

Culmside Support LLP

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Inspection report

Smithincott Farm
Uffculme
Cullompton
Devon
EX15 3DG

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15 December 2016

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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

Culmside Support LLP provides personal care and support to people with a learning disability living in their own homes in Uffculme, Devon. The service is a family business which currently provides personal care for people living within a Supported Living environment, which was also managed by the directors of the agency as a separate service. People had separate tenancy agreements and could choose which agency provided their personal care. Culmside Support LLP is not regulated to provide accommodation which meant we did not inspect the premises. The provider's office and staff room were not located within people's homes, but in a separate building within the grounds of supported living accommodation.

At the time of the inspection 3 people were being supported by the service. The service employed eight care staff.

This inspection was undertaken on 12 and 15 December 2016.

We last inspected the service on the 14 November 2013. At that inspection we found the provider was meeting all of the regulations we inspected.

There was a registered manager in post. 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 received a safe service. People said they felt safe and comfortable with staff. Staff were friendly, kind and compassionate. Comments included, "I like all of the staff..."; "The staff are nice and kind to me..." and "I am very happy..." One relative said, "Yes, we know (the person) is absolutely safe. They (staff) have been splendid..." Another commented, "We are more than pleased with the service."

There were safeguarding policies and procedures in place and staff were knowledgeable about the action they would take if they suspected people were at risk of harm or abuse. Risk had been identified and risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. People's medicines were managed safely and additional steps were taken during the inspection to ensure records were accurate and up-to-date.

There were sufficient staff on duty to meet people's needs in a timely manner and to support their preferred activities. Effective recruitment practices were in place to ensure new staff were suitable to work with the people using the service.

Staff received training relevant to their roles and had regular supervision meetings to discuss and review their development and performance. Relatives and healthcare professionals were positive about the skills, experience and abilities of staff.

The provider followed the Mental Capacity Act 2005 (MCA). People were supported to make decision in their best interests and staff had a good knowledge of the importance of seeking consent before providing care. People were supported to maintain good health and had access to health and social care professionals when necessary. Staff supported people to plan and prepare meals and maintain a balanced healthy diet.

Staff had developed positive and caring relationships with people and clearly knew them well. People were supported to be independent. They said they were able to do what they wanted and staff were supportive and encouraging of their independence. They were also supported and encouraged to take part in a wide range of activities within the local community and local day care services.

People were involved in the planning, delivery and reviews of the care and support provided. Where people had identified changes they would like, for example, the time of visits, or the gender of staff, this had been actioned.

People knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives. No complaints or concerns were raised with us during the inspection. The registered manager was well known to all of the people using the service and their relatives. Feedback from people, their relatives, staff and professionals showed they found her to be approachable and responsive.

Regular checks were in place to monitor the quality of the service. For example, regular meetings and care reviews with people using the service and their relatives. Care records were checked regularly to make sure they included the correct information for staff to follow. Any incident or accidents were reviewed by the registered manager to ensure steps were taken to reduce a reoccurrence. The registered manager was aware of their responsibilities in relation to reporting incident and events to the Care Quality Commission as required by law.

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 kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

People were supported to take their medicines safely by trained staff.

Sufficient numbers of staff were available to meet people's individual needs. Safe and effective recruitment practices were followed to help ensure all staff were suitable to do their jobs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were well trained and received the appropriate support.

People's wishes and consent was obtained by staff before care and support was provided.

People had their day to day health needs met with access to health and social care professionals when necessary. People were supported with a healthy balanced diet which met their needs.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences. Detailed guidance was available to staff enabled them to provide person centred care and support.

People were supported to pursue a wide variety of social interests and take part in meaningful activities relevant to their needs and wishes.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

People, their relatives, staff and professionals were all very positive about the registered manager and how the service was managed.

Systems were in place to check the quality of the services provided; to manage risks and drive improvement.

Staff understood their roles and responsibilities and felt well supported by the registered manager.

Culmside Support LLP

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 was undertaken on 12 and 15 December 2016. The inspection was announced forty eight hours in advance as it is a small service and we needed to ensure the registered manager was available to assist with the inspection. The inspection was completed by one Care Quality Commission adult social care inspector over two days.

We reviewed information about the service before the inspection. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection we met the registered manager, the three people using the service and three staff. We spoke with three relatives by phone and one health professional. Prior to the inspection we sent out one questionnaire to staff and four questionnaires to health and social care professionals. We received replies from one member of staff and two professionals.

We looked at two care plans, reviewed complaints and compliments, checked two staff recruitment and training files and looked at a range of other documents which helped us understand how well the service was being monitored and run.

Is the service safe?

Our findings

People were safe and protected from harm. People said they felt safe and that they were treated well by all staff. One person said, "Staff help me...I get on well with them..." Another person said, "I like the staff, especially (person). I am very happy. Staff help me with my medicines, shaving and cleaning my teeth...I have no worries..." A third person told us, "I am happy with everything...the staff are very good to me..." Relative and health professionals also expressed their confidence in the safety of the service. Their comments included, "(Person) is definitely safe...we are more than pleased with the service. We only have praise..."; "(Person) is very well looked after. (Person) is settled and happy..." and "(Person) couldn't be happier...the care is absolutely outstanding..."

The provider had taken steps to ensure people were protected against the risk of harm or abuse. One person said, "I am safe. No one shouts or bullies me. I like everyone in my house." The safeguarding policy in place provided guidance to the staff on how to identify and report any concerns they had about people's safety and well-being. Staff received safeguarding training and demonstrated a good understanding of different types of abuse, and the action to take should they have concerns about a person's welfare. They were knew of the external organisations they could report concerns to. Staff said they would be confident to report any concerns to the registered manager, who they trusted to take action. The registered manager was aware of their responsibility to report any safeguarding concerns to the local authority and the Care quality Commissions (CQC).

The registered manager and staff confirmed that physical restraint was not used. The registered manager said, "No restraint is needed within the service." Some staff had attended training relating to 'behaviour as communication' and 'breakaway techniques' to help them understand how to deal with situations which may be challenging. There had been no incidents since the last inspection. The service had a missing person's policy in place, along with a 'personal profile' of people using the service, with clear instructions of what to do should someone not be at home when expected. There were systems in place to ensure people's money was managed safely, with detailed records of each transaction. The registered manager and administrator regularly audited the records to ensure their accuracy.

Risks to individuals were managed in a way that protected them without infringing on their rights or freedom. One relative said, "As a parent I would be more controlling but there (person's name) has more freedom. I couldn't manage without their support..." Risks posed to people had been identified and guidance was in place for staff follow to minimise potential risks. For example, where people's underlying health conditions caused a risk. One person required a special diet, which was clearly recorded and the person and staff were fully aware of the need to maintain a certain diet to avoid health risks. Another person's mental health posed a risk to them at times and the triggers and steps to take to mitigate the risk were recorded and known to staff.

There was a system in place to ensure any accidents or incidents were recorded and reported to the registered manager, including CQC if necessary. Any reports were reviewed by the registered manager to help identify any trends or patterns. There had been one accident in the past 12 months, which had resulted

in a minor injury to one person when they sustained a bruise while out in the garden. The records were detailed and described the action taken to reduce the impact of the injury.

Peoples' medicines were managed and administered safely. There were detailed policies and procedures relating to the safe management of medicines for people, which provided guidance to staff on their roles and responsibilities. All staff involved in the management of medicines had completed training and had their competency assessed. The support people required with the management of their medicines had been assessed and recorded.

Medicines were stored safely within people's accommodation. Additional secure storage was available within the office. Important information about people's allergies had been recorded on the Medicine Administration Records (MAR) and codes had been used where people had been away and medicines had been administered by family members. However we found medicines hand transcribed on to MAR had not been signed by the person recording them or countersigned by another to ensure they were accurate. By the second day of the inspection the registered manager had addressed this by sending a memo to all staff reminding them of this, and by ensuring existing handwritten entries had been signed by two staff to verify accuracy. We found two gaps on one person's MAR, which meant we could not be assured from the records the person had received their medicine as prescribed. However, this was a recording error, as the service used a monitored dosage system, and we could see the person had received their medicines.

There were sufficient staff to meet people's needs and preferences. People using the service, relatives and staff said there were enough staff deployed to meet people's needs. The hours provided were commissioned by the local authority and were used flexible to meet people's needs and preferences. One person said, "Staff help me when I need them...staff remind me to do my chores every day and help me to get out..." Another person said, "The support I get is pretty good, brilliant actually..." People were supported by staff to maintain their personal care at a time that suited them depending on their planned activities for the day. A member of staff said, "we are never short of staff...there is always enough time to help with personal care and activities..." They were also supported to prepare meals and attend regular activities within a day care setting or in the wider community.

As the staff team was small, the registered manager was able to ensure people received care and support from familiar and consistent staff. There was a call system within the supported living setting with direct contact to the office if they needed assistance. People said they knew all of the staff team and they were aware of who would be supporting them on a daily basis. There was an out of hour's service available and the three people using the service knew how to contact the registered manager or on call person should they need to. People confirmed the registered manager or deputy were always available if needed. The registered manager confirmed that no planned visits to people had been missed.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff personnel records confirmed that appropriate recruitment checks were carried out prior to new staff starting work with the service. These included a full employment history, relevant references and Disclosure and Barring service checks (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People using the service, their relatives and professionals expressed confidence in the staff team's competence and skills. One relative said, "We have confidence in the staff...they know (person) well and what he is capable of and his limits..." Another described staff as "amazing and fantastic". A health professional told us, "Staff are very good...they are some of the best staff I have seen..."

Staff completed an induction training when they started work at the service in line with nationally recognised induction standards (the Care Certificate), which was overseen by a local college. The induction training was designed to support each individual member of staff. It consisted of a period of 'shadowing' experienced staff to help new staff get to know the people using the service. Staff confirmed they had completed an induction which fully prepared them for their role before they worked unsupervised. One member of staff said they had worked with an experienced member of staff for six weeks. They added, "The support and training has been really good...I was never initially left alone..." Another said, "This is one of the best jobs I have had."

Staff spoken with and those responding to our questionnaire said they received the training and support needed to enable them to meet people's needs, choices and preferences. One said, "(The registered manager) will organise any training we want, like the diabetes training." Training was delivered in a number of ways, for example, face to face courses, on-line learning, or DVDs. The training matrix showed essential training was included, such moving and handling, health and safety, including fire safety; first aid, and food hygiene. Other training included learning disability and mental health awareness; epilepsy and diabetes awareness and person centred care. Fifty per cent of staff had obtained a nationally recognised qualification in health and social care. The registered manager was looking at ways to support the remaining staff to access these courses.

Staff confirmed they received supervision on a regular basis; this was through one to one meetings and observations completed by the registered manager. Supervision enabled staff to discuss any concerns or training and support needs. They also received feedback about their performance. Records showed where improvements in performance were required, this was discussed and monitored. The registered manager provided 'informal supervision' as they met with the staff team on duty each day. Annual appraisals were also completed where objectives were reviewed and feedback could be given.

People confirmed they were always asked for their consent before care and support was provided. In preparation for this inspection, and following notice of the inspection, the registered manager visited the people using the service to explain our visit and obtain their consent for us to review their records. One person said the staff always asked them about the help they required at each visit, they added, "Staff do what I ask and need..." A relative told us, "Rights and freedoms are protected. There are no unnecessary restrictions on (person)."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

People's capacity to make decisions and choices had been assessed and people using the service were able to consent to their daily care and support. The registered manager was aware of the MCA 2005 and the implications should a person require additional support with complex decisions. They were aware of the principles of the Act and how to ensure best interest decisions were made if necessary.

There were policies and procedures in place to support and guide staff's practice, which included, 'supporting decision making'; the key principles of the MCA and a best interest checklist to ensure decisions were made in people's best interest. All staff had received training about the MCA and consent and demonstrated a good understanding of how to support people's decision making. Staff understood the importance of ensuring people gave their consent to the care and support they received. One member of staff said, "We encourage their ability to choose and make decisions."

People were supported to see appropriate health care professionals when they needed, to meet their healthcare needs. People's health care needs were clearly recorded in their care plans, along with details of the impact of underlying health conditions. There was evidence of health professionals' involvement in people's individual care on an on-going and timely basis. For example, GPs, nurse specialists, the mental health team, and specialist consultants. Records demonstrated how staff recognised changes in people's needs and ensured health professionals were involved to encourage health promotion. Staff supported people to attend appointments such as visits to the GP; hospital or annual health checks with the practice nurse.

Feedback from health professionals was very positive. They confirmed communication was very good with the service. One told us, "I have worked with this service for some time and have always found them to be proactive and reflective in their support of their client group, keen to seek and follow external advice and training as appropriate." Another said, "I have always found this service to be approachable and they listen to my advice. The service always appears to act in the persons best interest and advocate for them to receive the same health services as we would expect ourselves." Family members were confident people's health was monitored. One said, "They are monitoring his diabetes and educating him about his diet so he is aware of the preferred foods..." Another told us how the service monitored and recognised changes to a person's mental health, ensuring timely and appropriate care.

People had an 'essential information' document for use if transferring to hospital or another services. The aim of this document was to assist people with learning disabilities to provide hospital staff or others with important information about them and their health.

Staff were aware of people's dietary needs and preferences as these were clearly recorded in individual care plans. People were supported with the preparation of meals as part of their overall package of care. Staff supported them to prepare food which was healthy and to their liking. One person required a specific diet. Detailed pictorial information had been developed to help them understand the foods they could eat. The person was aware of the dietary limitations and staff supported them with healthy choices. Another person wanted to maintain their weight, so the registered manager had developed a pictorial guide for them to help them choose healthier options.

Is the service caring?

Our findings

People were treated with kindness and compassion by staff, who knew them well and were familiar with their needs and preferences. People expressed a fondness for staff and it was clear good friendly relationships had been established with the staff supporting them. One person said, "Staff are kind. I get on well with them. I can have fun with them..." Another said, "Staff are brilliant. We all get on well." Relatives were equally positive about staff's approach and attitude. One said, "They (staff) are all very nice. It is family orientated... (Person) is very happy there..." Another said, "(Person's name) has been very well looked after...they (staff) are very caring people, doing their best for (person)." A health professional commented, "People seem very happy and get on well with the staff."

Staff had a friendly approach to people and were responsive to their needs and requests. During the inspection people visited the office frequently to chat with the registered manager and staff. People were relaxed and happy in the company of staff and laughed, smiled and chatted with them. There was light and humorous banter as people were getting excited about Christmas. A member of staff said, "We have really good relationships with the guys and we all get on....I love working here. I think they like me too."

Staff referred to people by their preferred name, for example, one person liked to use a different version of their name when at the day care service and this was respected by staff as the person's choice and preference. Staff asked people's opinion and explained what was planned for the day and ensured people were happy with the arrangements.

People were supported to maintain positive relationships with friends and family and care plans documented the importance to people of seeing their family and friends. One person told us about their relationship with their girlfriend and that staff helped to organise visits for afternoon tea and other activities. The person was very happy about this. Relatives said they could visit when they wanted to and their family member was supported to have regular visits to the family home. One relative said, "(Person) comes home regularly but is always very happy to go back after a home visit. (Person) really loves it there..." People were supported to maintain links with family and friends in other ways including making regular phone calls.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, one person explained that with staff's support and prompting they were able to maintain their personal care. They said, "I can do it I just need to remember. They (staff) help me." Another person said they like to cook but needed staff's support so as not to "burn my tea". People said staff also helped them to look after their home and ensure cleaning tasks were done. One person said, "Staff remind me to do the chores and helped with the rota." They went on to explain they were able to choose and make their own lunch, which was something they said they enjoyed doing.

People were supported to make decisions about the activities they took part in and two people were very keen to tell us about the responsibilities they had at the day care centre. This included collecting eggs and feeding the animals. The day centre activities were run by the registered provider within the grounds of the supported living accommodation. People were also supported to attend activities within the local village

and wider community, which they said they enjoyed greatly. People were involved in a variety of activities and accessing the local community during our inspection. One relative explained staff helped their family member as much as possible to maintain and develop their independence. They added, "We couldn't have found a better place."

Staff helped and supported people with dignity and respected their privacy at all times. People said staff always knocked on their door before entering their homes. One said, "They knock and I say 'come in' or I open the door." Another explained they liked to receive their personal care from a female member of staff and that this always happened. One person had requested 'quiet time' twice a week and staff respected this and ensured the person was not disturbed during this time. Two professionals responding to our survey said people were always treated with respect and dignity by staff and that staff they met were kind and caring towards the people. A relative told us, "They (staff) are very respectful of (the person's) characteristics and her need for privacy. We are delighted with the service." Any personal care was delivered in private. People looked well-presented and cared for and were dressed in styles to suit them.

Staff worked to promote people's choice and freedom and people were fully involved in planning and reviewing the care and support provided. Their daily visits were planned to suit their needs and preferences. For example, visit times were flexible, especially at weekends when people were not attending care day services. This meant people could enjoy a 'lie-in'. People were able to spend time how they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. People's care and support was not rushed enabling staff to spend quality time with them.

Important information was presented in an easy read pictorial format to help people understand their rights and responsibilities. For example, tenancy agreements, the complaints procedure and care planning documents. This promoted people's autonomy and self-worth as it enable them to be have some control of these aspects.

Is the service responsive?

Our findings

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. People and/or their relatives were involved in developing care and support plans, which were personalised and detailed daily routines and preferences specific to each person. People were aware of their care plans. One person said, "We talk about it (their care plan) but I am busy and have other things on my mind...I am happy with everything and don't want changes, no way!"

Care records were available for each person who used the service, which contained detailed information and guidance personal to them. This information helped staff to support them as they wished. Records contained details about people's life history and individual preferences such as their personal care choices and their likes and dislikes. Health needs and their consequences were detailed along with the relevant health care professionals involved in the person's care and treatment. People's interests and hobbies were recorded and we found people were engaged in a variety of their favourite activities. In one person's care records we saw they liked a specific routine, which staff understood and followed.

The care and support provided was reviewed with the person and their family and on occasion with commissioners of the service. Reviews provided an opportunity to discuss what was working well and what could be improved, as well as looking at new goals for people to achieve. Records showed people were very happy with the service. One person had commented about their wish for the future, "To stay living here." Staff said the information in people's care plans was comprehensive and assisted them to deliver the care people needed and wanted. One said, "These are some of the better care plans I have ever seen..." Another said, "They contain all the information needed and they are kept up to date, for example when the GP visits this is recorded immediately and we are told of changing needs."

Activities formed an important part of people's lives. People engaged in a wide variety of activities and spent time in the local community going to specific places. For example, swimming; gym sessions; horse-riding; art classes in the local village; and attendance at day centres, which enabled them to meet with friends and peers. Visits to places of interest were organised as well as visits to the local cinema; panto; bowling; pubs and shops. People told us how much they enjoyed the various activities. One person said, "Staff take me to the gym, which I enjoy...and horse-riding." Another spoke about attending a local art class in the local village and showed us some Christmas presents they had made for family members at the class. Relatives said they were happy with the level of activity people were supported to take part in. One said, "(Person's name) has a good quality of life. They enjoy the day care and the local art classes..." Another said, "(Person's name) loves the activities, the garden and the farm. We are very happy with that..." Each person had an individual weekly planner for activities and chores which they planned with support from staff.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People were aware of who to speak with should they have any concerns or worries. One person said, "I would speak with (the registered manager). But I have no worries." Another said they would speak with staff if they had a concern. They said staff "listened" to them. No complaints or concerns were raised with us during this inspection. Visiting professionals told us the registered manager and staff were "accessible,

approachable and dealt effectively with any concerns".

There had been two complaints since the last inspection, both relating to communication with relatives. These had been investigated thoroughly and resolved to people's satisfaction. As a result of the complaints improvements had been made in respect of communication and all relatives spoken with said communication with the service was good. Relatives described the registered manager as "approachable". One said, "If we have any concerns then prompt action is taken by (the registered manager)."

The service had received seven written compliments in the past 12 months. Themes included 'thank you's' for the support and care provided and the attitude and approach of staff. One person commented, "Thank you for all your help and care...(person) has grown as an individual and become so much more independent..." Another relative wrote, "Thank you so much for everything you do for (person) during the year to make his life as happy as possible..."

Is the service well-led?

Our findings

There was an experienced and qualified registered manager in post and people, relatives, staff and health and social care professionals were very complimentary about her skills and experience. Comments included, "I like (the registered manager). I can talk to her any time."; "The service is managed very well. We have not had a concern about this service in all the years I have been involved with (a person)"; "I can't fault (the registered manager). There is good communication with us. I couldn't manage without their support..." and "(Person's) care is absolutely outstanding and we couldn't do a better job ourselves..." Professionals responding to our survey and those spoken with said they would recommend this service.

The registered manager was visible and well known to the people using the service. They had developed an open and positive culture, which enabled people, their relatives and staff to have an influence on how the service was delivered. For example, people had packages of care which were bespoke to them and delivered in a way and at a time which suited them. The registered manager worked alongside staff daily. This supported staff by demonstrating good practice, leading by example and enabling them to raise any day to day concerns or ideas for improvements. All staff said they felt fully supported by the registered manager and were confident to raise concerns or ideas. One member of staff spoke about their proposal to have 'shift leaders', which was being discussed and considered by the registered manager. Comments from staff included, "The service is definitely well managed. We work well together and (the registered manager) is clear with us about our responsibilities"; "If there is anything I am concerned about or worried about (the registered manager) is really approachable and accessible. I can even go to her house if needed..." and "This is a good place to work. It is well managed by (the registered manager). We all have equal roles and voices..."

Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care. They demonstrated a good understanding of their roles and responsibilities and lines of accountability were clear. There was good communication between the team, with regular formal bi-monthly meetings with agendas covering a variety of topics, including rotas, training and people's changing needs or preferences. Regular memos were also used to up-date staff about changes to practice, for example, the collection of medicines from the local pharmacy. The registered manager had daily contact with the staff team so any issues or problems could be dealt with swiftly. Staff described a happy work place where morale was good.

People's views were sought through regular meetings with the registered manager; regular care reviews and satisfaction surveys. The provider had a quality assurance questionnaire that they had used in the past, which showed people were positive about the service they received. The questionnaires had last been used in October 2013. The registered manager explained that as a small service they gained better feedback from people via less formal means. For example, spending time with people individually to make sure they were happy with the service provided. Comments from people's regular care reviews showed they were happy with the service and that their goals had been met. For example one person wanted to go on holiday, which had been achieved with the support of the service. During another person's review they had requested a male member of staff for certain aspects of their personal care and this had been acted on. However, the

registered manager confirmed they planned to use questionnaires in January 2017. The questionnaire was written in a format people would be able to understand and asked a variety of questions about their views on the service.

Satisfaction questionnaires were sent to relatives to obtain their feedback and views of the service in 2014. Results showed a high level of satisfaction in relation to the support provided; in relation to the flexibility of the service and the appearance and manner of staff. The registered manager had regular contact with relatives and all said she was responsive to their queries or suggestions. Questionnaires were due to be sent to relatives again in January 2017. Feedback received by the service from health and social care professionals' questionnaires during 2015 and 2016 were very positive. A mental health professional commented, "I look forward to coming...always a warm and informative welcome. So keen to help meet the needs of (the person)." Another professional wrote, "The person I visit has his needs well met by the service, which is compassionate..."

Internal audits had identified shortfalls and action had been taken. For example, the registered manager undertook regular medicines audits to ensure medicines were managed safely. Where improvement had been identified, these had been actioned. For example, the medicines policy and procedure had been reviewed in relation to collecting medicines and transferring medicines when people had home visits. There had been just one accident in the past 12 months, which did not result in significant harm or injury to the person. The registered manager had reviewed the incident and considered whether any adjustments were needed to protect the person from potential harm when out in the garden.

The service worked in partnership with family members and health and social care professionals. Health and social care professional said people benefitted from the working relationships which had been established and ensured people received appropriate support to meet their health and social care needs. They were confident the service minimised any risk to people's health, safety and wellbeing.

Records reviewed during the inspection, for example staff files, training records and care records were up to date. Staff used a daily check list to demonstrate the necessary care had been delivered. Daily records of the care and support provided, and information about the person's mood and well-being were not routinely used. However, by the second day of the inspection the registered manager had introduced a contemporaneous daily record for each person, which reflected the support provided and the person's mood and well-being. Staff personnel records and individual care records were securely stored. All records requested during the inspection were readily available.

The registered manager was aware of their responsibilities to notify CQC about certain events, such as deaths, serious injuries or allegations of abuse; these had been submitted when necessary. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with.