

Purple Care TM Limited

Purple Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Purple Care provides personal care to people in their own homes. At the time of our inspection there were 30 people using the service.

The service had a registered manager. The registered manager was also the registered provider. 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 and associated Regulations about how the service is run.

Experiences of the people using the service at the time of our inspection were mainly positive. Most told us they were supported by support workers that were kind and caring. The support workers we spoke with were enthusiastic about providing people with support that was based on their individual needs.

There was a culture within the service of treating people with dignity and respect. The registered provider sought people's views about what mattered to them and acted on their feedback.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and knew how to report them. There were risk management plans in place to protect and promote people's safety.

There were enough support workers to make home care visits. The provider was continually recruiting more staff. Recruitment procedures were designed to ensure that staff employed were suitable for their roles. Staff were supported through training and supervision.

People were supported to have their medicines during home care visits.

Support workers who supported people with preparing meals were trained in food hygiene. People received enough to eat and drink and staff gave support when required.

There were arrangements in place at the service to make sure that action was taken and lessons learned when things went wrong and to improve safety across the service.

Support workers received an induction when they first commenced work at the service and in addition also received on-going training to ensure they were able to provide care based on current good practice when supporting people.

People were supported by staff to use and access a wide variety of other services and social care professionals. The office staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required to make sure they received continuing healthcare that met their needs.

People were supported to have maximum choice and control of their lives and support workers supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans provided support workers with detailed information and guidance about people's likes, dislikes, preferences and guidance from any professionals involved in their care. Care plans were regularly reviewed to ensure care met people's current needs. This helped to provide support workers with the information they needed to provide care that was personalised for each individual.

People, relatives and staff knew how to raise concerns and make a complaint if they needed to and there was a complaints procedure in place to enable people to raise complaints about the service. People also made compliments about the service.

The management and leadership within the service had a clear structure and the registered provider was knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and valued. The registered provider had systems in place to monitor the quality of the care provided and to ensure the values, aims and objectives of the service were met. Those systems included seeking and acting upon people's feedback.

The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and other external agencies.

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 

This service was safe.

There were systems in place to protect people from the risk of harm. There were enough suitably skilled staff to support people.

People were supported to take their medicines.

The provider used procedures for reviewing and learning from accidents and incidents.

Is the service effective?

Good 

This service was effective.

People's needs were assessed and met by staff that were skilled and who were supported through training they needed to provide effective care.

People were supported to maintain their health and well-being.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good 

This service was caring.

The staff cared for the people they supported.

Staff understood people's needs and worked with them to involve them in decisions about their care and support.

Care was provided in a way which respected people's privacy and upheld their dignity.

Is the service responsive?

Requires Improvement 

This service was not consistently responsive.

Not all people experienced home care visits at times they expected. Most people were supported by regular support workers, but a small number said they were not.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

This service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

Systems were used to monitor the quality of the service.

Good ●

Purple Care

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 checked 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 first comprehensive inspection of Purple Care took place on 5 December 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one 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 registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

Before our inspection visit we spoke with seven people and a relative to ask them about their experience of the service. On 5 December 2017 we spoke with the registered provider, the registered manager, a care assessor and two care workers. We looked at care records for 30 people. We also looked at records relating to the management and running of the service. These included two staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook, quality assurance audits, complaints records and compliments the service had received.



Our findings

People told us they felt safe because of the quality of care and support they experienced. Most people were supported by the same staff or regular staff which they told us made them feel safe. A relative told us, "I've no concerns about [person's] safety because they are really well looked after."

Staff told us they had been provided with training about the provider's safeguarding procedures. A support worker said, "I am aware of the safeguarding procedures. I am definitely confident that if I reported any concerns to the manager that they would be taken seriously." Training records confirmed that staff had been provided with safeguarding training. Staff were provided with contact details of safeguarding officers in the two local authorities that paid for the care of some of the people who used the service. They knew how to contact the Care Quality Commission (CQC) if they wanted to raise any concerns about people's safety. The registered provider was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. A person told us, "The staff encourage me to be as independent as possible. Most days I can walk to the shower room by myself, but on other days I need a little support." Another person told us they were involved in a risk assessment about how they were supported with their mobility with the use of a hoist.

People's care plans included risk assessments of routines associated with their care and support. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. We saw that support workers received training in moving and handling and use of equipment such as hoists and stand-aids. A support worker told us, "The training was good. I'm confident using a hoist." A relative told us, "[Person's] carers use a hoist to move [person] in a safe, gentle and professional manner." Support workers had refresher training which meant that their knowledge was up to date. At the time of our inspection the registered provider was planning to enrol more staff onto 'train the trainer' courses for moving and handling training.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. This included ensuring that support workers stayed for the required time of a scheduled visit and completed all care routines that people expected. A person told us, "They do not rush me with anything; they make sure I am satisfied with what they do." There were enough support workers to cover home care visits. Most people told us that they received home care visits at times they expected. Punctuality of home care visits was an area the registered provider was seeking to improve through better organisation of rotas.

Staff we spoke with confirmed the staffing numbers were adequate and enabled them to support people safely. A support worker said, "We have enough time to make our visits. I don't feel I am rushed. I can spend time with people to get to know them better. If I am running late I always ring the office and the next person I'm going to visit to explain. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs. The registered provider was continually advertising for additional staff to build up a pool of permanent staff.

Safe recruitment practices were followed. All necessary pre-employment checks were carried out to reduce the risk of any unsuitable person being recruited to work at the service. These included a Disclosure and Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services.

People's care plans included information about how they wanted to be supported with their medicines. People required reminding to take their medicines. Support workers handed medicines to people with a drink and watched them take it then recorded the medicine had been taken. A person told us, "The carers help me properly with my medications." A small number of people had medicines that had to be taken at particular times. For those people it was important that home care visits were at the same times so that they had a regular routine with their medicines. A person had experienced home care visits at irregular times. Their relative told us, "Occasionally, late visits by some stand-in carers in the mornings meant that [person] had their medicine late. This has occasionally led to [the person] feeling dizzy and unstable." The relative explained that the person's usual support worker knew what to do when the person presented as 'dizzy or unstable' and ensured the person was safe.

Records confirmed that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. Support workers recorded on medication administration records (MAR) when they supported people with their medicines. At the end of each month the MARs were taken to the provider's office where they were checked for any errors, for example gaps in records. This was so that any errors could be investigated in a timely manner.

People were protected by the prevention and control of infection. Support workers received training in relation to infection control and food hygiene. There was guidance and policies that were accessible to staff about infection control. In addition support workers were supplied with personal protective equipment (PPE) to protect people from the spread of infection or illness. Every person we spoke with told us that staff washed their hands and wore PPE when they were being supported.

Support workers understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents. We saw that those procedures had been used. The support workers we spoke with felt that learning from incidents, accidents or errors was communicated well to the staff team through team meetings and staff messages and supervisions if required. The registered manager reviewed and audited any issues that were communicated with the staff team to ensure lessons were learnt and improvements made.



Our findings

People's care needs were assessed by a 'care assessor'. The assessment covered people's physical, mental health, social and cultural care needs and their preferences, for example the times they wanted home care visits to be made. The registered provider told us it was their policy that if people's needs as detailed in the initial assessment could not be met, the registered manager would explain this to the person and refer them to a local authority social services department for further assistance with finding a provider. A person told us, "My needs were fully discussed with someone from the office" and another said that, "We had a conversation about what we should expect from the carers."

Where people had needs that could be better met through involvement of specific healthcare professionals or specialists, the service engaged with those services. For example, the registered manager contacted a service that specialised in supporting people with sensory impairment for advice about how best to communicate with a person and provide information in formats that were most suited to them. The registered provider was in the process of developing an 'information library' for staff to use to access information about how to enhance the care and support they provided to people. They had a system for ensuring that policies were up to date with changes in legislation and guidance about adult social care. This ensured that staff had access to information that was up to date and informative about best practice.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. People were very pleased with the support they received from staff that regularly supported them. A person told us, "[Support worker] knows how to work with [person]. He has plenty of experience and training to cope really well with this."

Support workers told us they were well supported through training. A support worker told us, "My training has made me confident. I've not been in a 'I don't know what to do situation'." Another support worker said, "My training has helped me to support the people I visit." When support workers first started working at the service they completed an induction that introduced them to the aims of the service, the management structure and policies. New support workers worked alongside an experienced support worker until they were assessed as competent to support people. A person told us, "New carers are paired with more experienced carers. They are well trained."

Training records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting. This included training about health conditions people lived with and specialised equipment they used. We saw a compliment from a relative

who wrote, 'Your team of carers are without doubt the best we have had. You obviously provide great training and support as they are confident, caring and very approachable.'

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. A staff member told us, "I feel well supported. Staff meetings are good. We talk about how we support people and what we might do better. We get good feedback from the managers. We get told about the CQC [fundamental] standards. We get reminded about things, for example how to write-up our home care visits so that our notes are informative. We are really well supported." We saw evidence in the records of meetings and staff supervision that confirmed what staff told us.

Where appropriate, people were supported by staff to have sufficient food and drink. Support workers supported people either by warming meals that had already been prepared or making a meal. A person told us, "We chat about what I want for breakfast. They all know I love to have [cereal]." Another person said, "They get me the meals I want and prepare them really well." A relative of another person told us, "We buy a selection of ready meals. They [staff and person] chat about the meals we buy and [person] is given a choice. The carer takes time to explore what [person] wants. We know [person] gets the food and drink they require." Support workers respected people's food preferences. For example, a person who preferred ethnic foods showed staff how to make those meals so that staff could then prepare them for the person when they wanted. Within the care plans we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences. Support workers we spoke with were familiar with people's food preferences.

Where it had been identified that someone may be at risk of not eating or drinking enough or not having a varied diet, staff reported this to the management team. A person who had the same meals most days was advised about healthier alternatives. A person told us, "The carers are really helpful when we put our shopping list together. They make suggestions about things I might like that I haven't tried before." Support workers understood about calorific values of food. After a person talked about wanting to put weight on, staff advised them about the difference between full fat and skimmed milk.

The service worked with NHS occupational therapists to ensure people had equipment they needed to assist with their mobility and independence. We also saw that the registered manager worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns.

People's healthcare needs were monitored and care planning ensured staff had the latest information on how care should be delivered effectively. Support workers received the latest information via an 'app' on their mobile telephones. They were able to identify changes in people's health and they knew how to recognise serious situations. For example, a support worker identified upon arriving at a person's home that the person had had a stroke. They acted promptly to call an ambulance. A relative told us, "The carer has the initiative to call the doctor out if the need arises and then they contact me to explain what is happening." The provider's procedures allowed staff to call emergency services or a person's GP before contacting the office to explain they had done so. This ensured that no delays occurred in serious situations. When support workers identified gradual changes in a person's health they recorded this in their visit notes and reported it to the office. Support workers were then advised to monitor a person's health so that a person's GP could be notified.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People

can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered provider had a good understanding of the principles of the MCA and when to make an application. All staff had training about the MCA and those we spoke with demonstrated an awareness of the MCA. Support workers we spoke with explained they always sought people's consent before providing any care or support. One told us, "I always explain what I propose to do and wait for the person to say or indicate that they are happy for me to proceed." Another said, "We've been trained to always give people an option of saying 'no'." People confirmed what staff told us. A person said, "We always talk through how we are going to use the hour [of the home care visit]."



Our findings

People using the service at the time of our inspection told us that staff were caring. A person said of their regular carer, "He is a very, very helpful man who would do anything I asked of him. He is a natural carer and is a really good friend to me. He has a lovely disposition." A relative of another person told us, "[Person] is really well looked after by his regular carer." We had mixed feedback about some staff. A person told us, "My care needs are met. My carer is gentle in the way she helps me, but in a basic way. There is no interaction between myself and the carer." However, other people praised that staff member. A person described them as, "Very efficient and really kind. I just love having her." People had complimented five support workers for their kindness.

We discussed the mixed, though mainly positive, feedback we had from people with the registered provider. They told us they would organise workshops for staff to support them to consistently achieve higher standards

People and relatives described how staff did things that made them feel they mattered to them. A person told us, "Our politics and football clubs we support are different. We chat a lot about a lot of things, including football. I really look forward to his visits. He is very much a part of my life; he goes the extra mile and is very helpful indeed. I never want to lose him." Another person said, "The carers listen carefully to what I ask of them." Other people expected staff to be friendly and to complete their care routines. A person told us, "The staff are friendly, but there is a healthy professional line drawn between us."

We saw compliments that relatives had sent to Purple care. One said, '[Support worker] is caring and professional, with the key quality of empathy. Father's face always brightens up when they arrive.'

The registered provider additionally supported people who lived with sensory impairment by seeking ways to make information more easily accessible to them. They contacted services that specialised in supporting people with sensory impairment for advice about how best to do that. Staff supporting a person discovered that the person liked staff to sing to them. Their relative confirmed staff did this in feedback they provided to the service. They wrote, "The carer sings to [person]. They enjoy the carer's company so much." A relative of another person living with sensory impairment provided feedback that, 'Without you I don't know how I would have coped.'

Staff understood the importance of promoting equality and diversity. Staff understood traditions and practices that were important to people. For example, when staff visited a person in their home they took

shoe protectors with them because in the person's culture it was considered inappropriate for people to wear outdoor shoes at home.

People were supported to express their views. This happened when their needs were assessed and then reviewed at three month intervals. A staff member in the office telephoned people at regular intervals to ask for their views. The service included information about advocacy services if they needed support to make decisions or if they thought they were being discriminated against under the Equality Act.

People were given a 'service user guide' which contained information about what they could expect from the service. A person confirmed that they had conversations with the registered manager about their care and support. They told us, "I always tell [registered manager] I'm really pleased and I don't want changes."

Staff understood how to support people with dignity and respect. Staff members we spoke with described how they did this. One told us, "Before I provide personal care I always draw the curtains and ask any people to go to a different room. When I support people to wash, I used towels to cover them to protect their dignity." Another staff member said, "I support a couple. I always do that separately so that they are not in view of each other and they have their own space." People confirmed that they were comfortable when receiving care and support. A person told us, "[Staff member] treated me with respect, we got on so well." Another person said, "My carers are polite, chatty and efficient. They are very gentle and are mindful of my privacy when they wash and dress me. They support me to the extent that I ask of them." Another person said, "They wash me in the way I want. There is no embarrassment at all." This demonstrates that staff had a good understanding of what dignity and respect meant in practice when they supported people.

People could feel assured that information about them was treated confidentially and respected by staff. The registered provider had a confidentiality policy that staff were aware of. People's care plans and records were stored securely in filing cabinets that were locked. Staff computers were password protected to promote confidentiality.



Our findings

People told us that they received care and support that met their needs. Comments from people and relatives included, "I'm really well looked after", "I'm extremely well looked after", "My carer is excellent" and "My carer is brilliant."

However, people and relatives expressed concerns about the punctuality of support workers. A person told us it was important to them that their home care visits were consistently at regular times because they were diabetic and needed to synchronise their meal times and blood sugar tests. They told us, "Frequent late visits mean that my blood sugars become erratic." Support workers received their rotas via an 'app' on mobile telephones. The information they received included details of people's care and support routines. We discussed with the registered provider whether information for staff about what to check for if a person had their medicine late could be added to the information. They told us it would be.

Most people were supported by regular support workers. People accepted that there would be times when their regular support worker could not visit them, for example when they were not working. People told us that the main thing they wanted to see improve was that they were supported by regular support workers. A person told us, "I am really pleased with the care I receive. I am really dependent on my carers, which is why I like to see familiar faces which doesn't always happen."

The registered provider was working to improve punctuality and regularity of home care visits. More staff were being recruited, which did mean that people were seeing more unfamiliar faces for a time. The registered provider was trying to recruit support workers who lived closer to people who used the service and support workers were being organised into teams covering specific areas. Those steps would improve people's experience of punctuality and regularity of support worker.

People's experience of the personal care and support they received when support workers were with them was mainly positive. Comments from people and relatives included, "Our carer is completely reliable and professional. We have no concerns at all" and "Our carers know exactly what I want, they get on with tidying my rooms and they will do my laundry".

A person told us that the support they received had made a difference to the life. They told us, "I rely on my carers to help me get washed and dressed in the morning and to go to be in the evening. That allows me to get on with things during the day like household chores and shopping. I feel much better because of the support." We saw a compliment from a relative in which they wrote, "Without you I don't know if I could

have coped."

People's preferences about who supported them and how were listened to and the service tried to accommodate people's wishes. When people asked to be supported only by female support workers the service arranged for that to happen. A person told us, "My mobility is poor and I need my carers to work slowly and carefully with me. They are very patient and I value that." Support workers paid attention to detail. For example, they made a person their favourite bed-time drink the way they wanted as the person felt it would help them sleep better. When people asked if they could be supported by fewer support workers, they felt that the service was trying to do that but not always successfully.

The registered provider operated procedures for assessing a person's needs before they began to use the service. Information from that assessment was used to develop a care plan. We found that care plans were written with a person-centred approach because they included descriptions of how people wanted to be supported. When there was a change to a person's needs the care plan in the person's home and the version in the registered provider's office were updated to reflect the change. Any changes were discussed at a team meeting and were communicated to support workers via an 'App' on their mobile telephones. This ensured support workers had the latest information about people's needs.

People and their relatives were involved in reviews of care plans if they wanted to be. People's views were sought during regular telephone calls when they were asked about their experience of the service

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. At the time of our inspection the registered provider had begun a review of the communication plans of people with sensory impairment. They were building up an 'information library' of resources and organisations staff could use to support people with communication needs. This was because there were plans to expand the service to include people with communication challenges.

People's experiences, concerns and complaints were listened to and acted upon, though not always as quickly as people wanted. For example, two people had requested a change of support worker because they felt the support workers who regularly visited them lacked empathy. The registered manager was supporting the support workers, who other people praised, to adjust to the needs of the two people until new support workers were recruited and trained. When people requested that home care visits be made at different times, this registered manager arranged for that to happen. The registered provider encouraged people to raise concerns. After a relative apologised for raising a concern the registered manager replied, 'Please don't apologise. We need to know if things are not right.'



Our findings

The registered manager and the registered provider had a clear vision and shared understanding about how they wanted to develop and expand the service. The improvements they wanted to make were identified through their monitoring of the service and people's feedback about their experience of the service. The most common improvement people wanted to see was about the punctuality of home care visits and not having regular support workers.

The registered provider was addressing people's concerns through recruitment of more staff and having support workers work in teams that covered smaller geographical areas. This would allow home care visits to be made during narrower time-frames. This would mean people would experience home care visits within 15 minutes of an agreed time. The registered provider was using home care planning system to make this happen.

Staff were involved in developing the service. A support worker told us, "We are encouraged to make suggestions. What we say is taken on-board and we feel valued. For example, when I suggested a person needed a longer call or that another would be better supported by two support workers I was listened to." The registered manager acted on very positive feedback from people about individual support workers. They shared this feedback with all staff and supported all staff, through supervision, team meetings and training, to learn from those who had been recognised as 'champions' of excellent care. A support worker told us, "It's the best agency I've worked for. The management care about service users and staff." Another support worker said, "It's a great service that is not standing still." Staff were supported through training, supervision and staff meetings.

People told us that they had discussed with the registered manager changes they wanted to see in relation to their care and support. When people told the registered manager that they wanted to be supported by a different support worker and change the times for home care visits changes were either made or planned. This demonstrated that people were able to raise concerns with the registered manager and that the registered manager acted on people's feedback.

There were systems in place to check the quality of the care provided and which identified improvements that needed to be made. The registered provider had improved quality monitoring systems. These systems identified the extent of improvements that needed to be made. For example, a small number of people had fed back to the registered manager that they were not satisfied with the punctuality of home care visits and that they had been supported by too many support workers. The registered provider's monitoring systems

identified that whilst very few people had that experience those that did experienced it regularly. The registered provider was taking actions to ensure that all people would receive the same quality of care and support. For example, the registered provider had analysed the information from their monitoring systems and identified the causes of late home care visits and why some people had more support workers visit them than others. New arrangements for planning home care visits were being introduced which meant that people were supported by 'local' support workers and people were being supported by fewer support workers.

People were regularly asked to comment on the quality of their care through telephone calls by a care assessor. The care assessor and registered manager carried out spot-checks of support workers when they supported people. These ensured that support workers were providing support in line with people's care plans. Their observations included checking that support workers supported people with dignity and respect. Support workers received feedback from their spot-checks. One told us, "The management are always checking. The feedback is really helpful."

At the time of our inspection the registered manager was finalising the questions for the first annual questionnaire survey of people using the service. These questions were based on the fundamental standards of care.

The service worked and communicated with other agencies to enable consistent and person-centred care for people. We saw in people's care records that the service had contacted GPs, district nurses, pharmacists and organisations that specialised in supporting people living with sensory impairment.

The registered manager was aware of their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.