

Nestor Primecare Services Limited

Allied Healthcare - Middlesbrough

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 19 April and 26 April 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist us.

Allied Healthcare Middlesbrough is a domiciliary care service that provides personal care to people in their own homes. The service supports people in the Middlesbrough area. At the time of the inspection 226 people were receiving personal care from the service.

The service was last inspected in January and February 2016. During that visit we identified breaches of our regulations. Risk assessments were not regularly reviewed which meant that risks to people using the service were not regularly assessed. Care plans were not always regularly reviewed to ensure they met people's up to date support needs, and people's consent to care was not always recorded. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvements had been made.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the service kept them safe. Risks to people were assessed and regularly reviewed. Accidents and incidents were monitored and emergency plans in place to provide a continuity of care in situations that disrupted the service. People's medicines were managed safely. Policies and procedures were in place to safeguard people from abuse. Staffing levels were sufficient to support people safely. Recruitment procedures were in place to reduce the risk of unsuitable staff being employed.

People's rights under the Mental Capacity Act 2005 (MCA) were protected and their consent to care obtained and recorded. Staff received a range of mandatory training to help them support people effectively. Staff spoke positively about the training they received and said they would be confident to request additional training if they felt they needed it. Staff were supported with regular supervisions and appraisals. Some people received support with food and nutrition. Where this was the case people's plans contained information on their support needs and how they would like to be assisted. Staff worked effectively with other healthcare professionals to monitor and improve people's health.

People and their relatives spoke positively about staff at the service, describing them as kind and caring. Several people we spoke with described how staff worked above and beyond what was expected in delivering care. People told us staff always maintained their dignity and treated them with respect when delivering support. Procedures were in place to support people to access advocacy services where needed.

Support was planned and delivered based on people's assessed needs and preferences. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. Procedures were in place to investigate and respond to complaints.

Quality assurances processes were in place to monitor and improve standards at the service. Feedback was sought from people who used the service and from staff. Staff spoke positively about the culture and values of the service. We received positive feedback about the registered manager and the improvements they had made. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Risks to people were regularly assessed and remedial action taken.

People were supported by staff who had been appropriately recruited and inducted.

People were supported to manage their medicines.

Is the service effective?

Good ●

The service was effective.

People's rights under the Mental Capacity Act 2005 were protected and their consent to care obtained and recorded.

Staff were supported through regular training, supervision and appraisal.

People were supported to access external professionals to maintain and promote their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives said staff maintained their dignity and treated them with respect.

People and their relatives said staff were kind and caring.

Procedures were in place to support people to access advocacy services.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered based on people's assessed needs and preferences.

People's care plans were regularly reviewed to ensure they reflected people's support needs.

Procedures were in place to investigate and respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about the culture of the service and the registered manager.

Quality assurances processes were in place to monitor and improve standards.

Feedback was sought from people and staff, and acted on.

Allied Healthcare - Middlesbrough

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 19 April and 26 April 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist us.

The inspection team consisted of one adult social care inspector and three experts 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities and clinical commissioning group, and the local authority safeguarding team to gain their views of the service provided by Allied Healthcare Middlesbrough. We received feedback from commissioners who worked with the service, details of which can be found in the main body of this report.

During the inspection we spoke with 48 people who used the service. We spoke with 11 relatives of people who use the service. We looked at 11 care plans, medicine administration records (MARs) and handover sheets. We spoke with 8 members of staff including the registered manager, a regional director from the registered provider and care staff. We looked at four staff files, which included recruitment records. We also

reviewed records relating to the day to day running of the service.

Is the service safe?

Our findings

During our last inspection in January and February 2016 we identified a breach of our regulations. Risk assessments were not regularly reviewed which meant that risks to people using the service were not regularly assessed. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvements had been made.

Before people started using the service their support needs were assessed. Where a risk was identified plans were put in place to reduce the chances of it occurring. For example, we reviewed the care plan of one person who used Percutaneous Endoscopic Gastrostomy (PEG). PEG is a medical procedure used where people having difficulty swallowing foods and fluids. Their risk assessment included details on how staff could help to keep the person safe during mealtimes. Another person had a risk assessment in place for moving and handling. This contained guidance to staff on how to keep the person safe when they were transferring from bed to their wheelchair. People's home environments were also assessed to see if improvements could be suggested to make people safer, for example by removing trip hazards.

People and their relatives described the initial assessment process as thorough. One person we spoke with said, "I had a good assessment in hospital and by the time I came home everything was in place and the carers started straight away." A relative we spoke with told us, "Prior to providing a care package for [named person] there was a full assessment of his needs and an open discussion on whether they could provide the level of support he required, which has proved to be very successful." Risk assessments were regularly reviewed to ensure they reflected people's current levels of risk.

People told us the service kept them safe. One person we spoke with said, "I definitely feel safe. All the carers are very thoughtful and do their best to help." Another person told us, "I am safe with my carers. I trust them. I have no worries." Another person said, "My carer comes every night to make sure I am alright and all the windows and doors are locked." A fourth person told us, "I feel so much safer now I have my carer coming in during the day. I had a spell of falling over and it really knocked my confidence. Since my carers have been coming in, I haven't had a single fall and I have felt really much more happy about still living here in the family home than I did before." Relatives also said the service kept people safe. One relative we spoke with said they knew the person receiving support was safe as they spoke so highly of their carers.

Accidents and incidents were monitored by the registered manager to see if improvements could be made to help keep people safe. The registered provider had emergency plans in place to provide a continuity of care in situations that disrupted the service, such as loss of use of the office.

People's medicines were managed safely. People told us staff supported them to take their medicines when they were needed. One person we spoke with said, "They [staff] help with my medicines, making sure I get the right tablets and I have them at the right time."

People's medicine support needs were recorded in their care plans and on medicine administration records

(MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs also contained any special instructions on people's medicines, such as whether tablets should be chewed or swallowed whole. Guidance was in place for people's 'as and when required' (PRN) medicines. We reviewed 11 people's MARs, and saw they had largely been completed accurately with no gaps. Where gaps had occurred we saw records that this had been investigated and remedial action taken, such as additional training for the staff involved.

Staff received regular training in medicine administration as well as spot checks and observations of their practices. Staff also had access to medicine policies to provide guidance on medicine administration. This helped ensure staff had the skills needed to support people safely with medicines.

Policies and procedures were in place to safeguard people from abuse. There was a safeguarding policy in place that provided guidance to staff on the types of abuse that can occur in care settings and how they should be reported. Staff we spoke with were knowledgeable about safeguarding issues and said they would not hesitate to report any concerns they had. One member of staff told us, "I'd contact the office about any concerns I had. If it was about the company I would whistle blow." Whistle blowing is when a member of staff tells someone they have concerns about the service they work for. The same member of staff went on to give us an example of a concern they had raised and said it had been appropriately investigated and addressed. Another member of staff told us, "If I had any concerns I would report it straight away." Records confirmed that when issues had been raised they had been investigated and remedial action taken. This helped to safeguard people by minimising the risk of abuse occurring.

Staffing levels were sufficient to support people safely. Most people we spoke with said staff were punctual, stayed for their allocated time and that they had not had any missed calls. One person told us, "My carer always stays for the amount of time that she should and we usually have time for a bit of a chat while she's filling in the records at the end of each visit. She never leaves without making me a nice cup of tea." Another person said, "They are always here on time, very punctual and have never missed a call. They are always here for me." Another person told us, "Two carers come together, they are always on time, and care is never rushed. We have never been let down, they are most reliable." Some people did say that staff were sometimes late, but that this was not often and they were usually told in advance. People told us they had a regular team of care assistants and that they were usually introduced to new staff before they started working with them. One person we spoke with said, "I have a rota so I know who is coming, I have my regulars but I also see new faces." Another person told us, "I have a group of carers. I am happy to have any one of them, they are good at timekeeping, and they never let me down."

The registered manager monitored staffing levels to ensure they were sufficient to support people safely. They told us the registered provider was continuously recruiting, and that there was always cover available for sickness and holiday leave. Travel time was factored in to staff rotas to reduce the risk of late arrival at calls. Staff we spoke with said there were enough staff employed. One member of staff told us, "I think there are enough staff and there is travel time between calls." Another member of staff said, "We have enough staff."

Recruitment procedures were in place to reduce the risk of unsuitable staff being employed. Applicants completed an application form at which they were required to set out their full employment history. Proof of identity was checked and references sought, and Disclosure and Barring Service (DBS) checks carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. One recently employed member of staff told us, "They got references and DBS checks." This meant

the registered provider had procedures in place to reduce the risk of unsuitable staff being employed.

Is the service effective?

Our findings

During our last inspection in January and February 2016 we identified a breach of our regulations. People's consent to care was not always recorded in their care records. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People's consent to their care was now clearly recorded in their care records. One person we spoke with said, "Yes, I was asked to sign my care plan once we had talked it through with [the registered manager] and they had gone away and typed it up. A copy is kept in my folder over on the table." Where people did not have capacity to consent themselves decisions were taken by relatives or people holding Lasting Power of Attorney and the service had obtained proof that Attorneys had the legal power to act. Some people had capacity to make some decisions but not others, or had fluctuating capacity to make decisions. Where this was the case assessments had taken place of decisions staff could make in people's best interests and these were clearly recorded.

People we spoke with said staff asked for permission before supporting them. One person said, "They ask me, do you mind if I do this?" Another person told us, "They ask if I want a shower, if I say yes they give me one." Staff we spoke with had a good working knowledge of the principles of the MCA and consent. One member of staff said, "I always check the care plan for consent. Even if it is someone I am familiar with but haven't seen for a while. I always check for any changes." This meant procedures were in place to protect people's rights under the MCA and ensure decisions were made by them or in their best interests by people authorised to do so.

Staff received a range of mandatory training to help them support people effectively. Mandatory training is training and updates the registered provider thinks is necessary to support people safely and effectively. Mandatory training was provided in areas including medicine management, safeguarding, dementia awareness, skin care, moving and handling, infection control and food hygiene. The registered manager monitored and planned training on a training chart. We reviewed this and saw staff had either completed mandatory training or that it was planned. Training was regularly refreshed to ensure it reflected current practice, and we saw records of staff knowledge and competency checks in areas such as medicine management and the MCA.

People told staff had the training they needed to support them effectively. One person said, "Staff are well trained. They are knowledgeable, confident and efficient." Another person said, "I agreed to being used as a guinea pig for the training of new carers in giving medication, so I know they get practical training in this." A

third person told us, "They are better trained than some nurses." Another person told us, "They must have had excellent training because they are all very efficient."

Staff spoke positively about the training they received and said they would be confident to request additional training if they felt they needed it. One member of staff said, "Training is good. It's always up to date. If staff have any issues they get extra training. Update training is always available if requested. Because we can be working alone out there they are keen that we know what we are doing." Another member of staff told us, "Training is quite good. It's very helpful."

Newly recruited staff were required to complete the registered provider's induction programme before they could support people without supervision. This included completing mandatory training, learning policies and procedures and shadowing more experienced members of staff. During our inspection we saw a field care supervision arranging shadowing for a newly recruited member of staff member. Staff we spoke with said they had found this useful in teaching them the skills needed to support people effectively. One member of staff said, "For new staff they always emphasise doing more shadowing if they're not confident." A relative we spoke with told us, "The new staff shadow. We have not had any one who hasn't come with an experienced carer for the first week. It seems if new carers come and they are not very good, I have confidence that the agency handle this well."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff received four supervisions and four competency spot checks a year, and an annual appraisal. Records confirmed that these were taking place, and that staff were encouraged to raise any support needs they had during meetings. Staff told us they found these meetings useful, but also that they would be confident to raise any support needs they had outside of them. Staff were also supported through a 'Carer of the Month' award, which publically recognised good practice.

Some people received support with food and nutrition. Where this was the case people's plans contained information on their support needs and how they would like to be assisted. For example, one person's care plan stated that they liked to be involved in their meal preparation and provided guidance to staff on how this should be done. People spoke positively about the support they received with food and nutrition and said staff always gave them a choice over what they ate. One person told us, "My appetite isn't brilliant these days, but I do still like my porridge every morning and my carer is now a dab hand at making it. I also just usually have a sandwich at midday and again she will tell me what I've got in the fridge or the cupboard and then make it up for me. She leaves this on a plate with a cake by my chair so that I can have it whenever I feel like it." Another person told us, "I can get myself a cold drink, but I struggle with the kettle and then balancing a cup and saucer these days so my carer will always make me a hot drink as soon as she comes in and then another one for me just before she leaves so that I can have that after she has gone. My carer sorts most of my drinks out for me. I don't really feel like drinking a lot, but she always make's sure I have a hot drink before she leaves as well as having a small glass of water by my chair so that I can get it if I want to."

Staff worked effectively with other healthcare professionals to monitor and improve people's health. People's care plans contained details of other professionals involved in their care, and where needed staff supported people to access these services. Advice or recommendations from other professionals was included in people's care plans. For example, staff were working with district nurses to obtain continence aids for one person.

People and their relatives spoke positively about the way staff worked effectively with other professionals. One person said, "I just have a carer in to cream my feet three times a day and she also organises to take me

over to the podiatrist." A relative told us staff had undertaken training with PEG specialists to ensure they had the skills needed to support a person. Another relative told us staff had worked to support a person with a pressure sore, saying, "We have been so impressed with the carers though, because they have managed to heal it up in much shorter a time than the district nurse thought possible. Her nurse visited the other day and was quite amazed and very complimentary of the care that her carers had given her. We can't thank them enough." This meant people were supported to access healthcare professionals to maintain and promote their health.

Is the service caring?

Our findings

People and their relatives spoke positively about staff at the service, describing them as kind and caring. One person we spoke with said, "My carers are marvellous, young and old, they really care. They could not do more for me. I praise them all." Another person told us, "My carers are lovely. They are like angels from heaven." A third person said, "I love seeing my carers, they are great, they always make me feel cheerful. I have no worries when they are doing personal care. They have a nice way about them." Another person told us, "The carers are caring and helpful. They do look after me."

A relative we spoke with said, "[Named person] needs a lot of help as they have poor mobility and dexterity. [Named person] loves them all (staff), they are very pleasant and just get on with what they have to do. They get on well and there is plenty of laughing and chatter going on." Another relative said, "The carers are very kind and caring towards [named person]. They are very respectful and despite [named person's] limited comprehension and lack of verbal skills, they talk and explain what they are doing, checking [named person] is comfortable throughout any procedure."

Several people we spoke with described how staff worked above and beyond what was expected in delivering care. One person told us, "I am so happy to have such a lovely group of carers, they go over and beyond what they have to do. They genuinely care. They are never miserable, they cheer me up and encourage me, especially if I am having a down day. They are so understanding and realise the importance to me of keeping looking as good as I can. They wash and blow dry my hair and help me select my clothes. They are like friends." Another person said, "My carer never minds doing any extra jobs for me and she always says that she won't leave me until she knows I'm going to be alright until the next carer visits later on in the day. I only ever ask my carer to make me some toast for breakfast in the morning so my kitchen never gets really dirty but she insists on giving everywhere a good wash down and putting everything away for me in the kitchen before she goes. I really do appreciate all the help she gives me." Another person said, "My carer always makes time at the end of the jobs to sit down and have a chat with me while she fills in the paperwork. We usually have a bit of a chat anyway whilst all the jobs are being done and I do so love the opportunity to have a conversation with somebody as the day can be very long when all I've got is the television for company." Another person said, "My carer never leaves until she is happy that I'm alright. She is good at noticing when I need extra jobs doing like putting the washing on before she goes out so that it's done by the time she comes back later on. It's very kind of her because it's not really in my care plan, but I do appreciate it."

People told us staff always maintained their dignity and treated them with respect when delivering support. People also said staff supported them to maintain their independence. One person told us, "Staff are all friendly and polite. I thought I might be embarrassed having them give me a wash, but they do it so nicely and make it easy for me." Another person said, "I could not have nicer people coming in. They are very discreet and gentle with me." A third person told us, "My eyesight isn't very good these days and it horrifies me that I sometimes don't notice when I've got some dirt or food spilt down my clothes. My carers always manage to spot it and would never dream of letting me get dressed of a morning in something that was dirty. Considering I used to pride myself on looking respectable it means an awful lot to me that the carers

think about me in this way." Another person said, "My carers respect my dignity and privacy. I am a proud person, I like to have a few minutes alone in the bath to wash. They respect my wishes, making me feel good about myself. The carers ask me to shout if I need anything at all."

At the time of our inspection nobody who used the service had an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how people would be supported to access advocacy services if this was needed.

Is the service responsive?

Our findings

During our last inspection in January and February 2016 we identified a breach of our regulations. Care plans were not always regularly reviewed to ensure they met people's up to date support needs. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvements had been made.

Before people started receiving support they met with one of the service's field care supervisors. At this meeting their support needs were assessed and discussed, and care plans were drawn up based on their needs and preferences. These could cover areas including communication, mobility, nutrition, continence, medicines, skin integrity and personal care. Care plans we looked at contained evidence of person-centred planning. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person's care plan had detailed guidance in place on how they liked to take a shower. Another person had difficulty in communicating verbally. Their care plan had guidance to staff on how they could support the person to make telephone calls by discussing with the person what they wanted to say before they made the call. Care plans were written from the perspective of the person they belonged to (for example, saying 'I would like...') which meant they belonged to that person and reflected their choices and preferences.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People and their relatives told us they were involved in these reviews and that the support they received reflected what they wanted. One person told us, "I had a review of my care plan only a few months ago. Someone came out from the agency and we looked at my care plan and also talked about the care that I was receiving. I was definitely asked if I had any problems and I felt that I was listened to." Another person said, "All my needs are being met, there is nothing else I would want them to do. Staff have a good attitude and listen to me. They know what I want doing." Another person told us, "I'm afraid I'm getting more and more fussy as I get older, but my carers are very good and they put up with some of my strange ways. They've never queried or questioned why I like things the way I do and I appreciate them for it." Another person said, "I had a care plan review, about two months ago I felt involved and my needs have been met."

A relative we spoke with said, "When we sat down with [the registered manager] last year to talk about [named person's] care, we were asked what time of day we would like the visit and also whether we preferred male or female carers. We also chatted in quite some depth about what care [named person] needed and I have to say I did actually feel that we were fully involved in all the decisions that were being made about the care."

Staff told us care plans had improved since our last inspection and that they contained all of the information needed to support people. One member of staff said, "The care plans have all of the information we need now. They're so much better now." Another member of staff told us, "Care plans are detailed when they need to be. They're pretty good."

Procedures were in place to investigate and respond to complaints. The registered provider had a complaints policy that was given to people when they started using the service. This set out how complaints could be made and how they would be investigated. The service had not received any complaints since our last inspection but the registered manager explained how any issues would be investigated in line with the registered provider's policy.

People and their relatives told us they knew how to raise a complaint with the service. One person told us, "I'm fairly certain I remember seeing a complaints policy in my folder. I think it's just a small leaflet that tells you who to talk to and how long it should take to sort the complaint out." Another person said, "I have no reason to raise a concern. If I did I would go to the manager. I would feel comfortable to do so if necessary." A relative we spoke with told us, "I'm sure there's a leaflet in [named person's] folder with all the numbers and names of people to speak to at the agency if you have a complaint together with how you should go about making it and what they will do to resolve it." Another relative said, "I do have their numbers in my phone if I need to contact them. I have never had to raise a complaint."

Is the service well-led?

Our findings

During our last inspection in January and February 2016 we identified a breach of our regulations. Effective processes were not in place to monitor and improve standards at the service. We took action by requiring the registered provider to send us action plans setting out how they would make improvements. When we returned for our latest inspection we found this action had been taken and improvements had been made.

Quality assurance processes were now in place to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Regular audits were carried out of medicine records, staff files and care plans. Where these identified issues records confirmed that remedial action was taken. For example, an audit of a care plan carried out by the registered manager in December 2016 had identified that some information was missing. A letter had been sent to the member of staff involved to resolve this. Medicine records we looked at contained evidence of regular reviews and of remedial action taken where issues had been identified. Audits carried out by the registered manager and other staff at the service were in turn regularly checked by the registered provider's regional manager. The registered manager said, "My audits are checked every three months by the regional manager. We get a site visit from head office." This meant procedures were in place to monitor and improve standards at the service.

Feedback was sought from people who used the service and from staff. 'Quality reviews' were carried out with people, either on the telephone or by visiting them at home, every month. The registered manager said these would be changed to every three months so that people did not feel like they were constantly being asked questions. We saw records of quality reviews in people's care plans, which contained mostly positive feedback. For example, one person's review in December 2016 stated, 'All carers are good, happy with support.' Where issues were identified remedial action was taken. For example, one person's March 2017 review identified the need for a new care plan and this was put into place shortly after. One person we spoke with told us, "At review meetings with [the registered manager] we are always asked our opinion of the service and we do feel that they are listening to the answers that we give them." Another person said, "I've definitely been asked my opinion of the service when I've had a review meeting."

The registered provider sent feedback questionnaires to staff, and the registered manager said they were sent any actions to complete arising from them. There were regular staff meetings, which staff said were useful opportunities to raise any issues they had.

Staff spoke positively about the culture and values of the service. One member of staff said, "It is very well organised. I like my job. I love the people we support. It's a nice atmosphere. I look forward to work. I love it." Another member of staff said, "It's a really good company. There is good progression available." Another told us, "It's nice and friendly."

We received positive feedback about the registered manager and the improvements they had made. One member of staff told us, "There has been a massive change since the registered manager came. She goes by

the book, which is a good thing as it makes you feel safe that action will be taken." Another member of staff said, "The registered manager is brilliant. If things happen she doesn't put it to one side, she deals with it. She sits you down and talks with you." Another staff member told us, "I have a good relationship with the registered manager and field care supervisors. They're always friendly. I feel supported even though I am out and about as I can always ring (the office) whenever I need to."

A relative we spoke with said, "From the first time we met [the registered manager] we were given a direct dial number so that if there were ever any problems we could contact them directly and at our subsequent dealings when [named person] has had a yearly review we have found that the manager has been keen to hear our opinions." Another relative told us, "I have not met the new manager. I have talked to her on the telephone. She sounds quite nice."

We also received feedback from local authority commissioners of the service. The commissioners told us the service had received a score of four out of five in its latest contract quality review and that the registered manager kept the local authority informed of any relevant issues.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.