Premier Care Limited

Premier Care Limited - Specialised Services

Inspection report

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Date of inspection visit:
27 March 2019
28 March 2019
04 April 2019

Date of publication:
07 May 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:
Premier Care Limited – Specialised services is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided support to people with a learning disability, or who required support in relation to their mental health. The service was provided through both a domiciliary care service and care to people living in supported living arrangements.

The part of this service providing support to people with a learning disability and/or autism has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. People lived in their own, or small shared houses that were ordinary residential homes. Part of the service had recently been registered as a care home, and the provider was continuing to consider how best to continue to change the way the service was provided to ensure it was person-centred in its approach.

People's experience of using this service:
• People received support from consistent teams of staff who knew them and understood their needs and preferences.
• Staff supported people to take part in activities and occupation that were meaningful to them. This included supporting people to access services that would allow them to explore employment opportunities.
• People and relevant representatives were involved in planning and reviewing their care and goals.
• There was evidence that the service learned from past issues such as safeguarding and complaints. However, the service was more reactive than pro-active in identifying ways to improve the quality and safety of the service.
• People had health action plans in place. However, we found staff had not given full consideration as to how they could meet recommendations made in relation to one person's health care needs.
• There were systems and processes in place to help the registered manager monitor the quality and safety of the service, which had improved since our last inspection. However, we identified further improvements could be made in this area.
• Safe practice was generally followed in relation to the management of medicines. However, we found that in two instances, a person had not received their medicines in a timely way due to running out of stocks of medicines kept at their home. The provider reviewed their procedures during the inspection to help prevent this recurring.
• Staff felt supported, listened to and told us they received adequate training. The registered manager encouraged an open culture where staff could challenge things they thought 'were not right'.
• We received positive feedback from two social care professionals. They told us the service had worked in

partnership with them, and others involved in people's care to help design services that met their needs effectively.
• The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence, and inclusion. The provider recognised the need to continue to review and make the service more person-centred. This was particularly the case for people who were living in the homes that were previously registered as a care home.

Rating at last inspection:
The overall rating at our last inspection of this service was requires improvement (published 04 April 2018).

Why we inspected:
This was a planned comprehensive inspection. The date of the inspection was based on our timescales for returning to services rated requires improvement.

Following our last inspection, we required the provider to send us an action plan. This was to tell us how they would make improvements to meet the requirements of the regulations in relation to a breach found of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance). At this inspection, we found the requirements of this regulation were being met.

Follow up:
We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Premier Care Limited - Specialised Services

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one adult social care inspector.

Service and service type:
This service provides care and support to people living in supported living settings, so that they can live 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.

People using the service lived either individually, or in houses they share with other people using the service. Some people's homes had rooms that were used for staff to stay overnight. There were several houses on the same street as the registered office, which were previously registered as a care home (Premier Homes). Since our last inspection, Premier Homes had re-modelled as a supported living service, and been incorporated into the provider's registration for Premier Care Specialised Services.

Not everyone using Premier Care Specialised Services receives support with a regulated activity. For this service, CQC only inspects the service being received by people provided with 'personal care'. This includes support provided with tasks related to personal hygiene and eating. Where people do receive such support, we also take into account any wider social care provided. At the time of our inspection, five of the 43 people using the service were receiving support with a regulated activity.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We contacted the registered manager the day prior to our inspection. This was to help us plan the inspection and to check someone would be available at the office to provide access to the documents we needed to see.

Inspection site visit activity started on 27 March 2019 and ended on 04 April 2019. We visited the office location on 27 and 28 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Prior to the inspection we reviewed information we held about this service, and the Premier Homes, which had been taken over by this service. This included previous inspection reports, statutory notifications sent to us by the provider, and any feedback we had received about the service since our last inspections. Statutory notifications are information that providers have to send us about deaths, serious injuries and other significant events.

The provide had completed a provider information return (PIR). This is information providers are required to send us to give us key information about their service, what they do well, and improvements they plan to make. This helps support our inspections.

We requested feedback from a range of professionals with potential involvement with the service. This included commissioners of the service, Healthwatch Trafford, the local authority quality and contracts monitoring team, and other professionals the provider told us they had recently worked with. We received feedback from one of the commissioners of the service, and from two social care professionals with recent experience working with the service. We used this information to help us plan the inspection and make judgements about the service.

During the inspection we visited and spoke with three people using the service in their homes. We spoke with two people's relatives by phone shortly after the site visit. We spoke with 10 members of staff either in person or by phone. This included the registered manager, the nominated individual and eight support workers.

We reviewed records relating to the care people were receiving. This included three people's care plans, three people's medication administration records (MARs) and daily records of care. We looked at records relating to the management of a supported living service such as records of accidents, complaints, training and supervision records, audits and four staff personnel files.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• There were systems in place to help protect people from the risk of abuse.
• Staff had identified potential safeguarding concerns. These had been appropriately reported and escalated.
• The CQC and local safeguarding authority had been informed of safeguarding concerns as required.
• We saw evidence that the service had learned from safeguarding investigations to help keep people safe from harm.

Assessing risk, safety monitoring and management
• Staff identified and assessed risks to people's health, safety and well-being.
• Staff completed risk assessments and developed plans to help minimise the likelihood of people being harmed. For example, there were risk assessments in relation to falls, medicines, vulnerability and smoking. When possible, staff sought the views of the person the risk assessment related to in agreeing appropriate control measures.
• The registered manager maintained awareness of relevant safety alerts. We saw they had identified where safety alerts were relevant to the people they provided support to and they were placed on the individual's care file for staff reference.
• Staff were aware how to respond in the event of an accident, and they told us they would continue to observe for any signs of injury following an accident if the person was not admitted to hospital. However, they did not clearly record post-incident observations for people in 24-hour care following potential head injuries. We discussed this with the registered manager who told us they would introduce this recording.
• Staff recorded any accidents or incidents that occurred. The registered manager reviewed accident/incident forms and noted any actions taken or required to help prevent a repeat incident. There were flow-charts in place to help staff understand the actions they should take if someone they were supporting fell.
• Staff helped people maintain safe home environments. They carried out and recorded checks relating to the safety of the premises. Copies of safety certificates such as gas safety checks were held on file.
• We saw there were positive behavioural support plans in place that would help staff provide people with effective support who had behaviours that could challenge the service. Some staff had received training in positive behavioural support and breakaway techniques.
• The service used a nationally recognised form to record key information about people in case they went missing. This would help other agencies such as the police to locate people should they be vulnerable and go missing.

Staffing and recruitment

• Staffing levels were agreed on an individual basis dependent on people's needs, and in negotiation with commissioners of the service.
• Some people had staff support available 24-hours per day within their own home. Other people had access to 24-hour support from staff at the office, although they did not need 24-hour support within their own home.
• Two people whose care we reviewed received both shared and one to one support. It was not clear how the one to one support was planned, as some of this was provided by office based staff and not reflected on the rotas. However, the provider sent us copies of daily records that demonstrated they had received the agreed level of support.
• There were some shortfalls in the provider's staff recruitment procedures.
• We saw some checks had been carried out when recruiting staff; such as obtaining proof of identity, a recent photo, references from previous employers, and a disclosure and barring service (DBS) check. A DBS check can indicate whether the applicant has any previous convictions or if they are barred from working with vulnerable persons, which helps the employer make safer recruitment decisions.
• Full employment histories had not been obtained for two staff members recruited within the past year. We saw that there was an employment risk assessment in place for the most recently recruited of the two staff. This recorded the reasons for a full employment history not having been obtained and assessed any potential risk in relation to this. The registered manager told us this risk assessment had only recently been introduced, and this would help ensure any gaps in recruitment process were identified and given appropriate consideration.

Using medicines safely
• Medicines were kept safely in the service's office and/or people's homes.
• Staff recorded the administration of medicines on a medicines administration record (MAR). MARs included relevant details such as the prescribing instruction, details of their GP and any allergies.
• When people were prescribed when required (PRN) medicines, we saw there were plans in place to inform staff when these should be administered, and what their intended effect was. Staff recorded the reasons they had administered any when required medicines.
• The medicines of people who lived in homes close to the service's office were kept at the office itself. People living further away had to come to pick their medicines up each week from the office.
• We saw there had been two occasions in February 2019 when there had been a delay in one person receiving their medicines (some of which it was important they received in a timely way.) Staff had asked for medicines to be sent over from the stock held at the office in these instances.
• We discussed this with the registered manager and questioned why people were not able to keep all their medicines at home. They told us this was due to potential risks around storing larger quantities of medicines at people's homes, but said they would review this. Shortly after the inspection, they told us they had changed the process and that this person's medicines would be delivered directly to their home from the pharmacy.

Preventing and controlling infection
• Staff received training in infection prevention and control as part of their induction training and annual update training.
• People's care plans outlined the support they needed to help keep their homes clean and tidy. There were cleaning checklists for staff to follow.
• There was specific information and guidance about infection control for staff to follow when this was required in relation to people's individual care needs.

Learning lessons when things go wrong
• Forms used by the provider prompted staff to consider any lessons learned from any safeguarding concerns and complaints.
• Since our last inspection, the service had taken part in a safeguarding adults review. These are statutory reviews carried out to help identify what agencies involved in a person's care could have done differently to have prevented harm, and to apply lessons learned to prevent similar harm occurring in the future.
• It was evident the registered manager and provider had considered lessons learned through this exercise. We saw the provider had already applied some learning within the service, and they had communicated key messages to staff.
• One staff member told us, "They [Premier Care] are constantly learning from things and the cases they've taken. They pass on learning from previous cases."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Staff assessed people's holistic care needs. Care plans were developed from assessments to help guide staff how to meet people's needs and preferences.
• The service used person-centred planning tools to help staff identify people's goals and aspirations and to plan how they would be supported to achieve them.

Staff support: induction, training, skills and experience
• Staff told us they felt they received sufficient training to help them provide people with effective care that met their needs. One staff member said, "You can ask to go on training. They do ask in supervision."
• Staff received four days of induction training when they joined the service, followed by an annual one day 'update training'. Staff new to working in social care were supported to complete the care certificate. The care certificate sets out standards that all staff new to health and social care are expected to meet as part of their induction. It helps ensure they have the required skills, knowledge and behaviours to provide safe and effective care.
• The service had recently increased the induction from a three to a four-day training course. They recognised there were parts of the standard induction that were not as relevant for staff working in this service as they focussed on the provision of care to older adults, rather than adults with a learning disability or needs in relation to their mental health.
• To help address this, the registered manager was developing the range of training courses available to staff to support their learning needs in relation to the people they supported. This included a one-day training course on mental health and training in positive behavioural support and breakaway.
• The registered manager had developed a folder with information for staff reference about good practice in relation to a range of care needs. They recognised that some people using the service had increasing levels of physical support needs, and this information therefore included guidance about meeting people's physical support needs, such as in relation to prevention of pressure ulcers for example.
• Staff received an annual appraisal, regular supervision and spot-checks of their practice. This would help ensure they were competent and receiving the support they needed to carry out their roles effectively.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they were able to choose what they ate and said staff helped them prepare food they liked. They told us there were always snacks and drinks available at home.
• People's dietary requirements and preferences were recorded in their care plans. There was evidence in people's care plans and from discussion at team meetings that staff had considered how to encourage people to make healthier choices in relation to the foods they ate.

• Staff told us they would offer people choices of meals, including using visual aids if people were not able to communicate verbally. One staff member told us, "I'm doing a curry now as people asked for one. Some people make their own meals." A person we spoke with said, "[Staff member] sometimes does chicken curry with rice and they do a Sunday roast."
• Staff did a communal internet shop for people living in the part of the service previously registered as a care home. People's preferences and requests were taken into consideration when placing the order.
• The registered manager told us they had consulted people who had said they wanted to continue with this system when the service was re-designed to supported living. However, they told us they would continue to keep this under review in relation to considering how people could be more involved in their care and the service made more person-centred.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People had health action plans in place. These provided information on people's health-care support needs, and how they should be supported to meet them.
• Staff had worked with other professionals such as GPs, dentists, mental health professionals, chiropodists and opticians to ensure people's health care needs were met.
• We saw recommendations had been made that one person would benefit from input from a dietician. This recommendation had not progressed as this person had declined to attend GP appointments. We discussed with the registered manager that there may be alternative ways to progress the referral, which they agreed to explore.
• We saw evidence of good planning to help ensure one person's health care needs were met effectively. This included working with other professionals, and developing and discussing detailed plans about how staff would support the person in relation to a planned medical procedure.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

• Where people were able, they were asked to sign to consent to their agreed plan of care. If people did not have capacity to provide this consent, a decision was made in the person's best interests.
• Staff understood the principles of the MCA and how they applied to their day to day work. For example, one staff member told us, "[Person] has capacity to consent to all their care. We keep them informed of everything, and just have to ask if it's okay to provide care and if they are comfortable."
• At the time of our inspection, no person using the service had an order in relation to authorised restrictions on their liberty. The registered manager was aware of the process to follow to make an application to the Court of Protection if required. They told us they had made the local authority aware of potentially restrictive practices in relation to the care received by one person using the service.
• We received feedback from one social care professional who praised the service for their role in helping ensure decisions made about one person's care respected their rights, were in their best interests and provided in the least restrictive manner.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us staff were kind, caring and treated them with respect. One person told us, "I'm happy here, the staff are very good to me" and a relative said, "Everything seems brilliant, the staff are really good."
• As far as possible, people were supported by consistent teams of staff that got to know them. People told us staff understood their needs and preferences. One relative told us, "[Person] seems to know the staff well. They are very polite with [Person] and us."
• From our conversations with staff and observations of their interactions with people using the service, we could tell they knew people well. Staff talked to us about people's interests and preferences, and this matched information recorded in people's care plans.
• One social care professional fed-back that staff were 'Sensitive to [Person's] needs' and that staff saw this person as 'part of their family'. Another social care professional told us they found a person's support staff had "…very good rapport with my client. In particular [staff member's] calm, reassuring and encouraging approach was noted"
• The registered manager told us, "We celebrate diversity" and talked about supporting a person to raise a formal complaint with the police when they had been subject to discrimination.
• As part of people's initial assessments, staff asked people about any support needs they had in relation to protected characteristics including religion and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in reviews of their care. Staff took a photo of the people that had attended a person's annual review, which helped make the record more personal.
• One social care professional told us they had been impressed by the skill shown by a person's support staff in getting that person involved in their care review.
• Staff had considered whether people may need support from advocates, and who could provide such support. We saw advocates had been involved in people's care as was appropriate.

Respecting and promoting people's privacy, dignity and independence
• Staff supported and encouraged people to maintain or develop their independence. Staff talked about looking to reduce the number of hours support people received as staff helped them settle into their homes and build daily living skills.
• Staff supported people to manage their finances more independently by helping produce budget plans.
• One social care professional told us, "[Person] is encouraged to maintain as much independence as possible. They are encouraged to make their own choices and undertake a number of daily living tasks for

themselves with minimal support/supervision where appropriate."
• Staff understood the importance of respecting people's privacy and dignity and were able to tell us ways in which they would practically achieve this.
• Staff understood requirements in relation to protecting people's confidential information. We saw there were processes in place to help keep both paper and electronic records secure.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's care plans were detailed and contained information about their interests, likes and dislikes. The registered manager had introduced a range of person-centred planning tools to help staff identify and support people to achieve agreed goals.
• Keyworkers completed reports that provided the registered manager with updates on people's progress. People were given the opportunity to provide feedback on their service as part of this process.
• Staff arranged annual person-centred reviews that included the individual and others involved in their care. We saw actions were identified through the review process and were transferred to people's care plans.
• Staff supported people to take part in meaningful activities and interests both at home and in the community. Staff had supported one person with an interest in gardening to get some plants for their patio area and also a chair as they enjoyed sitting outside and 'people watching'. Staff had got in contact with a supported employment provider to help another person explore the possibility of getting some paid or voluntary work.
• One social care professional told us, "Premier Care are currently delivering an excellent person-centred service for [Person], ensuring that they are socially active in their local community."
• Staff encouraged and supported people to maintain contact with people that were important to them. This would help prevent people becoming socially isolated.
• Staff assessed and recorded any communication support needs that people had. We saw information had been provided to people pictorially or in easy read format where this would aid their understanding.
• The service had worked in partnership with other professionals such as a speech and language therapist to identify people's communication support needs and how staff could meet those needs.
• Part of this service was previously registered as a care home location called 'Premier Homes'. The nominated individual for the provider and registered manager recognised that as part of the re-design, they should continue to look at how they provided a person-centred service under a supported living, rather than care home model. This would help ensure the service met the princples of good practice guidance, including 'registering the right support'.
• For example, we found staff carried out a communal internet shop (taking into account people's choices) for people living in the houses that made up the former care home. These people's medicines were also kept in the nearby office rather than in their homes. The provider told us they would continue to look at ways in which care and support could be provided in more person-centred ways consistent with good practice guidance.

Improving care quality in response to complaints or concerns
• People were encouraged to raise any concerns or complaints as part of the regular meetings they had with their key-workers. People told us they would feel comfortable raising any concerns with a staff member.

• We saw any complaints dealt with through formal processes were recorded on a log. The provider had responded promptly to complaints and made changes when needed to address people's concerns.
• Whilst complaints had been acted upon appropriately, clear records were not always kept in accordance with the provider's policy. For example, written outcomes to complaints were not always provided or recorded within the complaints file.

End of life care and support
• No-one using the service was receiving end of life care at the time of our inspection. The registered manager told us they would seek support from professionals such as GPs and Macmillan nurses if they needed to provide care to people at this stage of their lives.
• Staff had considered and discussed people's preferences in relation to the care they received at the end stages of their life. This included consideration of people's preferences for funeral arrangements and their preferred place of death.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care; Working in partnership with others

• At our last inspection in January 2018, we found systems in place to monitor the quality and safety of the service were not adequate, which was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• At this inspection, further improvements were required to strengthen the provider and registered manager's monitoring of the service. However, we found improvements had been made, and the requirements of the regulation were being met.

• The registered manager carried out a range of audits and quality assurance checks. This included audits of medication administration records (MARs) and daily records. We saw this audit had been effective in identifying shortfalls and ensuring these were escalated and addressed. However, we found one person was not included on the MAR audit. The registered manager said this may have been because there had been no issues identified in relation to their medicines. However, other people were listed on the audit with 'no issues' recorded against their names.

• Whilst the service was responsive to feedback, they were not always pro-active in identifying potential issues and areas for improvement within the service.

• For example, the provider's monitoring and quality assurance processes had not identified the issues we found relating to procedures around medicines management that had impacted on the timeliness with which one person received their medicines. There was also poor oversight and co-ordination in relation to recommendations relating to a person's health-care.

• The provider commissioned an external auditor to carry out checks on the service. The last audit had been completed in February 2019. This identified that there were areas of good practice, but noted a lack of progress in relation to the service's action plan from their previous audit.

• We found some actions had been taken in response to this audit, such as the introduction of a complaints log. However, at our last inspection we highlighted the lack of depth of the care plan audit. The audit had not improved, and the third-party auditor's report also highlighted the lack of a care plan audit.

• The registered manager showed us 'key performance indicator' (KPI) reports that were produced automatically through the electronic care management system. This provided an overview of figures such as the total number of spot-checks, supervisions, health appointments, accidents and complaints that had occurred within the last month. They told us they used this report to monitor trends in these areas, which they said were also discussed with them in their supervision, although there was no clear record of such considerations.

• The provider acted on feedback from relevant others. We saw the registered manager had made changes based on the findings of our last inspection and was responsive to our feedback at this inspection. For

example, they had introduced a fatigue risk assessment that was carried out if staff were asked to work extended shifts in exceptional circumstances.
• Feedback from social care professionals was generally positive about how the service worked in partnership to meet the needs of the people they supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There was a registered manager in post. There had been no change in registered manager since our last inspection.
• The registered manager had submitted statutory notifications to the CQC as required. Statutory notifications are information about certain significant events such as deaths, serious injuries and allegations of abuse that providers are required to tell us about.
• The service's performance rating from their last CQC inspection was displayed in the office and on the provider's website as required.
• Staff felt supported and valued. One staff member told us, "There are tough days, but the support provided is really good. They [Premier Care] make sure my wellbeing is a priority." The registered manager recognised the importance of supporting the wellbeing of staff and was exploring new ways of achieving this, such as through training in mindfulness techniques.
• Care staff were clear about the purpose of their roles, which they described as being to support people to live as independently as possible, and to 'get the best out of their lives'.
• The registered manager shared any concerns about the quality of care and worked with staff to find solutions. For example, they had held workshops to explore how the management of medicines could be improved.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• Staff were positive about working for the provider and told us they enjoyed their jobs. Comments included, "I love the job" and "Yes, the service is well run. I enjoy working here".
• Staff told us their supervisors discussed the values of the service and how they were meeting those values in supervision.
• Staff felt confident and supported to act in an open and transparent way. The registered manager talked about wanting to empower staff to challenge anything they thought was 'not right' and we saw evidence of this through team meeting minutes.
• We discussed the requirement under the duty of candour regulation for the provider or registered manager to provide an apology to a person harmed as a result of a notifiable safety incident. The registered manager told us they were considering the best way to provide such an apology and had been waiting for the outcome of safeguarding investigations before doing this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Staff told us they were listened to by the management. There were regular team meetings where learning from any incidents, safeguarding or complaints was shared with staff.
• Surveys had been carried out with staff and people using the service. These sought people's opinions on what the service did well and what could be improved. Recommendations to improve the quality of the service had been made on the basis of this feedback.
• The registered manager encouraged staff to use any particular skills or expertise they had to make improvements to the service. For example, one staff member had taken a lead on developing the medicines audit process. Another staff member had led on developing the surveys sent to staff and people using the service and analysing these.