

Mr & Mrs S Wortley

# Wisteria Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 10 and 13 April 2018 and was announced. This is the first inspection for the provider since the care agency became a separate entity from its care home.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

The service currently delivered care for 56 people in their own homes. Not everyone using Wisteria Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager who oversaw 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. In addition, the owner was the previous registered manager and they had maintained their registration during the transition between managers.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. However, current legislation had not always been followed when decisions were made for people who lacked capacity. There were occasions when people had capacity and again, the legislation was not followed. People were supported, when required, to eat a healthy, balanced diet.

People and their relatives using the service thought they were kept safe. Most medicines were managed safely. Improvements could be made with topical creams. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. There were occasions where staff had not been given full guidance around some risks.

The management had developed positive relationships with people. People and their relatives were happy with the support they received. People, their relatives and staff told us that most of the time there were enough staff to meet their needs. There were some mixed feelings about whether there was enough time for staff to travel between visits. Inconsistencies were found with how people's recruitment had been managed throughout the service.

People were protected from potential abuse because staff understood how to recognise signs of abuse and knew who to report it to. When there had been accidents or incidents systems were in place to demonstrate lessons learnt and how improvements were made. Staff had been trained in areas to have skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to see other health professionals. Strong links had been built with other health and social

care professionals.

Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Care plans reflected people's needs and wishes and they had been involved where possible. Staff knew people well. People and their relatives knew how to complain and there was a system in place to manage any complaints.

People and their relatives told us, and we observed, that staff were kind and patient. People's privacy and dignity was respected by staff. Their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received. The provider was developing systems to ensure people had a dignified death.

The service was well led and concerns identified during the inspection had mainly been identified by the management. When they had not, steps were taken to immediately to resolve the issues. There was a proactive approach from management and they strove to constantly learn and make improvements. The provider had completed statutory notifications in line with legislation to inform external agencies of significant events.

## 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 could expect to receive their medicines as they had been prescribed.

People were supported by enough staff and most of the visits were on time.

People were protected from most risks because care plans contained guidance for staff and risk assessments were in place.

People had risks of potential abuse or harm minimised because staff understood the correct processes to be followed.

### Is the service effective?

Requires Improvement ●

The service was not always effective

People did not always have decisions made in line with current legislation.

People were supported by staff who had the skills and knowledge to meet their needs.

People had access to medical and community healthcare support.

People's nutritional needs were assessed to make sure they received a diet that met their needs and wishes when it was required.

### Is the service caring?

Good ●

The service was caring.

People were able to make choices and staff respected their decisions.

People's privacy and dignity were respected most of the time by staff.

People's needs were met by staff who were kind and caring.

People's religious and cultural beliefs were respected by the staff who supported them.

### Is the service responsive?

Good ●

The service was responsive.

People's needs and wishes regarding their care were understood by staff. Care plans contained important information to provide guidance for staff.

People knew how to raise concerns and there was a system in place to manage complaints.

People were beginning to be supported to have a dignified death because the provider was developing systems.

### Is the service well-led?

Good ●

The service was well led.

People were supported by a management who made changes to systems when they identified things could be improved.

People were using a service which had clear scrutiny to ensure they were receiving care and treatment in line with their needs.

People benefitted from using a service which had staff who felt supported and listened to.

# Wisteria Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 13 April 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 10 April 2018 and ended on 13 April 2018. It included spending time in the office, accompanying staff whilst they visited five people in their own homes and speaking with staff and one relative in the office. We visited the office location on 10 and 13 April 2018 to see the manager and office staff; and to review care records and policies and procedures.

Prior to the inspection questionnaires were sent to people, their relatives, staff and other health and social care professionals. 21 people, 10 staff, one relative and one community professional returned their questionnaires.

It was carried out by one adult social care inspector.

The provider had completed a Provider Information Return (PIR). The PIR 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 spoke with other health and social care professionals and looked at other information we held about the service before the inspection visit. We reviewed the responses to the questionnaires sent.

We spoke with five people and three relatives. We spoke with the owner, the registered manager, and nine members of staff of various levels.

We looked at five people's care records. We observed care and support in people's own home. We looked at

three staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and complements system, medication files, environmental files, statement of purpose and a selection of the provider's policies.

Following the inspection we asked for further information on concerns we identified during the inspection. We received all of this information in the time scales given.

# Is the service safe?

## Our findings

The PIR informed us, and we saw, people were kept safe from potential abuse because staff knew what to do and how to recognise it. One member of staff told us they would report any concerns to the registered manager. They knew to look for bruises or cuts, mood changes and facial expressions as signs of potential abuse. All staff agreed the management would do something about it and if they did not which external bodies they could speak with. One relative confirmed the registered manager did follow safeguarding procedures for an event concerning their family member. The owner told us they have been, "Doing lots of work on whistleblowing". This was to encourage staff to speak out when they thought a person was at risk of receiving unsafe or poor care. The registered manager explained they had developed a close working relationship with the local authority safeguarding team. This meant they were able to follow up concerns in a timely manner to ensure people were kept safe.

When staff identified a person was at risk of harm they worked hard liaising with other professionals to keep them safe. One person's front door key was not securely stored so the registered manager spent time liaising with the local authority to get a key safe put in place. Another person had a fear of attending medical appointments which put them at risk of their health declining. Again, the staff and registered manager spent time liaising with professionals helping to ensure the person's health needs were addressed.

Staff were regularly monitored by senior care staff to ensure they administered safe care and treatment to people. One member of staff said, "When you go to do a double up with a senior they assess what you are doing". Some senior staff confirmed this is what they did. All staff said when any concerns were witnessed the registered manager privately spoke with you.

People were supported by enough staff to meet their needs and deliver their care. The registered manager said, "Staffing levels are absolutely fine". Both the owner and registered manager told us they were always looking for more staff. Outside the office we saw an advert board which confirmed this. Each person's visit was assessed at how important it was. For example, those who could not have their calls missed were marked as 'red' and 'high'. When people had family living nearer and they were more able to manage alone the risks were considered lower. This meant in the recent poor weather conditions where national warnings had been issued the management were able to prioritise who needed visiting. Staff explained they did their best to ensure as many visits as possible were undertaken so people's welfare and safety was met.

Most risks had been identified and assessments were in place to mitigate them. Risks such as skin integrity, moving and handling and hydration had been considered. One relative confirmed two members of staff always came to minimise moving and handling risks. Environmental risks had been assessed prior to working in anyone's home. This included identifying rugs which could prevent a hoist from moving easily and ensuring space in the rooms where staff were working. There were occasions when people had medical equipment to improve their health or prevent damage. There was not clear guidance for staff to instruct them how to maintain the equipment to keep people safe. No impact was found for the people. During the inspection the owner and manager created clear guidance for specific pieces of equipment.



Risk assessments had been completed for most staff to work on their own. This meant it considered how to keep people and the staff safe. Ways to mitigate the risks had been considered. For example, having a work mobile phone on them at all times and refreshing their checks to work with vulnerable adults every three years.

People had their medicines managed safely. One person was supported with their medicine and the member of staff reminded them how many tablets there were. Each person's care plan clearly stated what level of support a person needed with their medicine. These indicated a person's preference and what medicines they needed support with. When someone had an allergy it was clearly highlighted in their care plan and medicine records to prevent a person getting harmed. The registered manager was currently developing a medicine card which could be handed over whenever a person had to be admitted to hospital. This would contain important information other health professionals would need to know when treating a person. Improvements were required for the administration of topical creams to ensure they were applied in line with their current prescription. The owner and registered manager told us they were already aware of this issue so were introducing a new way of recording topical cream application. A staff meeting was planned following the inspection to ensure staff were consistently using the records.

People were supported by staff who had been through a recruitment system prior to working. This included references from previous employers and checks to identify whether they were suitable to work with vulnerable people. One member of staff confirmed they had been through these checks prior to working with people. Improvements were required because one member of staff had information raised during this process which had not been risk assessed. Following the inspection the owner and registered manager updated us with actions they had taken to rectify this.

People were supported by enough staff to meet their needs and complete the visits in a timely manner. One person told us staff, "Always come on time". One relative said, "Mum gets a sheet" with visit times on. They continued, "Times vary slightly". Another relative told us, "They will ring up if they are going to be late". One member of staff said, "Always something extra if you want it". Another member of staff explained there were often less staff at the weekends because they do not work every weekend. They continued if you need extra staff they were always found. The management tried to facilitate when people wanted a specific visit time or change it. One relative told us, "They will accommodate time changes".

Staff had some mixed opinions about whether there were enough times between visits so they could be on time. Most members of staff agreed they had enough time between visits. One member of staff told us, "I am happy about set runs. Important for them [meaning people]". Another member of staff explained between some visits they did not have enough time because of where the locations were. They told us, "It doesn't make sense" about the order they went to people in. The registered manager was constantly trying to review the routes staff had to take because they would complete shifts themselves. The questionnaires received from staff prior to the inspection reflected a mixed view.

To monitor people's visits from staff there was an electronic system which required staff to scan a barcode when they arrived and were about to leave. The registered manager told us this allowed them to monitor the safety of people and staff. It allowed them to identify whether staff were on time to each visit and stayed the allotted amount of time. When the system identified a concern of someone receiving regularly late visits the registered manager investigated it and made adjustments to rectify the situation. Feedback through questionnaires sent prior to the inspection reflected most people were happy with the time of their visits and they were the correct length of time.

People were supported by staff who knew how to reduce the risk of infections spreading. One relative told

us, "They [meaning the staff] always wear gloves and aprons". One member of staff told us, "You can get [gloves and aprons] as and when you need it" from the office. Another member of staff explained the senior staff always identified whether staff were wearing gloves and aprons during their "spot checks". During the visits we saw all staff wear gloves and aprons when supporting people with intimate care.

When there were incidents the management always strove to learn and improve things when it was needed. One member of staff told us of a recent significant incident they were part of. They told us, "After first major incident they [meaning the management] were all there". There was a debrief with all staff involved afterwards to evaluate the actions taken and whether anything could be learnt. When there had been an occasional missed call they looked into what went wrong and rectified it to prevent reoccurrence.

## Is the service effective?

### Our findings

Staff knew to gain consent from people and offer choice on a daily basis. People were asked if they wanted help prior to the support starting. 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 and found people who lacked capacity to make important decisions did not always have them made in line with current legislation. This did not reflect what we had been told through the provider's PIR. Staff knew to make a decision in a person's best interest when they were unable to decide for themselves. One person had declining health which led to their capacity to make decisions change. Documentation was not decision specific and there were no records of the best interest decision and who was involved. Another person they assumed had capacity had an unnecessary capacity assessment recorded in their file. During the inspection the owner and registered manager began organising additional training for all staff around the MCA and told us they would review each person's care plan in line with the legislation.

People were supported by staff who received training so they could meet their needs. One member of staff said, "[Training] is a lot better now. Get a trainer coming in". Another member of staff told us they completed moving and handling training. They continued you can get extra training if you ask. Other staff listed the training they had received included were first aid, nutrition and hydration and safeguarding children. Some staff had completed or were in the process of completed special health and social care training. If staff had other aspirations and raised ideas for training they told us they were listened to by the management. One member of staff said, "They [meaning the management] would be willing to look into some training. They always listen to us". Questionnaires received prior to the inspection reflected the opinion staff had enough training to support people's needs.

People were supported by staff who had a good induction and felt they were shown how to provide appropriate support for each person. One member of staff said, "I went out with seniors" for around five or six weeks shadowing. They had also completed the Care Certificate. This is a basic national standard all staff working in health and social care should reach. Another member of staff told us, "There is loads of shadowing". The registered manager was passionate about maintaining standards of care and support by providing an induction for new staff. They said, "There is a 12 week induction. This includes shadowing with seniors and team leaders". One member of staff said, "I came from retail. I was very nervous. With all the help been given I have become confident. I have had a lot of training. A lot of help and support".

People were supported to see other health and social care professionals to meet their health and care needs. Prior to the inspection a questionnaire response from a health professional said, "Wisteria Care continues to work with other multi-agency teams within the local community. Ensuring they effectively communicate with myself and other professionals". Staff always listened to people's choices and worked

with them to ensure their health needs were maintained. One person now had a specialist air mattress in place and other equipment to manage a health condition. The staff were aware of what each piece of equipment was for and liaised regularly with the district nurses and a specialist nurse. As a result the person's health condition had improved. Another person with a specific health condition had staff following instructions from district nurses their health improved.

When people became unwell other health professionals were contacted and staff would support them to the best of their ability. One person told us they were sure staff would get a doctor if they felt unwell. Two people had recently had their health decline resulting in them needing to be admitted to hospital. The staff and management supported them outside of their standard hours in their home until they could be taken to hospital. This meant staff put the needs of people first to ensure they received medical treatment.

People's care plans reflected and celebrated their differences. They gave guidance to staff about how to adapt their interactions in line with these. One person used various signs to communicate with members of staff. The staff we spoke with were aware how to communicate with them. Their care plan had details about the specific signs the person understood. Other staff explained for people who have memory issues they will pick up objects and show them as prompts.

People were supported by staff who were provided with up to date information about their care needs and support. Each person had an initial assessment prior to receiving care. This included information about their health and support needs. One relative explained this had happened with two members of staff prior to the care being delivered. One member of staff told us, "I have been out and done assessment. Get what they are capable of and where they would like help". The person's care needs was then shared with staff prior to them delivering care. One member of staff told us they get, "An email for new clients" and this tells the staff, "What their needs are".

Some people required support with their eating and drinking during their visits. People who needed this were supported to eat a healthy diet and drink enough. One person was provided with two large bottles of prepared squash to drink. This was to encourage them to keep drinking between visits to stay healthy.

## Is the service caring?

### Our findings

The PIR informed us, and we saw, people were supported by kind and caring staff. One person said, "Staff are alright" and continued, "They look after me very well". Other people told us, "Everybody is nice to me. I am quite happy" and, "All my girls are good". At the beginning of every visit staff would politely greet the person they were supporting. One person was complemented by staff on how they looked. During the visits staff were constantly reassuring the people they were supporting. People were laughing and joking with the staff during their visits. One member of staff said, "Is that comfortable?" whilst helping to hoist a person. Another member of staff said, "It will make you smell nice" when they helped a person spray their deodorant. They were being complemented by the person so thanked them for being nice. One relative said, "The carers are very good". Another relative told us staff were, "Always polite".

Responses to the questionnaires sent out prior to the inspection mainly reflected what we found. One person told us, "Some carers are brilliant" and went on to explain there were occasions this was not always the case. One relative said, "Most of our regulars [meaning staff] are kind and genuinely care and want to do the job well". All people were happy with the care and support they received.

Staff would try and improve people's lives by carrying out acts of kindness. One member of staff told us, "I thoroughly enjoy it" and continued, "The joy you can give to people". One member of staff told us how they took a person to the garden centre. Another member of staff explained they had liaised with a person's relatives to encourage them to increase their visits to a day centre. This was because they identified how positively the person responded to their trips.

Sometimes staff and the management went above and beyond to support people and ensure they received the care they should. One member of staff told us they would go to the shops for people after their visit had finished a visit to get them food if the person had run out. On other occasions they would dispose of objects no longer needed by a person to prevent them from hurting themselves. Often they would post letters for the people they supported. One member of staff explained how during the snow the registered manager was delivering care using their four by four vehicle. They explained we completed the most important visits". Another member of staff told us they undertook visits on foot when it snowed. All staff agreed it was their strong team work which ensured people received their care. .

The management led by example of delivering a caring service to people. The registered manager promoted a positive relationship with people. They said, "I treat others how I want to be treated". One person had to spend some time in hospital due to a health condition. The owner had taken the person's dog to live with them for a period of time whilst this happened. Another person had no relatives to support them as their health declined. The registered manager spent a long time on the telephone to other health and social care professionals to obtain information and support for the person.

People were supported by staff who respected their privacy and dignity when helping them with intimate care. One member of staff said, "I make sure doors are closed. Talk to them". Other members of staff told us, "I leave someone in privacy", they would close curtains and always cover people. They told us about topics

they knew one person liked and this kept them engaged during the support.

People's privacy was protected by staff and management respected and managed confidential information. Care plans were stored securely at the office and there was an online system which only senior members of staff could access. During the inspection it was identified improvements could be made with how updated information was sent electronically to staff. The registered manager and owner immediately set up an even more secure system and ensured all staff signed up to it. This meant people's private personal information was kept secure and staff who needed the information were still updated.

People were able to make choices and staff respected them. One person said, "They ask me what I want". Other people were asked what they would like for breakfast and if they wanted a shower or body wash. The members of staff respected what people chose. One member of staff explained people could express their preference about which staff supported them and this would try to be accommodated by management. Another member of staff said, "In first assessment they are asked if they want male or female [care staff]" and they respect this. They continued if a person does not like a member of staff they will make necessary changes.

People's cultural differences and religious beliefs were respected by members of staff at all times. One person had an early visit on Sundays so they could attend church every week. Members of staff said, "I don't treat them any differently" when asked about people from different cultures or with alternative beliefs and, "I do not make judgements. Respect them".

## Is the service responsive?

### Our findings

People were supported by staff who knew them well and had care plans which reflected their needs and interests. It was important for some people who had memory difficulties that staff had information they could use to promote discussion. One person had information about their past employment. Another person had information about their family and home life. These provided staff with important ways to engage with people during their visits. Staff told us how much they tried to socialise as part of the visit because for some people they lived on their own. We saw one member of staff talking about roses and the weather with one person. Other staff were talking with another person about their interest in dogs.

Care plans contained important information for staff to follow about how they wanted the support in their own home delivered. These were personalised to each person's needs and wishes. One member of staff said, "The care plan is about them". Whilst other staff told us, "[The care plan] keeps them in their routine" and explained about it being individualised. One person's care plan said, "I would like the care worker to knock on the door when entering". It then continued with detailed step by step instructions about how they would like their support delivered. Another person's contained information about the support they required in relation to their medical condition to maintain good health. A third person had clear instructions for staff about where they would like things left at different times of the day. Staff we spoke with knew these important details and we saw them being carried out during visits.

People's care was regularly reviewed and updated in line with their changing needs. One member of staff told us they checked people's care plans regularly and completed monthly reviews with the person. Care plans contained updates following any accidents and incidents people had. One person's memory was declining and their care plan had been updated to contain important information for staff to follow. Another person had recently been in hospital and their mobility had changed. Their care plan now reflected this new information.

People were beginning to receive information following the Accessible Information Standard. This is a standard which ensures information provided to people is in a format they can understand if they have a disability or different need. One member of staff said, "We read it [meaning the care plan] to them and make sure they are happy". When a person was unable to use verbal communication or hear the staff had learnt their specific signs they used. Strategies such as leaving messages on a whiteboard and sending information through email were used for other people. Staff and the management were beginning to find ways to adapt people's care plans for them so they were accessible.

People and relatives knew how to complain. One relative explained they would speak with the registered manager and try and resolve things informally first. Another relative said, "Ring up [name of owner] or [name of registered manager]" if they needed to complain. They continued, "I have never had to complain". The owner and registered manager were clear they wanted to be open and honest when there were mistakes. The owner said, "I am a firm believer we should not cover up anything". All people had a copy of the complaints policy and procedure at the front of their care plan. When someone had complained about a missed visit the registered manager had immediately responded in writing with an apology.

People were beginning to have their end of life needs considered. Members of staff had good connections with local health professionals. Some people already had basic information available for staff about whether they wanted to be resuscitated. Other people had some details about their end of life wishes. The owner and registered manager would continue to work on ensuring people had a dignified death in line with their wishes.



## Is the service well-led?

### Our findings

People, relatives and staff spoke highly of the registered manager. One person said, "She is an amazing manager she is". One relative said, "I value her advice" and explained a recent scenario their family member had been through. They continued to say, "She [meaning the registered manager] has pulled out all the stops" when supporting them. One member of staff told us the registered manager was, "Really good. Well organised person". They continued to explain, "I can always go to [name of registered manager] – she will know". Other members of staff said, "I was shadowing for a couple of weeks. Found out more with [the registered manager's name]" and, "[Name of registered manager] is amazing".

The registered manager was passionate about ensuring people received the best possible support in their own homes. To monitor what was happening and lead by example they would regularly work, "Hands on". They told us it was, "Good for service users to see me and good to work with staff". During the inspection it was clear the positive impact this approach was having. People and their relatives knew who the registered manager was and greeted them to their homes. They explained the benefit this had on their relationship with the staff too. This was reflected by how highly the staff spoke about the registered manager. One member of staff said, "If you have any problems you can ring her up. Always there. She is always sat at desk or out working".

The registered manager demonstrated how much they valued staff by getting them little presents at key times of the year. One member of staff told us at Easter the registered manager got them chocolate. Another member of staff explained they were given token gifts at Christmas. They said, "It is the little things which matter". The registered manager said, "We are very lucky because of the staff we have". When staff had commitments outside of work the management would try and accommodate them in the shift patterns they gave them. Some staff who had young children explained how their shifts fell so they could still complete their children's school runs. One member of staff said, "If I have appointments they will work round it. We work really well as a team".

The registered manager told us they felt supported by the owner. They told us, "She [meaning the owner] has always been there for me". The registered manager explained the owner likes to monitor everything closely in the service. This included reviewing the documents being used. The owner explained this was to ensure people were receiving safe care and treatment. They were aware the registered manager was relatively new so wanted to give them support.

There was a strong emphasis of continuously trying to improve the service people were receiving. One relative said, "I recommend them to everybody. Nothing they could do to improve". The registered manager told us they had made lots of changes since the last inspection. One of these was to move offices and increase the staff working in the new one. They told us it had become a more welcoming place for relatives and other professionals. It also increased the confidentiality for people using the service. The owner told us they had recently received positive feedback from a local authority about their new auditing system. This was another area they had been focussing on. The owner said, "We know we do a good job. We go that extra bit".

When any required improvements were identified during the inspection the registered manager and owner were proactive in responding. Action was taken to rectify concerns found for decisions made for people who lacked capacity. They also put in place new recording charts for topical creams and arranged a staff meeting to share new procedures.

The PIR informed us, and we saw, staff felt supported in the work they do and were happy to come to work. One member of staff told us, "Can always ask [name of office staff] or [name of registered manager] in an emergency. I feel I have that support". Other members of staff said, "I am very supported. Always someone to ask. Can ask another staff for help if unsure" and, "Any time day or night we can message [name of registered manager] or [name of owner] and they are there". Senior staff members explained their approach to supporting people. One senior staff member said, "We support juniors. If they need help we are always at the end of a phone". The owner told us the registered manager was, "A support" and they were, "Always there for staff. Brilliant with supervisions and inductions".

Both the owner and registered manager told us about the improvements they had made for staff supervision. Supervisions are opportunities for staff to discuss concerns and training opportunities plus any areas for improvement. They were now ensuring each member of staff had an annual appraisal and regular supervisions. The registered manager and owner informed us the audits were now feeding into the supervisions staff received. They would allocate staff objectives in line with any improvements required. If these become met by the end of the year there will be a small bonus for staff as an incentive to drive improvements. One member of staff said, "It is a very rewarding job". The owner told us, "We are the sum of all of us. Each one is as important as each other".

There were regular staff meetings to share information, spend time getting to know each other and discussing any suggestions or concerns. One member of staff said, "There are a lot more team meetings". Other staff told us, "[Name of registered manager] will ask our opinions", "There is constant communication. I feel like part of the company" and, "They [meaning the management] are constantly updating us". There was a suggestions box in place for staff, people and relatives to submit ideas for improvement.

The management had systems in place to ensure people received safe and high quality care. Senior staff completed unannounced 'spot checks' on other staff. One member of staff said, "They [meaning the staff] do not know until after". They also completed checks on each other to ensure the standard of care being delivered. The registered manager talked the senior staff through the paperwork used for these checks to ensure it was consistent. No senior staff had received additional training to ensure they were competent to complete these checks. During the inspection the owner and registered manager sourced some additional training for the senior staff around competency checks.

People were supported by a service that constantly tried to reflect current best practice. The registered manager was constantly trying to remain up to date with developments in care to improve the service. One member of staff explained since the registered manager joined there is, "More structure". They told us they had recently received an email about a new law to protect people's information. Work had already begun on ensuring systems were in place to follow this. During the inspection further arrangements were made to further secure people's information.

The registered manager and owner were aware of when notifications should be sent in line with current legislation. There had been notifications received in line with statutory requirements to inform the Care Quality Commission (CQC) when people had been hurt, were at risk of harm or there was a death. This meant people's care and safety could be monitored from a distance by external agents.

