

Magnaset Limited

# Magnaset Limited t/a Care Choice

## Inspection report

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Date of inspection visit:  
04 January 2017

Date of publication:  
16 March 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 30 December 2016 and 3 January 2017. The service was last inspected on 6 February 2014 and we found it was meeting all the legal requirements at that time.

We gave the provider 48 hours' notice of our visit. This was because the service was a domiciliary care agency and we needed to be sure that people and staff would be available to speak with us.

Care Choice is a domiciliary care agency based in Trowbridge that mainly specialises in providing care and support to adults and children with a learning disability, who live in Wiltshire. At the time of the inspection the service were providing support to around twenty five people.

There was a registered manager for the service. 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.

There were systems in place to minimise risks to people from harm. The provider had appropriate policies and procedures to guide staff to on how to safeguard people from abuse. Staff were knowledgeable about how they should respond to a safeguarding concern. Risks to people were minimised because staff knew how to identify and report any safeguarding concerns. Employment checks were carried out on all staff before they supported people, to ensure that they were suitable to work with people.

People were matched with staff to ensure they were happy with them. Visits were planned to ensure that there was always enough staff time, and that the staff were sufficiently qualified and competent. All of the team knew people well and this really helped to ensure care was consistent.

Staff were very kind, caring and supportive. They treated people with the upmost dignity and very respectfully. Many of the people the staff supported, due to the nature of their disability, found it difficult to communicate with others and build relationships. The staff had developed positive and trusting relationships with them and they supported people's family members. The service had gone the 'extra mile' to support people with their particular needs.

People and their families were very happy with the standard of care and support they received. Family members told us they felt that the level of support provided was exceptional. They said that staff went above and beyond their role to support people.

People were supported in a way that was extremely flexible and continuously adaptive to their needs. The service was always looking to find new creative ways to meet people's individual needs. This included responding to emergency situations in people's lives in a caring way. This meant people could continue to receive the support they needed.

The service went the extra mile to provide additional support for people who may be isolated. A community creative arts and crafts group had been formed that people did not have to be funded to use. People benefited from this initiative.

The views of people, their relatives and the staff team views were regularly sought. When a shortfall in the service was found actions for improvement were put in place. Information was available about how to follow the complaints process and relatives said their concerns had been addressed in a very open way and this meant there was no need for them to make a formal complaint.

The director and registered manager were very open, approachable and supportive. The atmosphere in the organisation was relaxed and informal. The staff team who they led understood the aims of the service and were extremely motivated to supporting people according to their choices and wishes.

There were effective quality-checking systems in place to review the quality of the service. The service actively sought specialist advice and guidance to further improve the service for people when needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were safe with the staff that supported them. Staff had a good awareness of what abuse was and how to report concerns if they were raised.

People who needed support with their medicines were assisted with this in a safe way.

Staff visit plans and arrangements were flexible in order to meet people's individual needs safely.

To help ensure the safety of people and staff there were comprehensive risk assessments in place for each person.

People were protected by the provider's staff recruitment procedures which were robust.

### Is the service effective?

Good 

The service was effective

People were supported by a staff team who had received support and specialist training to effectively meet their needs.

People's health care and nutritional needs were assessed and they had access to healthcare professionals when needed.

The staff team understood the principles of the Mental Capacity Act and knew and understood how to ensure decisions were made in people's best interests.

### Is the service caring?

Good 

The service was caring.

People and their families were at the centre of the service and how care and support was provided

Staff were patient and caring and they communicated with people using methods that they understood.

Staff knew the people who they supported very well. They provided support sensitively with good knowledge about each individual's complex care needs.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred, based on research and set out information about what was important to people as well as to support them.

People were provided with highly personalised care as the service was based around their individual needs and preferences.

The provider had introduced additional stimulating activities that people were encouraged to take part in and these were beneficial for people's wellbeing.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and director demonstrated strong, person centred and supportive leadership of the service.

Staff felt very motivated in their roles and really enjoyed working at the service.

The visions and values of the organisation were understood by staff, people and families .These were put into practice by the management and all of the team.□

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## **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.'

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR). The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

We spoke to three people using the service and seven relatives to ask them their views about the service. We spoke to a health care professional by telephone. Another two health care professionals with close involvement with the agency contacted us after the site visit. They gave us written feedback. We spoke and sought feedback from seven staff, including caregivers and office management staff. We also spoke with the director of the company who run the service and the registered manager.

We reviewed information about people's care and how the service was managed. These included three people's care records and three people's medicine records, along with other records relating to the management of the service. These included staff training, support and employment records. We checked quality assurance audits, minutes of team meetings and findings from questionnaires that the provider had sent to people.

# Is the service safe?

## Our findings

People and relatives expressed very positive views about how visits were planned and carried out to ensure safe care. They also said that staffing arrangements met their needs. They told us the staff always stayed the allocated time and sometimes for longer than this. Staff told us that they always had plenty of time to meet people's full range of needs. The staff we spoke with felt there were sufficient staff employed by the service. This meant there were enough staff so that visits to people were well planned. They said they were not being normally asked to do extra visits at the last minute. They also said they never had to work overly long hours. The director told us visits could be a minimum of half an hour. However in reality the visit to people were usually in blocks of time between half a day and up to a full day. This was to ensure that people could be provided with the right level of care and support with their complex needs.

People and relatives felt they were safe with the staff that supported them in their home. The staff showed that they had an up to date understanding of what might constitute abuse and knew how to report any concerns if they had them. The staff were clear about how to report concerns within the organisation and externally such as to the local authority, police and to the Care Quality Commission (CQC). Staff went on safeguarding training to help to keep them up to date about the protection of vulnerable people. There were detailed policies for staff to follow. Staff had a copy of the safeguarding adults' policy and procedure and where to locate it if needed. The director and registered manager demonstrated an understanding of their safeguarding role and responsibilities. Staff understood the importance of working closely with commissioners, the local authority and relevant health and social care professionals.

The risks from unsuitable staff were minimised because there were effective recruitment and selection procedures to employ new staff. All potential new staff completed application forms and an initial interview had been undertaken. In addition, pre-employment checks were done. These included two references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. If there was ever any information of concern, this was explored in detail and there was guidance about putting in place a risk assessment if needed.

To support people to be safe in their own home each person had their own emergency care plan. This showed what the service would do to ensure that it was still carried out in the event of a crisis or emergency. For example, what the service would do in the event of very bad weather. Staff and people were kept safe when they were at the provider's main office and training building. There was a fire risk assessment of the building and checks of the fire equipment and fire alarm system were undertaken. The office used an electronic keypad system to gain access to it. This meant it was secure for staff and people who came to the office.

People were very well supported by the service to stay safe in their own home while not restricting their freedom. Each person had individual risk assessments in their care records and this information clearly set out the support required by the person. It also explained if equipment was needed to help to keep the person safe. The risks associated with the equipment or the support to be provided were clearly identified

and there was guidance to minimise those risks. For example, people identified as at risk of epilepsy had a detailed assessment in place that set out how to keep them safe whilst enabling them to have choices about how they were supported. This included going out and taking part in activities that they enjoyed such as the cinema and the theatre.

People who required support with the management of their medicines were well supported by the staff. Training records and the staff confirmed that they had received training in safe management and administration of medicines. Some people need support with complex medicines, oxygen, and medicines used during epileptic seizures. There was a detailed policy relating to the management of medicines and all staff had their own copy of the policy.



## Is the service effective?

### Our findings

The feedback from people and relatives about the service and from other professionals was also very positive. Comments made included "They have complete sensitivity and awareness of my family member's needs, they are brilliant," and "X has been looked after by Care Choice for just over two years now. Thanks to the team's excellent support, he is now able to lead a semi-independent life, living in a house with two friends. Care Choice take him to work and collect him and also provide him with an excellent social life where he is encouraged to make his own decisions and enjoy his life to the full. Anyone looking for the best possible care support need look no further. Our family has been delighted with Care Choice and I am sure anyone else's would be too."

People with complex needs had comprehensive support plans in place that included information from relevant professionals, such as the local learning disability team. The staff had received the right level of training relating to people's complex needs. These included oxygen therapy and percutaneous endoscopic gastrostomy (PEG) feeds. We spoke to the health care professionals who also supported people who used the service. They felt very happy with the support given and that staff had received the correct training to meet the needs of people to a high standard.

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 the best interests and as least restrictive as possible. Staff have been trained around mental capacity and they were supported with policies and procedures to offer further guidance. Staff understood that a person's capacity needed to be assessed for a specific decision they were making. They also understood how this legislation applied to people who lived in their own homes.

The director, registered manager, assistant manager and other staff we spoke with showed that they had a good understanding of issues around consent. Training records indicated that staff had received training in safeguarding adults and child protection. Training relating to mental capacity and Deprivation of Liberty Safeguards (DoLS) had also been undertaken.

People who used the service lived in their home or family home. This meant that most of their health needs were met by their family members. However, we saw the service kept up to date guidance about people's specific health care needs. For example, if a person required support with medical appointments staff would assist them with this.

People who used the service were supported to access a range of community services to maintain good health. The staff told us they supported some people to see their GP, optician and dentist and with other regular check-ups. This was also evidenced in the care records we viewed. People also had health care plans that set out what their range of healthcare needs were as well as other important information.

People's needs in relation to food and drinks were assessed and detailed in their care records. People's needs were very varied, for example, one person needed prompting to buy and cook food. Other people needed to be assisted to eat their own meals and drinks. Care records explained in step-by-step detail how to assist people with their specific nutritional needs. Staff were able to tell us in very clear detail how they supported people who needed extra help to meet their nutritional needs. For example due to their specific physical disabilities some people had problems swallowing food and needed assistance with all meals and fluids to eat and drink safely.

Staff we spoke with confirmed that they received supervision and appraisal, and confirmed they were able to discuss issues openly with the management team. Supervision is a system that is aimed at enabling staff to be supported and managed. It also aims to give them the opportunity to discuss issues about their roles, training needs and the people they supported. The staff all said that the fact that the management team also supported people made them feel even more supported. Staff gave examples of ringing the on call manager about a person, and the manager could then offer specific guidance and support. This was because they also supported many of the people who used the service. Staff said "It really helps that they do that" and "I've never seen it anywhere else it's really good."

The induction process for new staff was aligned to the care certificate. This certificate requires staff to complete a programme of learning. They also have to be observed in practice by a senior colleague before they can be assessed as skilled enough to support people safely and independently.

## Is the service caring?

### Our findings

People and relatives spoke very highly of the very caring approach of all the staff. Examples of comments people told us included, "We have two carers they are amazing and they are very considerate to my relative's needs, and to us as a family. My relative has a great rapport with them both". "My relative is very fond of both staff they are very kind" and "They are all so incredibly positive I've got nothing but good to say, to be honest they are amazing."

The staff told us the values of the organisation were to care for people as if they were your own family and show consideration and respect at all times. These values were demonstrated by the management team and staff. This showed that they were part of the culture of the service. For example, all of the staff talked about people with genuine care and affection and described how they had developed relationships with people who due to their disabilities, often found it difficult to build connections with people. Staff were going the 'extra mile' in a number of ways. For example, they were supporting a person whose personal life was being disrupted due to their complex needs. Staff were also working with the police and other organisations to help them to stay safe. A social care professional told us that staff had continued to support a person while they were in a short break service. The location of the service meant the staff had a much longer drive to see them. However, the staff support had meant the person was still able to get to the day care activities and services that mattered to them.

The director, registered manager and team fully understood the importance of ensuring the well-being of the person and their family members. The registered manager and staff had regular contact with relatives to review the care and support provided. Relatives all said that the service met their needs and that of their family member. One relative said that the service gave their relatives a chance to live a normal life and this was very important. Staff told us how they supported one person to attend very busy activities such as watching rugby and football as this was what they wanted to do.

The director told us the principle of how to treat people who used the service with dignity and respect were included and discussed in staff induction, training and supervision as well as in staff meetings. The staff we spoke with also confirmed this and by the training records we viewed. The provider's PIR also explained how the service was very caring towards the people they supported. "Our staff are given a comprehensive induction training which introduces them to the ethos of the company. We believe in providing a service that is person centred and has the individual's best interest as the focal point. Each person is treated as an individual and his or her needs are treated as paramount. Individuals are treated with care, respect and dignity. By making individuals centre of their support they are able to state what care or treatment they want, how they want it delivered and by who and what outcomes they would like to achieve. Our staff and the company as a whole are trained and encouraged to treat each person as an individual and recognise and respect their individuality and not see them as yet another person who needs support and care. Individuals are at the centre of their care planning and families and advocates are encouraged to be part of this process. Their views and feelings are paramount to the care they receive." We found that this was also evident from our conversation with people, their families and staff and from reviewing records.

People were provided with information in a way that made it easier for them to understand. Care records were written in plain English and picture images were also being used when needed to support people's understanding. The director and registered manager told us that for some people information technology and accessible information was very helpful. They also said that direct open contact and conversations with people and families was still the most valuable way to communicate with people with learning disabilities. They also highlighted that their philosophy of all senior staff also providing care meant that they saw people often. They also said that their meant here was open communication between them people living at the home was important. Relatives confirmed that they saw the director and the registered manager. They said they had got to know them well. They further said that this was very beneficial for them and their family member.

The principles of privacy and dignity when supporting people were clearly understood and promoted by staff. Staff spoke in a very respectful way about the people they supported. For example, some people lived with their families and staff said they aimed to be discreet when caring for the person. They also aimed to be very respectful of the privacy of their family. Care records also set out in detail how to provide care and support for people in a way that respected privacy and dignity. The staff were sensitive and had a very good awareness of people's emotional needs and were skilled in meeting them.

We read detailed information about people's communication needs in people's care records. Communication passports helped guide staff to recognise how people may express themselves. For example if they were happy or worried. The staff demonstrated that they knew people very well. They told us how they used people's body language as visual signs to find out what people were feeling or were trying to tell them.

Staff showed in conversation with us that they knew people, their preferences and care needs very well. The staff were able to describe these in detail. They clearly understood and respected people's individuality. This meant that conversations were more meaningful and we saw that this helped to reduce some people's anxieties. For example, staff told us that one person often expressed concern if they had not seen a particular member of the management team who also supported them with their care. The person came to the office during our visit hoping to see the staff member. We heard the staff member reassure them in a sensitive and caring way.

## Is the service responsive?

### Our findings

The ethos of the service was to empower people and fully involve them and/or their families in planning their care and support. The director and registered manager told us that people were involved in planning their care and encouraged to make decisions about their care. One person we met told us "I can tell them what I want them to do". The relatives we spoke with said they were fully involved in decisions around their family members care. One relative told us "I am always kept well informed and they tell me about any changes as soon as they have happened". Another relative said "I am involved in care meetings and they do ring me up." and "The manager says she won't bring anyone in who won't work well with my relative, they need people who know them well and the manager makes sure this happens."

One of the main aims of the service was to provide regular, planned community based support for people who had been assessed as needing this. However, the service had recently responded to provide care for two people whose needs had changed. The change in these people's needs had meant a temporary change in living circumstances. For both people staff continued to provide support, as they knew them well. This showed how the service was flexible in providing a service that met people's needs in all situations they may experience.

The people we spoke with and the staff said they thought that the service was very flexible and responsive to people's needs. People and or their family were involved with planning and then deciding what type of care and support they wanted to receive. Family members told us they had met with the registered manager from the service when they first planned to use the service. This was to get to know them, to tell them about the service and to find out more about their needs. Staff were matched with people according to their personalities and needs. The registered manager told us they had recruited a new member of staff who did not have previous experience. They said they had done this in part, as they felt they would get on very well with a particular person and their family. This judgment by the registered manager had been proven correct as a family member told us the staff member was "Brilliant."

Before each person began using the service, senior staff met with the person and their family to find out what type of care and support they felt they needed. A detailed care plan was put in place which detailed the person's routine, their needs, likes and dislikes. For example, what time the person liked to get up, the gender of person they preferred to support them, if they needed support with eating and drinking, and their communication needs. Staff told us they used this information as a guide to support people with their needs.

The staff team communicated effectively to ensure that people received a high standard of care. Staff kept a daily record and signed to show they had supported people with their care in the ways set out in their care records. The staff also recorded information about the person's mood and well-being. This was to ensure useful information was shared between the team of staff who supported people. This was so that people received consistent care and support from them. There were also regular meetings that were used to communicate with each other about people's individual needs.

People with complex needs had comprehensive care plans in place that included information from relevant professionals, such as the local learning disability team. The staff had received the right level of training relating to people's complex needs. These included oxygen therapy and percutaneous endoscopic gastrostomy (PEG) feeds. We spoke to health and social care professionals who also supported people who used the service. They felt that the service was extremely responsive and they were very happy with the support given. They also said that staff had received the correct training to meet the needs of people in a very skilled and flexible way.

A social worker told us in an email when describing how responsive the service had been to a client of theirs 'I have worked with a client who uses the service for about two years in the capacity of a Social Worker. Specifically they were the care agency on five long-term cases that I worked on. In each case, they were conscientious; person focussed and went far beyond what was expected of them. One example is of a gentleman who had severe learning difficulties who required maintenance work to be carried out to his home. Care Choice not only arranged and staffed a very thoughtfully planned trip away for him, but also booked and paid for the activity prior to the funding being authorised. This was to enable us to work around a very short timescale that the building company provided. Without this help the essential work would not have been able to have been carried out. In short, they are excellent'. This was further evidence of how exceptionally responsive the services were to people's needs.

From our discussions with people, families and staff it was evident that people who used the service were actively involved in discussions about care on a day to day basis. There was also evidence that people were actively involved in regular reviews of their care. People also had annual reviews with health and social care professionals. Reviews were used to set goals and plan activities. For example, one person had not engaged in any social or therapeutic activities at all in their home or the community, before staff started supporting them. They told us and the records confirmed this as well that they now liked to go out on a daily basis. They now enjoyed a number of classes, social events and exercise activities.

One health care professional told us how well the staff from the service had supported a client they knew very well. "They have been very, very good they worked very, very well with our occupational therapists as well. They were very flexible in the ways they would do things. I was particularly impressed with staff who supported my client to keep going to day care services. They work very well with the family as well they always inform us of what is going on as well. "We read a copy of a letter from a social care professional who wrote to the service about the quality of a person's care record and best interest report that they had read as part of an assessment. They asked if the way the care plan and best interest report was written could be shared with other providers as it was ' the best one that they had ever seen'.

People benefited because the service ensured there were a wide variety of additional social and therapeutic activities for them to take part in. The director and registered manager told us about a community-based group that was now being run by staff from the service. For example, a member of staff told us about a social, arts and crafts group that they had suggested that had been introduced for people. People paid a nominal fee to cover the cost of hiring the venue for the group to be held at. The group was a chance for people to meet up with friends and other people in the community. We met one person who came to the office during our visit. They told us they went to this group and they liked going to it. They also told us they often popped in to the office, as they liked seeing the staff there for a social chat with them. This showed that the service was run in a flexible way and put people first when they wanted to see them.

People told us they knew how to make a complaint. A relative also told us, "I know if I did raise anything it would be dealt with straight away and non-defensively." The complaints procedure was up to date and included the contact details of who to make a complaint to and the local ombudsman. This was if people

were not satisfied with the outcome of the complaint and the timescales for investigating complaints. The procedure set out that records of complaints would be maintained and responded to within the timescales that were set out. Copies of letters would also be sent to complainants informing the outcome of investigations into their complaint. This showed that there were suitable systems in place to support people if they did make a complaint. An easy read picture format was also available for people who may find this easier to use. There was a complaints policy and procedure, which was made available to people using the service. We saw that complaints were recorded and responses were prompt. We spoke to relatives of people who used the service who told us that they felt able to raise concerns when necessary. They said they always felt that appropriate action was taken. Relatives told us that the registered manager was "Very non defensive, and very approachable" and "Really listened and wanted to get to the bottom of things to get things sorted."

People were asked for their views about their care and support. Annual Questionnaires had been sent to people who used the service and those who represented them. The results of the last survey held showed that people were very positive about the agency and the team. The findings of the survey were reviewed and this was then sent to people or their families.

Relatives told us they were given relevant information about the agency before their family member started receiving care. We saw a comprehensive service user guide called the 'service user guide' which was given to people telling them about a range of information including how the service was run, the type of care being offered and the contact telephone numbers for people to use. The booklet contained the complaints procedure and the name and telephone number of the person to contact if there were any concerns. The service also provided extra useful information to help the person or their relative to be more informed about the support available to them. For example, the service user guide explained that a few support workers would be allocated to help ensure continuity of care. The guide was also in various fonts, different texts and contained some pictorial information to make it easier to read.

The provider's PIR also provided us with further examples of how the service was very responsive towards the people they supported. 'We recognise and acknowledge each individuals abilities and disabilities at all times. Our care is person centred and the service users are a central part of care planning, reviewing the care. Their families and advocates are also an integral part of our care planning and their views and opinions are highly valued and regarded. Each individual's life experiences and history, their needs, their goals and interests in life their aspirations and dreams are always used for care planning. This way the care that is supplied ensures that there is a positive outcome for individuals. People's needs are assessed and reviewed and any change in needs are responded to. People are supported to seek and identify and access activities that enhance their life experiences and also to ensure that they have a community presence. We for example support our service users to access activities like swimming in a local swimming club and this way they form a new social network of friends that they would not have be able to access without support. If there is family social activity happening we are able to support individuals to be part of the family with support something that wouldn't happen without the support there ( we have recently supported a service user to a family wedding but without support they would not have been able to attend.)' This evidence was also confirmed for us by our discussions with people, families, and staff, and by the records, we reviewed.



## Is the service well-led?

### Our findings

Staff told us that they felt well supported by management team. One staff member told us, "The director and manager are both really good. They're very hands on and they know what's going on ". Another staff member said, "This is the best organisation I've ever worked for it's like a big family." Staff also said that the other members of the management team were also supportive and approachable. The staff told us this was why there was a very low turnover of staff. Family members told us how important it was for their relatives to be cared for by people they could get to know very well, who were not likely to leave the organisation soon.

Based on the feedback from people, staff and our own observations it was evident that the director, and registered manager were strong supportive role models. They were very knowledgeable about providing care for people with complex learning disabilities and physical disabilities. They both led the team by example and worked alongside staff supporting people. The staff consistently told us they were very well supported by all of the management team. We observed that staff were really relaxed and comfortable in the registered manager and directors company. They were both friendly and attentive to staff whenever they came to see them. They spent time with them to support them and made sure they were feeling happy in their work and daily life. For example, we met staff who came unplanned to discuss a person who they had specific concerns about. The director spent plenty of time talking with the staff to find a way for them to achieve a positive outcome for the person concerned.

The management approach was very person centred. Specifically all senior staff including the director and registered manager also provided support to people. This was part of their role and a key part of the philosophy of the organisation. The director and registered manager told us this was essential for them to be able to have a full understanding of the needs of the people who used the service. The staff also told us they felt really well supported by the director and registered manager in part because of this. One staff member said that if they rang them about the needs of a person they supported, "They will know exactly what is going on because they have probably just been there". Staff also told us that it meant the director and registered manager had the most up to date insight and knowledge of people. This then meant that they were able to communicate extremely clearly and liaise with other professionals involved with peoples care. For example with commissioners when reviewing the level of funding and support that people may need. Another example was that a relative told us they saw the director, registered manager and other senior staff regularly. One relative said "I see them all the time and they really want to listen to you to get things right."

All of the staff explained to us that their views were encouraged and welcomed at any time. We saw staff approach the director and registered manager during our visit. The staff told us they had specific concerns about a care package a person received. They said they always listened and responded very promptly and supportively to what they had to say to them. The staff also said this made them feel very well supported. The staff confirmed that team meetings took place on a regular basis. Staff said they were encouraged and supported to have their say. They could also raise any concerns they had or suggest how the service could be improved. Minutes of a recent meeting included discussions the care and support people received and any ways this could be improved for people. Staff had provided feedback when they were worried about a



person and made suggestions about how to help them to stay safe in the community. Meetings also included the subjects of staff support, supervisions and training needs. This showed there was an open and transparent culture between management and staff.

The views of people who used the service were gained through daily conversations and annual reviews. Survey forms were sent to people's family members annually. The views of the family members of people who used the service for 2016 had been analysed and were positive. The relatives stated that the service provided a very high standard of care. They also stated that staff were very responsive to people's care needs, and the management was supportive and transparent. Feedback also confirmed that people were treated with care and respect. The director and registered manager told us that even though feedback was very positive they continued to review the service with people, family members and staff.

There were a number of quality monitoring systems in place to continually review, develop and improve the service even further. People and families told us they were involved in these checks. There was an audit record that was used to monitor the quality of care and support, care records, health and safety, the management of medicines, and the attitude and approach of the staff. The director, registered manager and other senior staff carried out regular checks and audits to monitor and identify areas that may need improvement. For example, a relative told us that when they had not been happy with a particular member of staff this was addressed immediately by the registered manager. Staff told us this would always be done in a tactful way. The staff also explained that they fully understood that people had the right to choose who they wanted to assist them. They also said that they were very well supported by the director and the registered manager so that they did not take this personally. Relatives also told us that they saw the registered manager and the director regularly when they came to provide support to the family member. They said this was useful as it meant that concerns "never built up" and were dealt with promptly.

The staff, the director and the registered manager all had a very clear and consistent understanding of the service's visions and values. They all told us that the aim of the service was to provide care that was person centred and enabled people to become more confident and gain independence in their daily life. The provider's PIR also provided us with some good evidence of how the service was exceptionally well run. "We run a service that encourages input from staff and service users and their families and advocates. New views and comments are always welcome and taken on board. In care planning and delivery, staff are empowered to give their contribution as in most cases apart from the service user and their families staff are the experts in the care delivery. As a service, we acknowledge the fact that it is easy to just sit in the office and become experts in care delivery sitting from the office while in the real sense and in practicality we are out of touch. As management, we lead from the front in care delivery and in leading our service. We all do hands on support and this way individuals stop being just a number and we become familiar with their needs, wishes how they want care delivered etc. By delivering hands on care we are in touch with what service users need, our staff experiences and we are able to support our service users through leadership that ensures they get the best outcomes through the care we deliver". This very person centred approach to leadership of the service evidence was also confirmed for us by our discussions with people, families, and staff, and by the records we reviewed.