

Diamond Resourcing Plc

Better Healthcare Services

Inspection report

Salamander House
2-10 St Johns Street
Bedford
Bedfordshire
MK42 0DH

Tel: 01234352000
Website: www.betterhealthcare.co.uk

Date of inspection visit:
28 July 2017
11 August 2017

Date of publication:
20 September 2017

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 announced inspection was carried out 28 July 2017 and was completed on 11 August 2017 when we had spoken by people, relatives and staff by telephone. The service provides care and support to people in their own homes. At the time of the inspection, 41 people were being supported by the service, some of whom may be living with chronic health conditions, physical disabilities and dementia.

Although the provider had made improvements to their systems to keep accurate and up to date records of people's medicines when we inspected them in August 2016, we found they needed a longer period for this to be fully embedded and followed by staff. During this inspection, we found no concerns with the quality of people's records.

There was no registered manager in post. A new manager who had recently been employed by the service had not yet registered with the Care quality Commission. 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 were safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines were managed safely and administered in a timely manner by trained staff. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. Staff understood their roles and responsibilities in ensuring that people consented to their care and support, and that this was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA). Where required, people were supported to have enough to eat and drink.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. People were happy with how their care was provided and they valued staff's support. People had developed friendly relationships with staff who supported them regularly.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. Care plans had been reviewed annually or when people's needs changed. Staff were responsive to people's needs and where required, they sought appropriate support from healthcare professionals. The provider had a system to manage people's complaints and concerns.

The manager provided stable leadership and supported staff to carry out their roles effectively. The provider had systems to assess and monitor the quality of the service. They encouraged feedback from people,

relatives, staff and external professionals to enable them to continually improve 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 with how staff supported them and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and support in order to develop and maintain their skills and knowledge. The requirements of the Mental Capacity Act 2005 were being met.

Staff understood people's individual needs and provided the support they needed.

People had been supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring towards them.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

People and their relatives were involved in planning and reviewing people's care plans so that their care needs were appropriately met.

The provider had a system to manage people's complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

The manager provided stable leadership and supported staff to carry out their roles effectively.

People had been enabled to routinely provide feedback about their experiences of the service.

Quality monitoring audits were being completed regularly to assess and monitor the quality of the service.

Better Healthcare Services

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.

This inspection took place on 28 July 2017 when we visited the provider's office. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office to support us with the inspection. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the provider's office, we spoke with the new manager, the regional manager, the care coordinator, the field supervisor and one care staff.

We looked at the care records for eight people who used the service. We also looked at the recruitment and supervision records for four care staff, and the training records for all the staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the quality of the service was assessed and monitored.

Following the visit to the office, the inspector spoke with a further three care staff, and the expert by experience spoke with 12 people who used the service and three relatives by telephone. We completed this on 11 August 2017. We contacted professionals from the two local authorities that commissioned the service and received feedback from one of them.

Is the service safe?

Our findings

When we inspected the service in August 2016, we found the provider required a longer period to fully embed the improvements made to the systems for recording people's medicines. This was so that we could be assured that people's medicines were consistently managed safely by competent staff.

During this inspection, we saw evidence that people's medicines were managed safely. We found there were systems in place to ensure that accurate records were kept of the medicines people took and staff signed to show that they had administered the medicines as prescribed by people's doctors. Completed medicines administration records (MAR) were returned to the office for auditing so that any recording or administration errors were dealt with in a timely way. We saw that where errors had been identified, these were addressed individually with the relevant members of staff by way of emails, supervision or being booked for further training. Also, the manager sent regular memos by email to all staff when it was necessary to remind them of the correct procedures. For example, we saw that an email was sent to all staff on 26 July 2017 regarding the importance of reading people's care plans and MAR at every visit, and following correct procedures for administering or prompting medicines.

People who were supported by staff to take their medicines said that this was being managed well. One person told us, "I have to take tablets on each of the times when they come. They get them for me, watch me take them with some water and then write it down in the book." Another person said, "I have difficulty opening the sachet which contains the tablets, so they open them for me, get them out and give me them with a drink. It is a great help for me."

Everyone we spoke with said that they felt safe with staff who supported them. One person said, "Well, yes I do. They appear trustworthy and help me around the flat safely with my walking frame." Another person told us, "They are very careful when helping me to move about on my frame and I feel quite safe in their company." A third person said, "Very safe. [Care staff] is very good when showering me or having a top and tail wash. I feel quite safe in her hands." People's positive comments were supported by relatives who told us that they had never been concerned about their relative's safety. One relative said, "We feel safe now we have regular carers and they are very good, careful and considerate when carrying out his personal care." Another relative said, "[Relative] tells me he feels very safe with them."

The provider had processes in place to safeguard people from harm or abuse, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We noted that staff had received training on how to safeguard people and they showed good knowledge of this when we spoke with them. They were able to tell us what they would do if they were concerned about a person's safety and this included reporting the issues immediately to the field supervisor, care coordinator or the manager. One member of staff said, "My clients are definitely safe and nobody has complained so far." Another member of staff told us, "I think everyone is safe and I've never been concerned at all."

Potential risks to people's health and wellbeing had been assessed and there were risk assessments in place

that gave guidance to staff on how to support people safely. People had relevant risk assessments in various areas including when being supported to move, food preparation and nutrition, and medicines. The provider had also completed an assessment of people's homes to ensure that they were free from hazards that could put people, their relatives and staff who supported them at risk of harm. There were also assessments to ensure that people's homes were secure, including checking if there were robust arrangements for staff to gain access using key safes. We saw that risk assessments were reviewed or updated when people's needs changed. The manager also kept a record of incidents or accidents that occurred to people who used the service and this information was used to assess whether people needed additional support to live safely in their homes.

Staff recruitment records showed that the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each potential employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The provider had sufficient numbers of staff to meet people's needs safely and an on-going recruitment programme meant that they could accept more referrals from the local commissioning authorities. Staff we spoke with said that there was enough staff, but they occasionally worked additional shifts to cover for sickness and leave. One member of staff said, "There is enough staff to cover all visits, but there is always a challenge when some staff are on leave. Other staff are always willing to work additional hours. We always need new staff and have staff coming for induction training beginning of August." Although some people told us that there had been many staff changes since they started using the service, most of them told us that they were usually supported by the same group of staff, which meant that they received consistent care. One person told us, "I mainly have a regular carer, but others may cover if she is off." Another person said, "They don't seem to stay long and have a large turnover. It has got more consistent of late though." A third person said, "I always have a regular carer. I am very pleased with this as you can get to know them and build up a relationship." Another person said, "I have [Care staff] regularly now so it is good. This wasn't the case some time ago when I kept getting different ones, but I think they changed the staff in the office and now they do the planning a lot better."

People told us that staff usually arrived on time to support them, with two people telling us that they had missed visits in the past, where another care staff had to be sent to support them late because the allocated staff had not arrived. One person said, "They are generally on time, but they do call to tell me if they are running late. I did have a missed call some time ago when they were stuck with a previous call and had to wait for a doctor, but they did call to tell me. I fully understand this can happen and it didn't worry me." Another person said, "They are mostly always on time. The office will phone me to let me know if they are going to be late." A third person said, "It has improved immensely as the times did vary and I had a case once when they came at 10am instead of 8.30am. Having said that, they do call if running late and never missed me." A relative also told us that there had been significant improvements in the timings of the visits and they were now happy. They said, "The timing was very bad at first, but it has improved lot. We like an early call, but they were coming as late as 10.30am. We also had a few missed calls in the past, but that is not the case now. They appear to have sorted out the timings well."

Is the service effective?

Our findings

People told us that staff had the right skills and training to provide the care and support they required. One person said, "For what I have them to do, they are quite competent." Another person told us, "By the way they know how to properly support me when moving me down the stairs so that I won't fall, I know that they have had the correct training." A third person said, "Definitely, they know my requirements and handle me steadily when I am walking." Another person said, "They're very good. They do what is required and always ask if they can do anything else for me." People's positive comments were also supported by relatives who told us that they were happy with how their relatives were being supported by staff. One relative told us, "They know his needs and are very careful when carrying out his personal care. I have no issues at all about that." Another relative said, "They take him out and certainly know how to build up his confidence which is what he requires. He is very bright when they come back in, it shows on him."

Staff told us that they provided appropriate and good quality care to people because they had received adequate training and support. They were all complimentary about the training provided by the service and were aware of the need to complete regular refresher training in order to maintain their skills and knowledge or further develop these. One member of staff said, "I had induction training and shadowed [senior staff]. I learnt a lot of things and I'm very interested in learning more about dementia. I have asked for this training during my supervision." Another member of staff told us, "Training is really good. You can always ask the manager for more training if you need it." Training records showed that all staff were up to date with the provider's mandatory training which included safeguarding, dementia, infection control, health and safety, and medicines.

Records we looked at showed that staff received regular supervision and this was confirmed by staff we spoke with. Staff were complimentary about the support they received from the manager and other senior staff. One member of staff said, "I have had very good support from [senior staff] and the manager. Supervision has been quite good too." Another member of staff told us, "I get supervision and it is good. You can talk about your work and any training or help you need and everyone is really helpful." A third member of staff told us, "I get supervision every three months and I have no problems at all."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us that they made decisions about their care and they consented to the support provided by staff. Records we looked at showed that the majority of people had mental capacity to make decisions about their care. They had signed forms to consent to their care plans and the support provided by staff. Those people who lacked capacity to make decisions about some aspects of their care were normally supported by their relatives so that they received appropriate care and support. Staff told us that they always sought people's permission before they provided any care and support so that this was done in a way that met the requirements of the MCA. A relative explained how well staff communicated with their relative to ensure that they understood what was happening. They said, "[Relative] suffers with dementia

and they are very good with talking to her and reminding her what they have to do. There's a knack to doing that and they have it."

Most people were not being supported by staff to prepare and eat their meals, but those who were told us that this had been done well. They told us that apart from preparing breakfast, staff mainly warmed and served ready-made meals of people's choice for lunchtime and evening meals. One person told us, "They get my breakfast for me and my neighbour prepares my lunch, but they heat it in the microwave and serve it for me. They get my tea which is usually the part of the lunch as it is too much for me in one go and goes for two meals. At night they make sure I have a drink and am comfortable." Another person said, "They get me porridge and tea for breakfast and make me a sandwich for tea or anything else I fancy. I do my own lunch." A relative told us, "My wife has help with food at lunchtime and they will make her a sandwich or what she feels like, that's if she wants anything." Another relative said, "They make her breakfast and prepare sandwiches for her lunch. At lunch, they serve her sandwiches with a cup of tea and cook dinner in the microwave for her at tea time, with a drink of her choice. They cut up any food into small pieces to make it easier for her to swallow and she likes them doing that." Staff we spoke with had no concerns about people not eating or drinking enough. They told us that they would report to the senior staff if they were concerned that a person was no longer eating enough food so that appropriate support could be sought from health professionals.

People were not normally supported by the service to access routine appointments with health services such as GPs, dentists, chiropodists, opticians or to attend hospital appointments as they or their relatives managed this. However, they were confident that staff would provide appropriate support to contact health services if urgent care was required. One person said, "When I didn't feel well a while ago and fell over, they immediately got me up and into bed and phoned my son to tell him. They would have called for my doctor, but my son came instead as it wasn't critical. They are all so very good." Another person said, "I recently had an irritation on my skin and kept scratching it. When [Care staff] looked she was concerned and phoned my doctor straight away who came out and gave me some antibiotics." One relative told us, "If something is wrong, they will always tell me." This showed that staff took appropriate action to ensure that people's health needs were being met.

Is the service caring?

Our findings

People and relatives told us that staff were kind, caring and friendly, and they provided care in a compassionate manner. One person told us, "I am very happy with them. They are all polite, chatty, friendly and caring with everything they do. Nothing is too much bother for them." Another person said, "They are all caring, nice and polite." A third person said, "They are all polite and friendly, and I have never had a fall out with any of them." Other comments included: "I am happy with the care and service given. They always ask about my welfare and if they can do anything else for me. They're very caring in their approach"; "They are all lovely, caring girls who can't do enough for me"; "Excellent and we have no complaints. Our carer is first class".

People told us that interactions with staff were always positive and respectful. People also told us that they had developed good and friendly relationships with staff who supported regularly, and they enjoyed the times they chatted together. One person said, "We have a good chat when they come and anything I need they do." Another person said, "I get on with them all and we always have a natter, I like that. They respect my condition and limitations." A third person said, "They are nice, polite and friendly. They always find time for a chat which I appreciate a lot as I am on my own." Other comments included: "They are all nice and polite, listen to what I have to say and show full respect"; "I enjoy their company and the [foreign staff] are interesting. It's fascinating talking to them about their different ways of life"; "We always have a good chat when she comes". Staff told us that they really enjoyed their work and found supporting people rewarding. One member of staff said, "I find my job very easy really because I love people. I work all the hours I'm available because I just love it." Another member of staff said, "I thoroughly enjoy my job." A third member of staff said, "I am happy, when my clients are happy."

People told us that they made decisions and choices about how they wanted to be supported and staff respected this. One person said, "If I need anything doing I ask them and they see to it. It is a great comfort for me." Another person said, "They fully respect my wishes." This was supported by relatives we spoke with. One relative told us, "They listen and respect her, and love her to bits." Another relative said, "When he goes out he chooses what he wants to do and they accommodate him. I'm well pleased with this." Staff also told us that they always respected people's wishes and would not do anything that people did not like. One member of staff said, "We are always guided by the clients really. It is them who tell us what they need doing."

People told us that staff supported them in a way that respected and promoted their privacy and dignity. One person told us, "My privacy and dignity is fully respected by them." Another person said, "When they take me to the toilet they wait outside for me. They hand me a towel to dry myself when washing me. It's just my back I can't do and they do that for me, ensuring my front is covered up." A third person said, "They're very respectful when showering me and helping me get dressed." Another person said, "[Care staff] is most respectful when showering and washing me and ensures I am properly covered up." A relative said, "They always stand outside the toilet when he goes in as an example. They fully respect his wishes." Staff told us that they always ensured that personal care was provided in private to avoid any embarrassing situations for people who live with relatives. They also understood how to maintain confidentiality by not discussing

about people's care outside of work or with anyone not directly involved in their care. We saw that they had been reminded of the importance of this during a team meeting in June 2017. Additionally, people's care records were kept securely in the provider's office to ensure that they could only be accessed by people authorised to do so.

People told us that staff supported them to maintain their independence as much as possible and were appreciative of the support that enabled them to live in their own homes. They also said that staff supported them at a pace they felt comfortable with. They did not feel rushed because staff normally stayed for the duration of the allocated time to ensure that people had been supported with everything they needed support with. One person told us "They don't rush me at all." Another person said, "They won't leave until they are sure I have everything I need." A third person told us, "I am never rushed by any of them and they always ask if they can do anything else before they leave." One relative said, "They don't rush her and she would say if they did. They are very good with her." A member of staff told us about one person they mainly supported to pursue their hobbies and interests, and socialise in the local community. They said, "[Person] is mainly independent with their personal care, but I provide companionship to help him enjoy his life outside of his home."

Prior to using the service, people had been given information about the service in a 'Service user guide'. This included contact details of the service, services offered, and the complaints procedure. In addition to their care plans, people had also been made aware of the times they would be supported and the staff allocated to them. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. The provider also worked closely with the local authorities that commissioned the service to ensure that people were supported well and they had no unmet care or social support needs.

Is the service responsive?

Our findings

People told us that their individual needs were being met by the service and they were happy with how their care was being provided by staff. We saw that assessments of people's needs had been completed prior to them using the service and this information had been used to develop their care plans so that they received appropriate care and support. People's care plans identified their care and support needs in a range of areas including personal care, eating and drinking, maintaining safety, communication, mobility, and medicines.

People and relatives we spoke with were happy with the quality of the care plans and they said that these fully addressed people's current needs. One person said, "It's absolutely fine and I have no concerns at all." Care plans also took account of people's preferences, wishes and choices about how they wanted to be supported including when people specified the gender of staff they preferred. We saw that this was mainly met and most people were happy that they had been allocated staff of their preferred gender as this made personal care less embarrassing. One person told us, "No issues at all with that, they are all fine."

Some people told us that they had been involved in planning and reviewing their care, but others said their relatives or social workers did that on their behalf. One person said, "I let them know if anything changes and they do it for me." Another person told us, "Social services did that but I did have an input to it." A third person said, "Both me and my [relative] have full input into the care plan, of which there is a copy with us here." A relative said, "I do all of that with them for my [relative]." Staff told us that people's care plans contained relevant information which was necessary for them to meet people's needs effectively. One member of staff said, "I always read the care plans and although I know what to do for my regular clients, I also ask them if they want anything else. I like it when we get new clients and I enjoy being the first one to visit them as I check if everything is in place." Another member of staff said, "Care plans are detailed, which is good. There is a lot of information about the person."

Staff told us that people's care plans were updated in a timely way when there had been changes. They said that in addition to care plan reviews carried out by senior staff, they routinely asked people if they were happy with their care and they reported to the office if people wanted anything changed. One of the senior staff confirmed that they were regularly contacted by staff to report concerns or progress that people had made. Both the face to face and telephone review records we saw showed that people were mainly happy with their care and where concerns were raised, appropriate action had been taken to resolve the issues. For example, a concern raised in January 2017 about staff arriving late was discussed with the relevant staff.

People we spoke with were appreciative that they were supported by a consistent group of staff who had got to know them well and provided the care they required and companionship each time they visited. People told us that staff were responsive to their needs and would not hesitate to help when asked. This was supported by staff we spoke with. One member of staff said, "I always try my best to make sure clients have the best care." Another member of staff said, "As long as we are able to, we do whatever clients want us to do really."

The provider had a complaints policy and procedure so that people knew how to raise any complaints or concerns they might have about the service. Most people said that they had not complained because they were happy with how their care was being managed. They had only occasionally phoned the office to check when staff were running late. Of those who told us that they had complained, one person told us that they had reported a member of staff who was not doing their job well and it was resolved quickly. Another person told us, "I complained about the late times of my medicines and the unhygienic way they handled them. It has improved, but took some time to get them to do it." A relative said, "It was poor with bad call timings before, but they have sorted it out now." We noted that the provider had received 6 complaints since our previous inspection in August 2016. There was evidence that the complaints were recorded, investigated and written response was sent to the complainant regardless of whether the complaint had been received verbally. Also, there was evidence that this information was shared with staff during team meetings and actions taken to improve the quality of the service.

Is the service well-led?

Our findings

When we inspected the service in August 2016, we found the provider required a longer period to fully embed the improvements made to their quality monitoring and auditing systems. This was so that we could be assured that they consistently identified shortfalls in the quality of their records and took prompt action to ensure that these were accurate and up to date.

During this inspection we found the provider had effective systems to regularly assess and monitor the quality of the service because we saw that regular audits were being completed by the manager and other senior staff to check the quality of people's care plans, daily records and medicines administration records (MAR). They ensured that these contained the information necessary for staff to provide safe and effective care, and that MAR did not show any medicine errors because medicines were recorded accurately and staff fully signed the records after each visit. We noted that any issues identified following audits of MAR and daily records were raised with staff through emails, supervision and during team meetings. For example, minutes of a team meeting in June 2017 showed that the following was discussed: PRN (as required medicines) recording on MAR; body maps for people being administered topical creams; completion of incident forms and a reminder what staff should do if a person had a fall. Where necessary, staff had been booked on a record keeping course and disciplinary action was taken against members of staff who failed to improve their practice.

Senior staff also carried out observations of each member of staff's practice to check that they followed people's care plans and other guidance provided to them in relation with supporting people to move and managing medicines. The manager completed a monthly report which showed how well the service was performing in relation to the numbers of people using the service, staff recruitment and retention and quality targets. This was accompanied by an action plan and reviewed with the regional manager. During their regular visit to the service, the regional manager completed random quality audits, which was complimented by quarterly audits by the provider's quality and compliance manager. An action plan following an audit in February 2017 showed that issues found in relation to staff recruitment, training and supervision had now been resolved. Also shortfalls in care planning and auditing had been rectified. There was evidence that the manager appropriately sent notifications to the Care Quality Commission and other relevant agencies.

There was a new manager who had been in post for three weeks prior to our inspection. The manager was supported in managing people's care by a care coordinator and a field supervisor (senior staff). The provider's regional manager also visited the office regularly to provide managerial support. Due to the manager being new to the service, most people named the care coordinator or the field supervisor as the managers of the service because they either saw them or spoke with them regularly. Only one person told us the manager's name and another person knew that there was a new manager, but they could not remember their name. This was despite that just prior to our inspection, the manager had sent a newsletter to people reminding them to stay hydrated during the warm weather and avoid sunburn. This also had a 'Have your say' leaflet attached which contained the manager's name, telephone number and email address. Staff found the manager approachable, supportive and provided the leadership they needed to do their jobs well.

People and relatives were complimentary about the improvements that had been made to ensure that people had safe, effective, compassionate and good quality care. They mainly attributed this to the quality of the staff employed by the service, who they said were caring and did their best to ensure that people received good care. They also said that the senior staff were responsive when concerns were raised and they tried to sort these as quickly as possible. Most people found the communication good and staff approachable. One person told us, "The communication is quite good. They do keep in touch." Another person said, "You can always get hold of someone if you need them." A third person said, "I am happy with the service throughout." Other comments included: "They just need to sort the out of hours messaging as they don't always pass on the information to the carers"; "I'm very happy and they do call regularly to check if everything is alright"; "We are happy with the management and the communication in the months we have been with them". We saw that the provider promoted a caring and inclusive ethos within the service that took account of people's individual needs and preferences and this was communicated with staff so that they expressed in their interactions with people they supported and their relatives.

The provider had a range of policies and procedures that gave guidance to staff about different aspects of the service. We saw that the most used ones were included in a booklet which set out the contract between the provider and staff. Staff told us that they could also access these in the office when required. Monthly team meetings gave staff opportunities to discuss issues relevant to their roles as a team, but staff told us that they could contact senior staff and the manager anytime they had issues or had suggestions to improve the service. Staff were complimentary about the quality of the service and they said that they were supported to do their jobs well. They also felt valued and able to contribute to the development of the service. One member of staff said, "The majority of clients are really happy and I have no concerns about the quality of care provided by the service. I would definitely make suggestions if I thought something needs improving." Another member of staff said, "We are doing well and I can't think of anything that the service needs to improve."

The provider had systems to obtain feedback about the quality of the service from people and their relatives. They sent annual postal surveys and also regularly spoke with people by telephone or visited them to ask their opinion about the quality of the service. We saw people's responses from this year's survey were mainly positive, and that an action had been developed to improve on areas that some people did not find satisfactory. These included: Listening and responding to people's concerns; willingness to change ways of working to suit people; staff knowing their jobs; providing people with up to date information about the service. Evidence we saw showed that reasonable timescales had been set to meet these and the majority of them had already been completed. For example, in addition to the newsletter sent in July 2017, the new manager planned to send regular newsletters to ensure that people had up to date information about the service. The manager also worked closely with the commissioners of the service, including attending regular meetings to discuss what was expected of them. This showed that the provider used feedback from others to continually improve the service.