

# Methodist Homes Aurelia Branch

## Inspection report

Aldersgate  
Rose Lane  
Nuneaton  
Warwickshire  
CV11 5TR

Tel: 02476642330  
Website: [www.mha.org.uk](http://www.mha.org.uk)

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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 29 and 30 June 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our inspection.

Aurelia branch is a housing with care scheme that is registered to provide personal care to people in their own homes. Care and support was provided to people in their own flats by care workers at pre-arranged times. People have access to call bells for care workers to respond whenever additional help is required. At the time of our visit the agency supported approximately 20 people with personal care and employed 24 staff.

The service was last inspected on 18 November 2013, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager. A requirement of the provider's registration is that they have 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. We refer to the registered manager as the manager in the body of this report.

People and relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people's safety were identified and care workers understood how these should be managed.

There were enough care workers to meet people's needs effectively. People received their care and support from care workers who they knew, and at the times agreed. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people in their homes.

Information about people's ability to make their own decisions was not always clearly recorded. However, the managers and care workers understood the principles of the Mental Capacity Act (MCA) and their responsibilities under the act. Care workers gained people's consent before they provided personal care and respected people's decisions.

People were supported with dignity and respect. Where possible, care workers encouraged people to be independent. People told us care workers were caring and had the right skills and experience to provide the care and support required.

Care workers completed training considered essential to meet people's needs safely and effectively. Care workers completed an induction when they joined the service and had their practice regularly checked by a

member of the management team.

People who required support had enough to eat and drink and were assisted to manage their health needs. People saw health professionals when needed and the care and support provided was in line with what they had recommended. Systems were in place to manage people's medicines safely and staff had received training to do this.

People and relatives were involved in planning and reviewing their care. Care records gave care workers the information needed to ensure care and support was provided in the way people preferred. However, some care records had not been updated. The manager was aware of this and was working on ensuring all were updated.

People and relatives told us they knew how to raise any concerns and felt these would be listened and responded to effectively. Staff told us the manager and senior staff team were supportive and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider regularly sought feedback from people and their relatives. The provider used this feedback to make some improvements to the service where needed.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People 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 harm 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.

Care workers had completed the training needed to ensure they had the knowledge and skills to deliver safe and effective care to people. The managers understood their responsibilities under the Mental Capacity Act 2005; however people's capacity to make decisions was not always clearly recorded. Care workers gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers supported people to maintain their independence where possible, and ensured they respected people's rights to dignity and privacy. People were able to make everyday choices which were respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People were 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's care plans informed care workers how people wanted their care

and support to be provided. However, care plans had not always been updated. People and relatives were involved in planning and reviewing care needs. People and relatives knew how to make a complaint, and the manager responded promptly to any complaints raised.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and relatives spoke positively about the service provided and felt able to speak with the manager if they needed to. Care workers were supported to carry out their roles by the manager who they considered approachable and responsive. The manager and provider had effective systems to review the quality and safety of service provided. The manager welcomed feedback on the service and made improvements where necessary.

# Aurelia Branch

## 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.

As part of our inspection we reviewed information received about the service, for example, from the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

The provider completed a provider information return (PIR). This is a form that we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and were able to review the information during our office visit. During our inspection we were able to confirm the information reflected the service provided.

We spoke with six people who used the service and conducted telephone interviews with five relatives of people to obtain their views of the service they received.

The inspection took place on 29 and 30 June 2016 and was announced. We told the provider we would be coming. The provider was given 48 hours' notice hours of our visit. The notice period ensured we were able to meet with the manager and staff during our inspection. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

During our visit we spoke with the registered manager, the assistant manager, a senior team leader and two care workers. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records which related to people's care and how the service operated, including the service's quality assurance checks and records of complaints.

# Is the service safe?

## Our findings

People told us they felt safe with the care workers who supported them. When asked what made them feel safe, one person told us, "Because the staff are here in a flash if you need them." Another person said, "They [Care workers] look out for me." A relative told us, "They [Staff] check everything in [Person's] flat before they leave to make sure it's safe. It's very reassuring." People knew who to speak to if they didn't feel safe, people told us they would speak with, "The manager, the assistant manager and staff."

The provider protected people from the risk of abuse and safeguarded people from harm. Staff regularly attended safeguarding training which included information on how people may experience abuse. One care worker told us, "My training was so valuable, because I learnt people can be vulnerable in more ways than I thought. Now I know changes in someone's behaviour could be a sign that something is not quite right." All staff we spoke with told us they would report any concerns to the manager, and that there were policies and procedures in place to help them do so. A team leader told, "I know the manager actions any concerns we raise because I raised a potential safeguarding with them [Manager] and it was addressed straight away." They added, "If I thought nothing had been done I wouldn't have hesitated in informing CQC." Records showed the provider managed safeguarding according to their policies and procedures which helped to keep people safe.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working 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. Staff confirmed they were not able to start working at the service until all pre-employment checks had been received by the manager. One care worker told us, "I remember when I got the job I had to wait until all my paperwork was back before I could start."

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One person told us, "If they [Care workers] are going to be late, even if its ten minutes, they let you know." Another person said, "In all the time they [Care workers] have been coming to me I have never not had a call. Excellent it is."

The manager and assistant manager confirmed there were enough care workers to allocate all the planned and additional calls people required. The manager told us, "We are able to flex carer's hours up and down to meet people's needs." They explained this was because they had a stable team of bank staff who were available to provide cover when needed. Bank staff are care workers with the required skills, who can be called upon when needed. The manager added, "We have never used agency staff because you don't get the consistency that people need. It's important the carer's know people and people know their carer's."

There were procedures to identify potential risks related to people's care, such as risks in the 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 needed assistance with moving. The risk assessment included the number of

care workers and the equipment required to help move this person safely and to minimise potential harm to the person and to care workers. Risk assessments were regularly reviewed and updated if people's needs changed. A relative told us, "Staff make sure my relative's home is clean, tidy and free from obstacles so there is little risk of falls."

Care workers told us they knew about the risks associated with people's care who they visited and how these were to be managed. One care worker told us, "It's our responsibility to take the risk out of a situation." Another care worker said, "People can change daily, so it's really important we keep ourselves up to date by reading risk assessments and looking at any changes that happened on the last shift."

Records of accidents and incidents were completed, and regularly submitted to the provider. These were analysed to identify any patterns or trends so appropriate action could be taken. For example, whilst reviewing information the manager had made a link between a person's 'sudden' reluctance to move between different colour floor coverings and an increase in falls. A GP referral had been made and the person was diagnosed with a form of dementia. Changes were made to the way care workers supported the person which minimised the risk of falling.

People and relatives told us care workers supported them to take their medicines. One person told us, "They [Care workers] ask me if I'm ready to take my tablets. I like a small glass of water; they [Care workers] make sure I have one ready." A relative told us, When I have been there the staff give the medication and make sure [Person] has taken it. They are very good."

Care workers told us they had completed training in the management and administration of medicines. One care worker told us, "First we do medication training on our induction, then they [Management team] watch to make sure we do it right and then do more on-going training with the manager."

We looked at three people's medication administration charts (MAR) which showed medicines had been administered and signed for at the specified time. Known risks associated with particular medicines were recorded, along with clear directions for staff on how best to administer them. Monthly medicines audits were completed by the assistant manager. They told us, and records confirmed any issues identified during medicines audits were discussed in one to one meetings with care worker and actions were agreed. This ensure care workers continued to have the skills and knowledge need to administered people's medicines safely.



## Is the service effective?

### Our findings

People and relatives told us care workers who visited them had the skills and knowledge needed to support them effectively. One person said, "They [Care workers] have helped me so much. They understand me and what I need." A relative told us, "I believe that the care staff are good at their jobs and the way they treat and care for my relative they must be well trained."

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 care worker told us, "My induction was very informative. I learnt all about the paperwork, what I had to complete and why. I worked with another carer on every different shift so I could be introduced to people and learn how they like things to be done."

The 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. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided 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 and that they were working to the providers policy and procedures. One care worker said, "I think it's good that they [Management] check what we are doing. That way you get to know if you could do something differently or better. And it's nice to be told when you are doing something well."

Staff told us the training they received had given them the skills and knowledge needed to support people effectively. One care worker told us, "I have learnt from the training I have done. I feel so much more confident to do my job well." A senior team leader said, "Our training definitely gives us the information we need. There is training we all have to do but we are also encouraged to do other training to develop ourselves."

We saw the manager maintained an electronic record of staff training. This showed staff had completed all the required training. The manager also supported staff's development by devising and delivering training. For example, The manager had identified care workers needed further guidance with some areas of medicines management so they devised a specific training session which they regularly delivered to assess and refresh care workers knowledge. One care worker told us, "[Manager] is always encouraging us to do training, because it helps us and the people we support." Care workers told us the provider also invested in their personal development, as they were supported to achieve nationally recognised qualifications.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager understood the relevant requirements of the Mental Capacity Act (2005). They confirmed no one using the service at the time of our visit, required a DoLS authorisation, however they were aware of when this may be applicable for people.

Care workers had received training in the area of mental capacity. One care worker told us, "It's about people's rights and choices. Some people can make decisions about small things, but not a big decision. If people need help it's in their care plan." Another care worker said, "People have choices and we respect that. If someone says they don't want help and they can make choices themselves, we record it and go back later to try again."

Mental capacity assessments on three of the four care files sampled had not been fully completed. The manager explained the provider had recently introduced new MCA paperwork which the management team was familiarising themselves with. However, where people did not have capacity to make decisions some information was recorded on care records. For example, one person was supported by a family member to make decisions about their money. We saw the family member had a 'lasting power of attorney'. A 'lasting power of attorney' gives a nominated person the legal authority to make certain decisions on behalf of another person.

Care workers understood the importance of obtaining people's consent before assisting them with care. One person said, "They [Care workers] come every morning and ask if I'm ready to get up. If I say I'd like a lie in they go away and come back later." Another person told us, "My carers always ask if they can start helping me before they do anything."

People's nutritional needs were met by care workers if this was part of their planned care. One person told us, "They [Care workers] leave me a flask just to make sure I've got a hot drink if I want one.", And, "I don't have much appetite but my doctor says I must eat. Every day the carers ask me what I would like to eat. They offer me the things I like. They know how to tempt me." A care worker told us, "It's really important to know people's likes and dislikes so we can support and encourage them to eat and drink."

People told us staff supported them to manage their day to day healthcare. One person said, "I only have to say I need the doctor and they [Care workers] are making the telephone call for me." A relative told us, "They [Care workers] monitor [Person's] blood count two or three times a day, if there are any concerns they call the doctor straight away." A senior team leader told us one care worker on each shift took on the 'well-being' role. One of the responsibilities of this role was to arrange and support people at health care appointments, where needed. They explained this was a new system, but was working well. Records confirmed the service involved health professionals with people's care when required including district nurses and occupational therapists.

## Is the service caring?

### Our findings

People told us they were supported by care workers who were caring and kind. One person told us, "All my carers are wonderful. I couldn't ask for more." Another person said, "They talk to me and make me laugh when I'm down. That's how I know they care." Comments made by relatives included, "...when the care workers are doing things for my relative they show the utmost care and consideration.", "...staff ask after my health and wellbeing which I find most welcoming.", And, "The carers really took time to get to know [Person]. They listened to what [Person] needed and wanted. Over time a lovely relationship has developed."

We asked care workers what being 'caring' meant for them. One care worker told us, "It's about being there for people, taking your time, talking to them and comforting them." Another care worker told us, "Caring is the way we act. Being sensitive to how people are feeling and treating them [People] how you would want to be treated yourself." A senior team leader told us, "Our care workers care so much they go above and beyond. It's more than a job to them. Well to all of us."

People's privacy and dignity was respected by care workers. One person told us, "They treat me like an adult not a child, that what's important." Another person described care workers as 'polite' and another person said, "They always knock on the bathroom door and ask if they can come in." A relative told us, "The carers always talk respectfully to my relative and they really do listen and respond appropriately."

Care workers told us how they ensured people were cared for with dignity. One care worker told us, "I make sure the curtains are closed and the door is shut when helping people with personal care." Another care worker told us, "It's important to do things how they [People] want you to and at their pace. It's not dignified to rush in and rush out. That's not the way we work."

People told us they were supported to increase their independence and the support they received was flexible to their needs. For example, one person's told us how the support of care workers had enabled them to go out independently. The person told us, "I hadn't stepped outside my front door for years. My carers have helped me so much. I am very happy because I am now living my life." Another person said, "Some days I can do more than on days when I don't feel well. My carers give me time to do things rather than doing everything for me."

One care worker told us how they encouraged people's independence, "Even when they [People] need a lot of help we encourage them to be involved. It might be something small like holding the soap, or buttering their toast. It's important not to take people's independence away." Another care worker told us how encouraging a person to resume their life long hobby had increased their independence. They told us, "Not only are they [Person] happier, but they want to do more things for them self, again." A team leader told us, "All the team listen, support, encourage and involve people in their care, we don't just do things."

The manager and care workers knew when to offer people additional support to help them make decisions if this was required. One person had an advocate to help them make decisions when needed. An advocate

is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

## Is the service responsive?

### Our findings

All the people we spoke with told us they were very satisfied with service they received because the service was reliable, was provided by care workers they knew, and who understood their needs and preferences. Comments made included, "Eight O'clock is my call every day. I never have to worry they are not going to turn up. If I need anything in between calls I just press my button and someone will come.", "I think they know [Care workers] me better than I know myself. It's wonderful.", And, "All the carers know me and how I like things done. I never feel rushed. I get all the time I need." One relative told us, "I'm extremely happy with what the carers do for [Person]."

Prior to coming to the service people were assessed by the management team to ensure their needs could be met. One person told us, "They came out to see me and we talked about what I needed, and my future wishes." The assistant manager told us, "We always visit people before we agree to take on the service. We need to be clear we can meet the person's needs and you only get to really understand these by talking to people."

The management team ensured as far as possible that people received care from consistent care workers who they had a relationship with. Care calls were planned two weeks in advance. A senior team leader told us, "The only time the allocation [of care worker] changes is if someone is off work because they are ill, or on holiday." They added, "If we have to make a change we always make sure the care worker is known to the person they are visiting."

Care workers we spoke with knew the people they supported well. One care worker told us, "All the information we need is in the care plans which we read, but it is also important to talk to people and ask them what they like. This is how we learn." Another care worker said, "We see the same people every day. Spending time with them [People] means we really get to understand what's important to them." Care workers told us they were allocated sufficient time to carry out care calls and had flexibility to stay longer if required. One care worker said, "We work as a team, if someone [Person] needs you to stay longer then we talk to each other and agree who is going to cover the next call. It works very well."

Care records contained information about people's backgrounds, needs and preferences so staff could support them in ways they preferred. People told us about their care records, "My carer's write in my book every time they visit.", And "One of the 'bosses' [Management team] pops in and looks at my file to see everything is written down."

Care workers completed records at each call with information about the person, their care and any changes to their needs. We observed this information was shared through a handover 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. Staff also completed a 'seven day handover sheet'. The manager told us, and records confirmed, this ensured staff returning to work had an up to date summary of any changes which had taken place during the week for example, changes to people's medicines.

Care plans had 'person centred' elements and provided care workers with information about how people wanted to receive their care and support. There were instructions for staff about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed.

However, information in people's care plans had not always been updated. We spoke to the manager who was aware of this, they told us, "The care side of our service is where we focus our time to make sure people are safe and well cared for. Where we fall down is documentation. Paperwork is becoming more intensive." The manager explained the work they were doing to ensure all care records were 'person centred' and up to date which included the introduction of a 'nominated' care worker on each shift who was responsible for reviewing and updating records.

People and relatives told us they were involved in reviews of care. One person told us, "I have meetings to see if I'm happy with everything. My daughter comes along." A relative told us, "If [Person] wants me to, I go along to the meetings. We talk about how things have been and any changes. At other times they [Care workers] are very good at informing me if there are any problems or if they think [Person] is not well. I am fully involved."

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints, knew how to complain and would be confident to raise any concerns with the manager or staff if they needed to. Complaints were recorded and the management team took action to resolve these. One person told us, "I have never had any reason to complain but I would if I needed to. They [Care workers] always ask you if everything is ok. So we get plenty of chances." A relative told us, "I have no concerns, but if I needed to I would talk to the manager and I know they would respond in a positive manner."

Care workers knew how to support people if they wanted to complain, we were told, "Information about how to make a complaint is given to each person when the service starts. The information is in people's homes." Care workers told us they would refer any concerns people raised to the manager, assistant manager or senior team leader and they were confident concerns would be dealt with effectively.

## Is the service well-led?

### Our findings

People and relatives spoke positively about the way the service was run and the quality of the service provided. Comments made included, "The manager is very good." "It's so well run there is no way I would want any other service."; "There is always someone in the management team who you can talk to and they really do listen.", And "The communication between the service, my relative and myself is very good. An excellent service."

The service had a clear management structure; this included the registered manager, an assistant manager and two senior team leaders. The manager said they were supported by the provider who visited the service each month and was always contactable by telephone should they need advice or support. The manager told us they attended regular meetings with other registered managers from within the provider group, which meant they had the opportunity to share good practice and improvements. They told us, "We have known each other for five plus years and have a strong relationship. It's good because we know who to approach and what knowledge they have. We can share ideas and seek advice."

The manager kept their knowledge of current social care issues updated. They told us, "Practice advances and changes so quickly that's why I am always checking the internet." We saw the manager subscribed to a range of social care related organisations which ensured they received regular updates, including changes which may affect the service, best practice ideas and new ways of working. The manager told us they used information to develop the staff team and the service. A care worker told us they felt more confident supporting a person because the manager had shared information about the person's specific medical condition.

Staff we spoke with told us the manager and assistant manager were approachable and they felt well supported. One care worker told us, "I definitely feel supported. I can approach them [Management] and they listen to me. They are always there if you need advice or help." Another staff member said, "One of the many good things about working here is that the [Manager] and [Assistant manager] work with us." We observed the manager and assistant manager spent time talking with people and their relatives and provided advice and support to staff when required.

All staff we spoke with described Aurelia Branch as a good place to work. One staff member said, "I love my job, I love engaging with people and listening about their lives." Another care worker told us, "I like it because I am part of a team. We all pull together to get the job done and to make sure they [people] have everything they need, when they need it."

Care workers told us they were supported in their roles through regular team and individual meetings with a member of the management team. Care workers said these meetings gave them the opportunity to discuss any issues of concern and areas for self and service development. One care worker said, "Supervision (one to one meeting) is really valuable to me. I get to know if I am doing my job right. It makes me feel valued when I'm told I'm doing well." A team leader told us, "The manager is very open to ideas and listens. I said I thought the staff allocation wasn't working. We discussed different ways to make it better. The manager

talked to everyone and now care workers do set days." They told us people and care workers were pleased with the new way of working. The manager told us, "This is not a singular business, It is important to use the strengths of my staff and to be open and inclusive. Involving staff in the decision making process gets them on board."

The provider operated an 'out of hours on call' system to support care workers outside of 'normal' office hours. One care worker told us, "The manager or a senior team leader is always available. They never mind when we call for help or advice. [Manager] tells us to, never think twice about telephoning them." Care workers told us this reassured them because a senior person was always available if they needed support.

Satisfaction surveys offered people and relatives the opportunity to feedback any issues they may have. One person told us, "Oh yes, I get a questionnaire every year asking me what I think." A relative told us, "I filled in a questionnaire asking for my views on the care that they provide. I said I'm so very happy my relative is so well cared for and there is nothing I would change." We saw in May 2015, 16 questionnaire responses had been returned. 82% of people were satisfied that care workers arrived on time. 100% of people said they were satisfied with the response from care workers when they used their emergency alarm. Comments included, 'I get one and a quarter hours a day care, my carers are wonderful.', And "Feel assured someone is there." 100% of people said they were satisfied with the skills and politeness of their care workers.

The manager used a range of internal checks to monitor the quality and safety of the service. For example, monthly checks of medicines management and quarterly health and safety checks. The provider also carried out checks at the service which identified what the service did well and where improvement was needed. We saw the 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 manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The 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.

During our inspection we asked the manager what they were proud of about the service. They told us, "I would say we have a unique, fabulous service, from which lots of people benefit. We have a strong management team and work together well. We are open, transparent and inclusive. The staff team are very observant, very caring and very hands on. Staff know all the people they support and they pick up on the slightest things which could indicate something is wrong. When looking after people you have to do your best for them, and that's what we do."