

Accord Housing Association Limited

Ribbon Court

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 21 and 22 February 2018. The inspection was announced.

This was the first time Ribbon Court had been inspected under its current registration. The service had previously been registered under a different provider.

Ribbon Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is brought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service provides 44 permanent occupancy one or two bedroom flats and five short term reablement flats. At the time of our visit there were 43 people living at Ribbon Court, 23 people received assistance with personal care. The personal care and support people require is provided at prearranged times by a team of care workers based at the scheme. People have access to call bells for care workers to respond whenever additional help is required. Other people who lived at Ribbon Court could receive care and support should they need it in an emergency.

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 they felt safe using the service and care workers understood how to protect people from the risk of abuse. Risks to people's safety were identified and care workers understood how these should be managed. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people in their homes.

People mostly received their care calls from care workers they knew and with whom they had built relationships. The registered manager was taking action to improve the consistency of care workers who visited people. People received their care visits at the times agreed to support their needs.

Care workers completed an induction when they joined the service and had their practice regularly checked by a member of the management team to make sure they worked in line with the provider's policies and procedures. There were enough care workers to meet people's needs effectively.

The registered manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made decisions about their care and support. Care workers gained people's consent before they provided personal care and

respected people's decisions and choices.

Care records reflected people's current needs and gave care workers the detailed information needed to ensure care and support was provided in a way which respected people's preferences. Care workers completed training the provider considered essential to meet people's needs safely and effectively.

People who required support to eat and drink were provided with the support they required. People were also supported to access healthcare support and saw health professionals when needed. Systems were in place to manage people's medicines safely and staff had received the necessary training to do this.

People were supported with dignity and respect and, where possible, their independence was encouraged. People received their care and support from care workers who were caring and compassionate and had the right skills and experience to provide the care and support required.

The registered manager and provider completed regular checks to monitor the quality and safety of service provided. People and staff were encouraged to share their views about the service to drive forward improvements.

People were involved in planning and reviewing their care and support. Regular care workers understood people's needs and abilities because they read care plans and shadowed experienced staff when they started working for the service.

People and care workers felt the registered manager was approachable and supportive. Care workers felt valued by the management team who provided guidance and advice. People knew how to raise any concerns and felt these would be listened to and responded to effectively. Complaints received had been responded to and managed in line with the provider's procedure.

People were satisfied with the service provided and the way the service was managed.

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 told us they felt safe with care workers and there were enough care workers to provide the support people required. Care workers knew how to safeguard people from the risk of abuse and understood their responsibility to report any concerns. People received support from care workers who understood the risks relating to their care. Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good ●

The service was effective.

The registered manager understood their responsibilities under the Mental Capacity Act 2005. Care workers gained people's consent before care was provided. Care workers had been inducted into the service. They had completed ongoing training the provider considered essential to ensure they had the knowledge and skills to deliver safe and effective care to people. Care workers supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered caring and compassionate. Care workers supported people to maintain their independence where possible, and ensured they respected people's life style choices and rights to dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and clearly informed care workers how people wanted their care and support to be provided. People were mostly supported by care workers they knew and who understood their individual needs. Care visits

were provided at the times people needed to support them effectively. People were involved in planning and reviewing care needs. Complaints were managed in line with the provider's procedur

Is the service well-led?

The service was well led.

People were very satisfied with the service provided and spoke positively about the way the service was managed. People and staff considered the registered manager to be approachable. Care workers felt valued and supported by the registered manager to carry out their roles. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

Good ●

Ribbon Court

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 site visits took place on 21 and 22 February 2018. The inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure people, staff and the registered manager would be available to speak with us about the service.

The inspection team consisted of one inspector on the first day of our inspection site visit and an inspector and inspection manager on the second.

This was the first time Ribbon Court had been inspected under its current registration with the care Quality Commission in March 2017. The home had previously been registered under a different provider.

Before our inspection visit we reviewed the information we held about the service. We looked at statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. Our records showed the service had a higher than expected rate of safeguarding incident reporting. We were able to review this during our visit.

We spoke with local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had no feedback they needed to share with us about the home.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our visit we found the PIR was an accurate assessment of how the service operated.

During the inspection we visited and spoke with five people who were receiving a personal care service. We also spoke with the registered manager, two senior care workers and three care workers.

We looked at four people's care records and other records related to people's care, including medicine and daily logs. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and registered manager made to assure themselves people received a good quality service, including safeguarding and accident and incident records.

Is the service safe?

Our findings

People told us they felt safe when being supported by care workers who visited them regularly. One person explained they felt safe because staff took their time and did not rush when providing personal care. They added, "It means I know I will be okay and don't have to worry." Another person told us, "I absolutely feel safe. The carers are here when I need them."

There were procedures to identify potential risks related to people's care, such as risks in their home or risks to the person. We saw risk assessments had been completed and care was planned to manage and reduce risks. For example, one person was at risk of falling, and could injure themselves. Their risk assessment informed staff how the person should be assisted to move around, the number of staff required to support them, and what equipment should be in place to minimise the risk of them falling. Risk assessments were regularly reviewed and updated if people's needs changed.

Discussions with care workers demonstrated they knew about the risks associated with people's care and how these were to be managed. One told us, "Keeping residents [people] safe is a priority. The risk assessments tell us what to do and how to do it." They added, "If you follow the assessment you know you are doing it right." Another care worker explained when people's needs changed, staff were informed at the handover at the start of their shift. This was so any potential risks related to their care could be managed to keep people safe. They told us, "Keeping updated is really important for residents [people] safety."

The provider protected people from the risk of abuse and safeguarded people from harm. Staff had received training in how to protect people from abuse which included information about how people may experience abuse. A care worker told us, "You have to be alert. You may see marks on their [people's] body, changes in behaviours like someone being withdrawn or refusing to eat. Things which are out of character."

Care workers told us they would report any concerns to the registered manager, and that there were policies and procedures in place to help them do so. A senior care worker told us, "The manager is very good. They would action anything of concern, straightaway." Another care worker explained that if they felt their concerns had not been addressed, they could use the providers 'whistleblowing policy'. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

Safeguarding records we reviewed prior to our inspection visit highlighted a higher than expected level of reporting by the service. We discussed this with the registered manager. They told us to address this they had completed an analysis of all safeguarding referrals. This had highlighted some patterns and areas where improvements could be made. The registered manager had actioned these by arranging for the local authority to review some people's financial management arrangements, working closely with a financial advocacy service, a local bank and arranging further training for staff. We saw these actions had been effective and the number of safeguarding concerns had significantly reduced.

Discussion with the registered manager confirmed they were clear about their responsibilities to inform the

local authority safeguarding team and the Care Quality Commission if there were any concerns about people's safety. Records showed the provider managed safeguarding concerns in accordance with their policies and procedures which helped to keep people safe.

The provider's recruitment policy and procedure minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Records confirmed staff were not able to start working at the service until all pre-employment checks had been received by the provider.

When we asked people if there were enough care workers to provide their care calls they told us there was. One person said, "My carers have never let me down. They turn up when I expect and stay till everything is done." However, people told us they did not always receive their care calls from staff they knew because the service used agency staff. One person said, "I don't like having agency staff because they don't know what to do." Another commented, "The problem is they [agency staff] just come in and go. There is no commitment or understanding."

We discussed people's comments with the registered manager. The registered manager acknowledged these. They told us staff recruitment had been one of the services biggest challenges and addressing this had been a priority since they started working at the service. The registered manager said they had recently filled all staff vacancies and new staff were completing their inductions. They explained to address people's concerns whilst inductions took place; they were using a named agency worker. This meant people would receive support from staff they knew. Records confirmed agency use at the home had significantly reduced in the week prior to our visit.

A senior care worker confirmed there were enough staff to complete all planned care calls. We saw staff rotas were prepared in advance to ensure planned and unexpected absences were covered. Care workers told us they were allocated sufficient time to carry out planned calls and had flexibility to stay longer if required. The registered manager told us of plans to develop the 'keyworker system' to improve consistency and continuity' for people. A keyworker is a named member of staff who is responsible for ensuring a person's needs are met.

Medicines were managed and administered safely. We looked at the way the service managed and administered medicines for those people who required support. People told us staff always made sure they received the support they needed to take their medicine as prescribed. One said, "They come more or less on the dot to make sure I take my tablets."

Medicine administration charts (MARs) showed medicines had been administered and signed for by care workers at the required specified time. This included medicines prescribed 'as required' such as pain relief, and the application of prescribed creams. Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them.

Training records showed staff received medicine training, which was refreshed regularly and their practice observed to make sure they continued to be competent to administer people's medicine safely. A newly recruited care worker told us, "They [senior care worker] explained if I don't feel confident after my assessment (of medicines) I just have to say and I can get extra support before I have to do medication (administer medicines)." They told us they found that very re-assuring.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Records confirmed medicine audits had been completed at regular intervals and any issues identified had been addressed. For example, following an audit on 2 January 2018 a one to one discussion had been held with a care worker about a missed signature.

All staff had received training in infection control and had access to personal protective equipment, such as disposable gloves and aprons to maintain good infection control practice. Staff demonstrated a good understanding of infection control procedures.

Is the service effective?

Our findings

People were confident their regular care workers had the skills and knowledge needed to support them effectively. One person said, "The carers know exactly what they are doing." Another person explained how the training staff completed ensured they understood how to use the specialist equipment the person needed to move around safely.

Care workers told us they completed an induction when they started work at the service. This included working alongside an experienced care worker, and completing training the provider considered essential to meet the needs of people using the service. One recently recruited care worker, who had not previously worked in a social care setting, told us, "The induction has equipped me for my job. I am learning all the time."

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. Care workers have to demonstrate they have the skills, knowledge, values and behaviours to ensure they provide high quality care and support. Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

Care workers told us their practice was regularly checked by a senior staff member. They said this was to ensure they continued to have the skills and knowledge needed to support people. This was also to ensure they were worked in accordance with the provider's policy and procedures. One care worker said, "I look forward to being observed. I do get nervous but you get to know if you are doing things right." The staff member told us they felt "proud" when they got positive feedback.

Care workers received on-going training to enable them to keep their knowledge and skills up to date. One described the quality and variety of training they received as "amazing". We saw the registered manager maintained a record of training care workers had completed. This included moving and handling people, management of infection control and caring for people living with dementia, fairness awareness (equality and diversity) and safeguarding. Records showed training was up to date.

Staff also completed training in other areas related to people's individual needs, like catheter care. The registered manager told us they were planning training in other areas, for example end of life training, to further develop and broaden the staff team's knowledge and skills.

Prior to people living at Ribbon Court, a member of the management team completed an 'initial assessment' of people's needs and expectations to ensure these could be met. One person described how being "fully involved" in their assessment enabled them to be clear about the support they needed and the service Ribbon Court could provide. They added, "This inclusive approach made me feel confident this was the right service for me."

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. We found the registered manager understood the relevant requirements and their responsibilities under the Act. They confirmed no one using the service at the time of our inspection had restrictions on their liberty; however they were aware of when this may be applicable for people.

Care workers had received training to help them understand the MCA and were clear they should assume people had the capacity to make their own decisions. One told us people had the right to make decisions even if the decision was thought, by others, to be unsafe. They added, "It's different if a person does not have capacity because they wouldn't understand the possible risk."

People's care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests. For example, one person's next of kin had been 'legally' appointed to make decisions about the person's finances.

People told us care workers sought permission before providing care and support. One person described the care workers who visited them as courteous because they always sought the person's permission before providing care and support. Discussion with care workers demonstrated a good understating of the principles of the MCA, including the importance of obtaining people's consent. At the time of our inspection all people receiving a service were able to consent to their care.

People told us they made their own health appointments, but staff would support them with this if they needed it, including attendance at appointments. One person told us, "I am very independent and can make my own arrangements but staff are always willing to help." A care worker told us how they assisted people to make health care appointments by 'dialling the number and passing the phone over or making the appointment on the person's behalf'. They added, "It all depends on what the resident [person] needs us to do."

During our visit we heard the registered manager organising staff cover to enable a care worker to wait with a person who was at the hospital recovering from having undergone a minor surgical procedure. Records confirmed the involvement of health and social care professionals in people's individual care on an on-going and timely basis. For example there was information that confirmed contact with social workers, district nurses and occupational therapists.

The home worked in partnership with other health and social care professionals to support people. The registered manager told us developing positive working relationships with other professionals involved in people's care had been an area of focus. They said, "It was important to strengthen these relationships and build trust, to assist in achieving positive outcomes for people. Now we all pull together and work as a team." We saw health care professionals had provided positive feedback about the staff team at Ribbon Court.

People's nutritional needs were met by care workers if this was part of their planned care. One person told us they chose what they would like to eat each visit. They said, "Staff will make whatever I ask them too. It all depends on what I fancy." Daily records completed by care workers confirmed this. Care plans included

information for care workers on what people liked to eat and drink and their preferences. For example, one person's care plan informed care workers the person liked a milky cup of coffee which needed to be placed in the microwave for two minutes.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person told us, "The staff here care about caring if that makes sense." Another person said they would describe staff as "friendly and patient". They added, "They make time to sit and have a chat." The person told us this was important to them because at times they could feel lonely. A third person felt they had been able to "build a good rapport" with staff because staff had a very positive attitude and caring approach.

Care workers told us about how they built relationships with the people they supported, this included learning about what was important to people, talking and listening to people, and ensuring people's choices were respected. One care worker told us, "You can't provide truly person centred care if you don't know someone" They added, "You can't get to know the residents [people] if you don't spend time with them and show a genuine interest."

The provider's statement of purpose informed people at Ribbon Court that 'a commitment to fairness underpins all we do' and that the provider 'valued diversity and difference'. People told us the service operated within these values. One person described being able to discuss their culture and life style choices because care workers were "very respectful" of the person's religion. They added, "By mutual agreement we ask questions of each other and I am able to learn more about different beliefs and backgrounds."

Care workers understood the importance of promoting equality and human rights as part of a caring approach. One staff member said, "It is our responsibility to provide care in the way the resident wants so you have learn about their individual preferences, like how culture or religion can determine what people choose to eat." Another care worker told us how they had learnt to greet a person they visited using the person's first language because this was a sign of respect.

People were supported and encouraged to maintain their independence. One person described the service provided by Ribbon Court as being "all about independent living". They explained care workers never rushed and gave them the time they needed to do things they were able. Another said, "They [care workers] know I have good and bad days. They always ask how I'm feeling and what I would like them to do."

Care workers understood the importance of enabling people to remain independent. Comments made included, "If the residents can do certain things it helps them feel good. It can lift their spirits." and "We are not doing our good properly if we walk in and take over. You have to go at their [people's] pace." Care workers told us if people's call times needed extending to enable them to do thing independently they spoke with the registered manager who arranged for the person's care package to be reviewed.

People's privacy and dignity was respected by care workers. Staff told us they ensured doors were closed and people were covered when they were delivering personal care. One care worker said, "Residents are asked if they prefer male or female staff. Their choice is respected and we always double check before providing personal care just in case they have changed their mind." We saw staff knocked on people's front doors and identified themselves before entering.

People told us and records confirmed they were involved in planning and reviewing their care and support. One person commented they were involved in making decisions and changes to their planned care and had no complaints. They added, "I am central to everything. I have nothing negative to say, only positive's." People had signed care plans to confirm they had been involved in planning and agreeing their care and support.

We saw people's records, which contained personal information, were securely stored and kept confidential. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality.

We asked staff what providing a caring service meant to them. We were told, "It's not just about giving drugs [medicine] it's so much more than that. Having someone to talk to, having someone to wave at as you pass by, and knowing someone really does care about you" and, "It's about trying to enter their [people's] world. Being positive, sharing laughter, fun and love." A senior care worker commented, "The most important thing for me is to finish work and know I have made a difference. I have done my very best and the residents are happy."

Is the service responsive?

Our findings

People told us they were satisfied with service they received because it was reliable and mostly provided by regular care workers who understood their needs.

One person told us, "They come at 8.30am to wake me up. I like that, because it suites me...at other times if I press my button [alarm pendant] they come quickly. Another said, "All I can say is I am very satisfied with everything. They know exactly what I need help with and will stay longer if I need extra help. A third person commented, "Honestly speaking I have had the best care."

On the first day of our visit one person commented they would like to change the time of their lunch time visit. On the second day we saw the registered manager had amended the staff rota to accommodate the person's request. We heard the registered manager asking a care worker if the person had been satisfied with the time change. The staff member replied, "Yes, everything was fine. [Name] said the time was much better." This showed the service was responsive to people's needs.

We looked at the 'job cards' [visit call schedules] for four people. These confirmed care calls were planned in advance, at the times agreed and people were mostly allocated regular care workers. Daily records completed by staff in people's homes confirmed staff stayed the agreed amount of time to ensure people received the support they needed in accordance with people's care plans and risk assessments.

Care plans were personalised, detailed and provided very clear instructions for care workers about what to do on each visit. For example; what personal care people required and how they preferred this to be provided. Records of calls completed by care workers confirmed these instructions had been followed. Care plans we viewed had been reviewed and updated as needed. A senior care worker told us, "Care plans are not set in stone they are a working document which change with people's needs and choices."

Discussion with people and care workers demonstrated regular staff had a good understanding of people's care and support needs. Care workers told us they read people's care plans either when the person started to use the service or when they started working at Ribbon Court. One told us, "Before I do a visit I get a picture of the resident through their care plan. Then I learn from the resident day by day."

Care workers completed records at each care visit with information about the person, their care and any changes to their needs. We observed this information was shared through a handover meeting at the start of each shift and a communication book. This ensured care workers had the information they needed to support people and respond to any changes in people's physical and emotional needs.

The Accessible Information Standard (AIS) 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. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, "We know there is more we can do. We have to adapt day to day. We are developing the use of pictures and exploring how to use audio." They explained the

provider was considering how best to provide all information about the service in people's chosen format.

We looked at how complaints were managed by the service. People told us information about how to complain was provided when the service started and people were confident their complaints would be dealt with. One person described having "some initial concerns" when the service first started. They told us, "[Management] responded very quickly to iron out the issues. I was very satisfied." Another person told us they had complained to the registered manager about an agency worker. Records confirmed their complaint had been dealt with, promptly, in line with the provider's complaints procedure. The person confirmed the agency worker had not visited them since.

Care workers knew how to support people if they wanted to complain or raise a concern. One told us, "I would talk to the resident so I was clear about their worry or what had happened so I could sort things out, or tell the manager." Care workers were confident the registered manager would address people's complaints because people being 'happy' was a priority for the service.

At the time of our visit, records showed the service had received two complaints, during 2018 which reflected what people had told us. We saw these had been recorded and responded to in a timely manner in line with the provider's complaint policy and procedure.

The registered manager told us the service did not 'commonly' provide support to people approaching the end stage of life. However, they explained recently an unforeseen situation had resulted in staff providing end of life care. The registered manager told us, "Staff worked together with district nurses, occupational therapists and social workers to care for the resident and support the family" They added, "I was so extremely proud of the team." We health care professionals had commented, "We wish all places were like this." When providing feedback about their experience of providing end of life care alongside Ribbon Court staff.

Is the service well-led?

Our findings

People told us they felt the service was well led. One person said, "The manager is very approachable and visible. [Manager] does not behave in a managerial way. By that I mean she is friendly towards me and listens. I like that." Another person told us they had seen "big improvements" in staff moral and the way the service operated since the registered manager took up post.

The service had a registered manager who had been in post since February 2017. 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.

The service had a clear management structure, including the registered manager and two senior care workers, who deputised in their absence. The registered manager told us they had a very positive relationship with senior staff which they said had been developed through providing "structure, open communication and support". They added this approach had been successful in building relationships with all of their team.

The registered manager was also supported by one of the provider's locality managers through daily telephone contact and regular visits to the service. The registered manager said, "We have a very good relationship which enhances what I do at work."

The registered manager kept their knowledge of current social care issues updated. They explained they did this through regular attendance at meetings with other managers from within the provider group. This meant they had the opportunity to keep up-to-date with regulatory changes, to share learning and good practice and ideas for improvement.

In addition, the registered manager had subscribed to a range of social care related organisations which ensured they received regular updates. For example, best practice ideas and new ways of working to improve both people and staff experiences of the service. The registered manager told us they shared this information with the staff team to support them in driving improvement within the service.

All care workers spoke highly of the registered manager. Comments included, "[Registered manager] has brought the team back together. Now we are a good team.", "I've seen such good improvements since [registered manager] came. We get clear guidance and direction. Communication is good and information is shared." and, "Our manager has a very positive attitude and it rubs off on us. I love my job."

Care workers told us they had regular individual and team meetings with the management team which they said were positive and helped them be more confident and more effective in carrying out their role. When discussing individual meetings, one care worker said, "They are great. What I like is if you need to do something differently, it is explained in a supportive way." Commenting on team meetings another told us,

"You can air your views. You don't have to be afraid to speak out and more importantly you know you are being listened to which makes me feel valued."

The provider operated an 'on-call' system so care workers could seek management support outside of normal office hours. Care workers told us this was important if they needed to respond to emergencies because they provided care and support to people 24 hours a day. One care worker said, "It's reassuring to know a manager is always contactable if we need them." They added, "The on-call works well."

The provider invited people to share their views about the quality of the service and any areas where improvement could be made through an annual 'Customer Satisfaction Survey'. The latest survey from 2017 showed an overall satisfaction level with the service of 89%. We saw the provider had analysed the outcome of the survey and used the feedback received to make improvements to the service. For example, the registered manager was arranging 'Mental Health' training for the staff team to address a person's comments about further improving staff knowledge and skills in this area.

The registered manager used a range of internal weekly, monthly and quarterly checks to monitor the quality and safety of the service. This included checks of care plans, medicines, safeguarding concerns and health and safety. The provider also carried out checks at the service which identified what the service did well and where improvement was needed. We saw the registered manager maintained an action plan where a need for improvement had been identified. The action plan was regularly reviewed and updated to show when actions had been completed and those which still needed to be addressed. These checks ensured the service continuously improved.

The registered manager and provider monitored accidents and incidents. Records showed the registered manager completed a monthly 'local learning log' to ensure any patterns or trends were identified. We saw, where needed, action had been taken to address any areas needing improvement. For example, a referral had been made to the occupational therapy service (OT) because one person had fallen whilst transferring, independently. The OT has visited the person and made recommendations to reduce the risk of this happening again. Staff followed these recommendations by reminding the person to put the brakes on their wheelchair before they transferred. The registered manager told us the provider analysed accident and incident information and shared any learning across all of their services to mitigate risk and make improvements.

The registered manager demonstrated they understood their responsibilities and the requirements of their registration. For example, they had notified us about important events and incidents that had occurred. They had also completed the Provider Information Return (PIR) as required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations into concerns.