used the service. We spoke with the registered manager and the senior support worker about the incident and they told us it was important the police were involved. They told us this because the organisation and each member of staff had a duty to protect other people who used the service. We noted care staff acted appropriately following the incident to ensure actions were taken in a timely manner.

People we spoke with were complimentary about staffing levels and said staff were always reliable and completed their scheduled hours. One relative confirmed staffing levels were appropriate to meet the needs of their relative. They told us their relative always received the agreed amount of care. They also commented the service often provided above and beyond what they were commissioned to provide.

We spoke with the registered manager to ascertain what systems were in place for monitoring home visits. The registered manager said there was no formal system but people were encouraged to call the office if a staff member did not turn up. If staff were going to be late on shift they were also required to contact the registered manager and

Is the service safe?

the person being supported to let them know. People who used the service said staff were courteous and if they were running late they would always call them to keep them updated.

As part of the inspection we reviewed how medicines were managed by the registered provider. We were informed by the registered manager at the time of inspection they did not administer medicines to any person who used the service. All the people being supported self-administered their own medicines. The registered provider said people were encouraged to be as independent as possible with medicines. We saw people's medicines were dispensed into a blister pack by the pharmacist. For some people who could not be involved in ordering their own medicines, staff provided support to action this. We were informed by the senior support worker all ordered medicines were checked upon receipt from the pharmacist to ensure they were correct. This helped minimise any risk of people being administered incorrect medicines.

When staff were expected to prompt people to take their medicines records were kept by the registered provider. The registered provider ensured accurate up to date records were maintained by completing medicine administration record sheets, (MAR sheets). Staff signed to confirm they had prompted the person to take their medicines. The registered manager carried out audits to ensure medicines were being appropriately managed. We looked at a MAR sheet for one person and noted it had been consistently completed as required.

We noted the registered provider had recently carried out some work with a person who had behaviours which may challenge the service. We saw evidence in care records that assessments and risk management plans were in place for managing people's behaviours which challenged. The registered provider had liaised with other agencies to ensure both the safety of the person being supported and the staff working with the person.

Within the care files we viewed we noted the registered provider had up to date risk assessments in place. Risk assessments covered lifestyle risks, health risks and risks in the home. Although information was in place, recorded strategies to manage the risk were sometimes vague and lacked instruction. We spoke with the senior support worker about this and they said that all staff knew their service users well and they were trying to keep the information within the files to a minimum so they were readily accessible for staff. However following discussion they agreed to look at the risk assessments once again.

We asked staff about how risks were managed within the organisation. One staff member praised the knowledge of the senior staff and said risks were always appropriately managed due to the knowledge of senior staff. We were informed senior members of staff worked with all new people when a service commenced to get to know the person and to ensure the care plan and risk assessment was accurate and suitable for the person. Staff then received a handover from a senior member of staff prior to working with the person. One staff member said, "They completely brief you about risks before you work with someone. They make sure you know everything you need to know."

We spoke with the registered manager about accidents and incidents. We noted the registered provider had not reported any accidents for some time. The registered provider confirmed no accidents had taken place. We noted within their documentation a serious incident had recently taken place. The registered provider had kept up to date and information relating to this incident for their own records, including communication details held between appropriate agencies involved in resolving the incident. This ensured comprehensive notes were retained for further reference.

Is the service effective?

Our findings

People who used the service praised the effectiveness of their staff team. One person said, “The staff are good. I like them all.” Another person said, “Staff are really good. They help me get to appointments. I just let them know when they are and they sort my support out to take me.”

One relative we spoke with said, “My [relatives] both have very different needs but the company ensures both needs are met. They are wonderful. Professional.”

During the course of the inspection we looked at how training as provided to staff. We did this to ensure staff were trained and equipped with skills to ensure they carry out effective care. We viewed a training matrix which detailed all staff training. Training provided included health and safety, Mental Capacity Act and Deprivation of Liberty Standards (DoLS), first aid and medicine administration training. We noted all staff had received medicines administration and health and safety training. We noted however there were some gaps in training for all staff members. We spoke with the senior carer about plans for ongoing training and support for each staff member. The senior carer said they were looking for a company to provide QCF training (Qualifications And Credits Framework) but had not yet decided upon one. QCF training is a nationally recognised vocational qualification which supports workers to develop their skills as a practitioner.

We spoke to staff to assess what training they were provided with within their role. All staff we spoke with were complimentary about the training offered to enable them to fulfil their role. We were informed training was provided by a variety of means and included in house and externally commissioned training. One staff member said, “I have had good training from them, [the registered provider.]” Another staff member said, “Management is good at making sure you know what you are doing.”

We asked staff about induction systems in place. Staff told us they benefited from a thorough induction. Two staff members said they were supernumerary to begin with and shadowed a senior member of staff for two weeks. They also said they started working with people with less complex needs at the start of their employment. Staff were confident if they had any concerns within their practice they could always consult with a senior member of staff.

Staff said the registered provider had an open door policy whereby they could call into the office at any time if they required any guidance or support. Staff told us they were sometimes also shadowed on shift by a senior member of staff as a means to supervise and over-see their work. This meant senior managers could appraise staff whilst carrying out tasks and address any concerns identified.

Every person we spoke with praised the standard of the staff who worked with them. People described the staff as, “Brilliant.” And, “Reliable.” And, “Good.”

We looked at documentation within care files to ensure people’s health needs were being met by the registered provider. We noted staff supported people to attend regular appointments with general practitioners, dentists, chiropody, specialist health practitioners and opticians. Staff promoted health by encouraging people to attend well-being clinics. We noted two people had been supported to undertake annual health checks with their doctor. They had also been involved in health screening. This demonstrated the registered provider took the health of people seriously and promoted well-being wherever possible.

We looked at care plans relating to three people receiving support from the organisation. We noted these were in different formats. The registered manager said they were currently in the process of updating care planning documentation for all people. Care plans covered various topics including promoting and maintaining relationships, support with medicines and personal care. They showed us nine had already been completed. We noted care plans were reviewed when any changes to a person’s support requirements was highlighted. All care plans were reviewed at least annually, even if there had been no change to the person’s needs.

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.

We spoke with the senior support worker about the MCA legislation and how it impacted upon their practice. The senior support worker said no-one who received a service

Is the service effective?

was deprived of their liberty. They explained when a person has mental capacity they work to empower the person to make their own decisions. The senior support worker said in some circumstances they (the registered provider) are granted authority to manage certain aspects of a person's life on their behalf. They said in such cases people were still involved in making decisions as the decision made has an outcome on the person's wellbeing. They said they always ensured any decisions made were clearly in the best interests of the person being supported.

The senior support worker discussed a situation in which they felt a person was being restricted within their life. They explained they consulted with the local authority about this and held a meeting to see if an application had to be made to deprive the person of the liberty. A best interests meeting was then held to discuss the deprivations in place to ensure they were the least restrictive. This showed the registered provider had an understanding of the legislative requirements and their role in meeting these.

We asked one staff member about the principles of the MCA to assess their understanding. They were aware when people had capacity they were entitled to make unwise decisions. The staff member said in this instance they would contact the registered manager if they were concerned with the decision being made.

We were also made aware of a situation in which the registered provider had tried to secure the assistance of an advocate for one person. One person lacked capacity and a major life event decision was required. The person did not have any family members to support them with decision making. The registered provider tried to access advocacy services for the person but failed they therefore consulted with a solicitor to be involved in the decision making. This demonstrated the registered provider consulted with and referred to good practice guidelines when working with a person who lacks capacity.

We spoke with one family member whose relative required support to meet their dietary and nutritional needs. The family member said staff supported the person to cook meals and attend a weight loss class. We also spoke with another person who lived alone in their own home. They told us staff supported them to cook meals. They said, "Staff help me with my cooking. We cook all sorts. I help staff cook. I don't ask them to do it on their own." One person who required support with their meals said staff cooked meals for them and always considered their preferences. They said, "I've never had to complain about their cooking."

Is the service caring?

Our findings

All the people and relatives we spoke with were complimentary about the staff who worked for Curzon Care. One person who used the service said, “They are like a substitute family. Any problems or if I feel down they are there.” One relative said, “The kindness from all the staff is unbelievable. I can’t thank them enough for what they have done.”

All staff we spoke with spoke fondly of the people they supported and demonstrated a desire to help them succeed. A senior member of staff said, “We are not an agency that just goes in to see people. We try to build people’s skills to empower them.”

The registered manager told us, “I don’t want to be a big company. I don’t want to lose touch with the people we support. I don’t want to be rushing around. I want people to be happy.” This demonstrated the registered manager was committed to ensuring people were happy and service provision was effective.

Relative’s told us staff were committed to including people within the service. One family member said, “They really include my relative. No one has done that before.” The relative gave an example of a situation in which the person being supported was at home without support. The registered provider called around to see if they were okay and invited them to join in an activity. They then supported the person to attend the activity. Another relative said, “They always go the extra mile. They welcomed my [relative] and included him.”

Relatives also gave additional examples of when staff had provided support above and beyond their role. One person was living in a cold damp house. Staff supported the person to secure more appropriate living accommodation. Another person told us following a significant loss in the family management worked with their housing provider to enable them to get a pet within their own home. The person said, “I couldn’t ask for a better support network.”

The registered manager said people’s birthdays were celebrated every year. For those who wanted it, the registered provider organised a social gathering at the pub

to celebrate the person’s birthday. The registered manager also told us they were in the process of organising a Christmas dinner. They told us every year they cooked dinner on Christmas day for all people who did not have any family. They explained this year, one of the people who received a service from Curzon Care had agreed to host the party and the senior staff were cooking the meal and organising the festivities.

We observed positive interactions throughout the inspection process between visiting staff and people who used the service. Staff were respectful of people and their needs. They took their time when communicating with people and demonstrated patience and understanding. We noted on one occasion a person came into the office and their clothes were twisted. The registered manager discreetly amended their clothes and whispered gently in the person’s ear. The person laughed and accepted their support.

We observed staff enquiring about people’s welfare and asking people if they were ok. Staff waited for people to respond and take the lead. It was evident staff worked in the interests of people being supported.

Staff respected peoples confidentiality and were aware of the need to promote confidentiality at all times. We spoke with a senior manager who told us some people had family involvement. Whilst family relationships were encouraged, staff were aware at times they had to respect the person’s confidentiality and not discuss all matters with the relatives. One family member contacted the service provider to discuss concerns regarding their relative. The registered manager respectfully informed the relative they would have to seek consent from the person before disclosing information.

We spoke with one person who explained she received support within their own home. They told us, “If staff come in [to work at my house] they always respect my privacy.” This demonstrated staff were respectful and were aware of the need to respect privacy.

Choices and independence were encouraged wherever possible. One person said, “Staff help me with whatever I need. I just tell them.”

Is the service responsive?

Our findings

People who used the service spoke highly about the service. One person said, “They have changed my life around. I wouldn’t change them for the world.” Another person said, “Life has changed for the better, (since Curzon has been supporting them.)”

Relatives also praised the quality of the service received from Curzon Care. One relative said, “We have recently changed to Curzon Care. The service is very flexible.” Another relative said, “They (Curzon Care) have given us our life back. They have changed our lives.”

We spoke with a senior manager about the achievements of the service since the last inspection. They told us, “We have had a few success stories.” We were informed one person who used the service had previously been known to police prior to commencing the service. Since they started using the service from Curzon Care there had been no police involvement.

It was evident from speaking to people, the service provider focussed on developing independence and building community networks for people. We spoke with one person who told us they had been homeless before being supported by Curzon Care. Curzon Care supported the person to find a home and also several voluntary roles within the community. The person now worked three days per week. They also supported the person to build family relationships. The person told us, “They helped me out.”

A senior member of staff said the provider had a computer in the office for people who used the service to access. They said staff would often come into the office with people to use the computer to look for jobs. Six people supported by Curzon Care had voluntary jobs.

The registered provider supported people to find activities to keep people active. People were encouraged to be part of their local community. People told us they belonged to various groups including peer support groups, friendship groups and advocacy groups. Support workers told us they often organised activities for people to join in if they wished. This included having a night at bingo or at the cinema.

The registered provider also organised supported holidays and day trips for people who used the service. We noted a trip was currently being organised for an overnight stay at a theme park.

We looked at care records belonging to three people who used the service. Care records consisted of both a care plan and a person centred plan. The person centred plan clearly detailed people’s likes and preferences. One person who experienced some difficulties with communication had a communication passport to enhance communication between themselves and staff. This demonstrated the registered provider promoted communication and interaction with people who used the service.

We were informed by the registered manager they were currently in the process of reviewing care plans. We noted nine plans had already been reviewed and transferred to new documentation. Care plans were developed in conjunction with people. We noted one person had been referred to the Community Learning Disability Team when the staff team had identified some concerns regarding the person. Care plans covered areas including health needs, managing pain, communication needs and help with social and domestic needs.

People worked with their keyworkers to set themselves goals. Staff told us they used support time to enable people to meet these goals. One person had set themselves a target of getting the internet in their home. They had achieved this.

People who used the service confirmed they were involved in planning their own care. Records showed people were involved in the care plan review and were encouraged to give feedback. When care plans were reviewed people were asked to give feedback and comments. We noted one person had recorded, “Happy with the support.”

We spoke with staff members about the process for updating care records. They informed us keyworkers were responsible for updating person centred planning information. A keyworker is a member of staff who works closely with one person to co-ordinate their care and support. They told us care records were updated with the assistance of the person themselves. We were informed keyworkers and the people who used the service would come into the office and update their records. The staff member said, “After all it is their record, they will update it.”

Is the service responsive?

People told us they could contact the registered manager and request changes to their support times should they need to change. The registered manager said staff rotas were built around people's individual needs. They developed rotas in conjunction with health appointments and other specific requirements that were recorded in one central diary at the office. Rotas were developed on a weekly basis to ensure they were responsive to need.

People who used the service and their relative's spoke highly of the service provided and had no complaints at the time of the inspection. One person told us they had historically made a few complaints but they were always taken seriously and rectified immediately. Another person said, "I have never had to complain."

In order to promote people's awareness of their right to complain, the registered provider had produced a pictorial compliments and complaints procedure. The procedure

was written in easy read with photographs. People could tick boxes to raise a complaint and did not have to write the complaint in full. There was also a photograph of the registered manager within the complaints procedure. This signposted people to the registered manager. People were reassured within the policy they would not be victimised should they wish to make a complaint.

People were aware of their rights to complain. One person said, "If anything is wrong I just speak to [registered manager.]" Another person said, "I would just go to the office if I needed to complain."

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained. One staff member said, "No-one has ever complained. I would call [registered manager] straightaway if they did."

Is the service well-led?

Our findings

People who used the service spoke highly about the ways in which the service was managed. One person said, “They are a fantastic company. The manager is brilliant.”

Relatives also praised the way in which the registered provider was organised. One relative said, “They are so professional.”

Staff who were employed by the registered provider were also complimentary about the management. One staff member said, “They [senior managers] are approachable. I have never had nicer bosses. They are stars.” Another staff member said, “Management is brilliant, they work above and beyond what they should, especially [the registered manager.]” Another staff member said, “It’s well worked, staff are treated well and the managers are approachable.”

Communication between staff and management was described as good. One staff member said, “[Registered manager] is approachable. I can ring them anytime.” Staff said if they had any questions they were never afraid to raise them with the registered manager.

The registered manager told us they had a website page designed specifically for staff. This was confidential and only accessible by staff. Important information was placed upon the website. The registered manager also said they spoke with most staff on a daily basis. The managers also had an open door policy within the office. We observed several staff calling in for information and to see the managers during the inspection.

We were informed by a senior manager team meetings took place every quarter. We noted from records two team meetings had taken place that year. Staff told us team meetings took place and they attended them frequently. Staff were aware however, if they had any concerns they could approach management at any time.

Staff were also provided with a staff handbook at the outset of their employment. The handbook included

policies and procedures which highlighted good practice within service delivery and the expected code of conduct of staff. This demonstrated the registered provider was committed to providing a high quality service.

The registered manager had recently invested in extra resources to equip the organisation with improved management skills. The registered manager said it was important to ensure processes were lawful and followed when employing staff. Extra telephone support was available to the managers of the service should it be required.

The registered manager had appropriate systems in place to manage inappropriate staff behaviours. We noted a disciplinary policy was implemented within the organisation and where appropriate this was used to manage behaviours to ensure high quality care was consistently implemented.

The registered manager said staff were committed to their work and to the people being supported and said staff sickness was not a concern. Where there had been concerns about staff sickness they had been acted upon in a timely manner and appropriately managed.

Staff also described teamwork as good. Staff praised the efforts of the other staff team members. Two members of staff compared the staff teams to being “like a family.” Staff said they all worked cohesively together and supported each other at work.

People who used the service said they were happy with the way the organisation was run and confirmed they were consulted with regularly. We noted the registered manager sought feedback from people annually by carrying out a quality assurance audit of the service. The registered manager told us they always reviewed feedback and implemented changes following a quality assurance process. Following this year’s feedback, rotas had been changed to meet people’s requirements and more activities had been organised for people. The registered manager said of there was any significant concerns raised within the feedback information they would visit the person to discuss further.