

## Individual Support Solutions Ltd

# Powell House

### Inspection report

Powell House  
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Tel: 02476349561

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26 August 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

This inspection took place on 19 and 26 August 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.

Powell House is registered to provide personal care to people living in their own homes, including three supported living locations. Support hours provided by the agency ranged from three hours to 24 hours. At the time of our visit the agency supported eight people with personal care and employed 15 care workers, including six bank workers.

At the time of this inspection the location was registered with us in the name of Powell House. However, the provider told us the location was more widely known as Individual Support Solutions. The provider confirmed they would be submitting an application to us for the name of the location to be changed to Individual Support Solutions.

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.

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 inside and outside their homes were identified and care workers understood how these should be managed.

There were enough suitably qualified 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.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed MCA assessment were completed when needed. However, where people had been assessed as not having capacity to make certain decisions information about how decisions were to be made in people's best interest were not always clearly documented. Care workers gained people's consent before they provided personal care and respected the decision people made.

People were supported with dignity and respect. People were supported and encouraged to live as independently as possible, according to their needs and abilities. People told us care workers were caring and kind and understood their needs.

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.

Care workers supported people to see healthcare professionals when needed and to follow the health professionals' advice. Systems were in place to manage people's medicines safely and care workers had received training to do this.

People and relatives were involved in planning and reviewing their care. Care workers understood people's needs and abilities because they read the care plans and shadowed experienced staff when they started working for the service. Care records reflected people's current needs and gave care workers the information needed to ensure care and support was provided in the way people preferred.

People and relatives did not have any complaints about the service. However, they knew how to raise any concerns because they had been provided with a copy of the provider's complaint procedure. People and relatives felt any concerns raised would be listened and responded to effectively.

People, relative's and care workers felt the management team were approachable. Care workers felt valued because the management team were available to provide support and were receptive to their ideas and suggestions. Care workers and the management team shared common values about the aims and objectives of the service.

There were systems in place to monitor the quality and safety of the service 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 related 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 training to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager understood their responsibilities under the Mental Capacity Act 2005, however where decisions needed to be made in people's best interest information was not always clearly recorded. Care workers gained people's consent before care and support was provided. People were supported with their nutritional needs and to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People felt supported by care workers they considered to be caring and kind. Care workers ensured people were treated with dignity and respect. People were able to make every-day choices and these were respected by care workers. People were encouraged to maintain and increase their independence, and had privacy when needed. People received care and support from care workers they were familiar with, and who understood their individual needs.

### Is the service responsive?

Good ●

The service was responsive.

People and relative were very satisfied with the service provided. People and relatives were involved in planning and reviewing care needs. Care records were personalised and informed care workers how people wanted their care and support to be provided. People received their visits from care workers at the times they needed and as agreed to support them effectively. People and relatives were given opportunities to share their views about the service and the registered manager responded to any concerns raised.

**Is the service well-led?**

**Good** ●

The service was well-led.

Relatives spoke positively about the way the service was managed and felt able to speak with the management team if they needed to. The management team supported care workers to carry out their roles. Care workers considered management approachable and responsive. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

# Powell House

## **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 two people who used the service and conducted telephone interviews with six relatives of people to obtain their views of the service people received.

The inspection took place on 19 and 26 August 2016 and was announced. The provider was given 48 hours' notice hours of our visit. The notice period ensured we were able to meet with the registered manager and staff during our visit. 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, a team leader and two care workers.

We reviewed three 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 supplementary records which related to people's care and how the service operated. This included checks management took to assure themselves that people received a good quality service.

# 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, "Being with the staff." A relative told us, "Over the last nine months, we have learnt to relax and not worry about [Person] all the time and most of the credit for that really sits with [Provider] and the staff." People and relative's knew who to speak to if they didn't feel safe. One person told us they had completed safeguarding training provided by Powell House and understood how to share any concerns with care workers. Relatives told us they would share any concerns with the team leader or registered manager.

People were safe and protected from the risks of abuse because care workers understood their responsibilities and the actions they should take if they had any concerns about people's safety. One care worker told us, "When we are working with people ensuring their safety inside and outside their home is our responsibility." Care workers regularly attended safeguarding training which included information on how people may experience abuse. All care workers had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened. One care worker told us, "The signs that something is wrong could be unexplained bruising, money not accounted for, or perhaps changes in someone's behaviour when a particular person is around."

Care workers understood the importance of recording what they had heard or witnessed, making sure the person was safe and secure, and reporting their observations to management. Care workers understood management had responsibility to refer their concerns to the local authority safeguarding team. Care workers told us the provider had a whistleblowing policy and knew their responsibilities in relation to this. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. One care worker said, "I see it as my responsibility to escalate something I did not feel had been addressed."

People were protected by the provider's recruitment practices which minimised risks to people's safety. The provider ensured, as far as possible, only care workers of suitable character were employed. Prior to care workers 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. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the registered manager. One care worker told us, they spent time completing on-line training when they started working at the service because their DBS had not been received. They added, "No one is allowed to work independently until all your checks are back."

There were enough care workers available to support people at the times they preferred, and people received the support they needed. A relative told us, "We are sent a rota every week so we know who is coming. I find it reassuring to know that [Person's] care is all organised in advance." Another relative shared how they regularly contacted the office to change call times to meet their family member's needs. They told us, "It is very good to know we can change times to reflect what [Person] needs." Care workers told us they worked flexibly as a team, including all member of the management team, to provide cover for planned and

unplanned absences.

The registered manager and team leader confirmed there were enough care workers to allocate all the planned and additional calls people required. The team leader told us the service also 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 registered manager told us, "We don't use agency staff because you don't get the consistency that people need. It's important people are supported by worker's they know and who understand their needs."

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 when running the bath and bathing. The risk assessment instructed care workers to minimise the potential risk to the person by checking and recording the temperature of the water and staying with the person whilst bathing. Risk assessments were regularly reviewed and updated if people's needs changed.

Care workers demonstrated they had a good knowledge of the risks associated with the care and support of people they visited and how these were to be managed. One care worker said, "We have to read their [People's] support plans and risk assessments before we work with them so we are clear about what we need to do and how to work with them. We check for updates each time we visit." The team leader explained that care workers were informed of any new risks or changes by telephone, followed by further discussion at team meetings. They told us, "This ensures everyone had the information they need in a timely manner."

Accidents and incidents were logged and appropriate action was taken at the time to support people safely and to check for trends or patterns in incidents which took place. For example, a detailed analysis completed by the registered manager had identified a number of possible 'triggers' linked to a person's behaviour. The information had been shared with care workers and care records updated to minimise the re-occurrence of future incidents.

The administration of medicines was managed safely and people received the medicines prescribed to them. People and relatives told us care workers supported them to take their medicines. One person told us, "[Care workers] help me with my medicine." A relative told us, "It's about reminding, supporting and observing because [Person] knows they need to take tablets. They [Care workers] are very studious in completing the records to indicate that [Person] has had everything they should and on time."

Care workers had received training to enable them to administer medicines safely. They told us their practice was also checked by management to ensure they remained competent to do so. One care worker said, "We are observed every year but if you make an error in between observations you're stopped from doing medicines." The team leader confirmed the actions taken following a medicine error this included reporting the findings to the person doctor and the local authority, removing the care worker from medicine administration until they had completed refresher training and had their competency re-assessed. This ensured care workers continued to have the skills and knowledge need to administered people's medicines safely

We looked at two people's medication administration records (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 care workers on how best to administer them. The team leader told us MAR records were kept in people's homes for three months before being returned to the office. They explained this was to ensure care workers had access to the information they may need in a medical



emergency. We saw MAR records were checked each month by a member of the management team during visits to people's homes.

## Is the service effective?

### Our findings

People received care and support from care workers who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of care workers and the support provided. One person said, "They know how to help me." A relative told us, they had been 'pleasantly surprised' at how skilled care workers were, they said, "Even the youngest on the team are knowledgeable, and they all work so well together." The registered manager told us, care workers were specifically matched to support people on an individual basis and therefore had the right skills, knowledge and experience to meet people's individual needs.

Care workers told us they had been inducted into the organisation when they first started work. This included being taken through all of the service's values, policies and procedures, and completing training the provider considered essential to meet the needs of people using the service. It also included new staff working alongside more experienced staff. A care worker told us their induction had included being introduced to the people they were going to support, and learning about people's individual needs and preferences. They said, "This was invaluable."

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. 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. Care workers 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.

On-going training was planned to support staffs' continued learning. Care workers spoke positively about the training they received which they said had given them the skills and knowledge to do their job. Care workers said training was also linked to people's specific needs which enabled them to support people effectively. For example, care workers had undertaken training on how to support people who presented behaviour that challenged other people. One care worker described how they had recently used the learning gained from this training, they told us, "I was able to effectively use a technique I had recently learnt to ensure my own and the person's safety."

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 provider's policy and procedures. One care worker said, "Practice observations are very positive. You get confirmation of what you are doing well and anything you may need to do differently." A relative told us, "I know one of the Managers', pops into [Person's] home to check on the carers."

The registered manager maintained an electronic record of all staff training. This showed staff training was up to date. The registered manager also supported staff's development by devising and delivering training. For example, a one day course focusing on 'morals and values' was being planned. The registered manager told us, "We [Management team] identified care workers don't always recognise how easy it is to let your

own values influence your practice and the impact this can have on the people we support. The course is designed to highlight this, to get staff to think and ensure they are clear about our expectations." They added, "Once the training has been delivered we will be monitoring to ensure staff practice what they have learnt." 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 registered 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 understood the principles of The Mental Capacity Act and told us they had received training to help them understand the Act. One care worker told us, "The Mental Capacity Act is about people making decisions for themselves and if their freedoms need to be restricted, doing so in the least restrictive way." Care workers were clear that people had the right to make their own decisions, and supported people to make decisions where they had the capacity to do so.

Care records contained information about people's capacity to make decisions and showed MCA assessments had taken place as required. However, where people had been assessed as not having capacity to make certain decisions the instructions about how decisions were to be taken in the person's best interest were not clear. For example, one person had been assessed as not having capacity to make complex decisions about where they lived and their finances. Care records did not give clear guidance to inform care workers who would be making these decisions in the person's best interest. We discussed this with the registered manager who gave assurance they would obtain information from people's social workers and update care records.

People told us care workers always sought consent before providing any care or support. One person said, "Yes, they [Care workers] ask me." A relative told us even though care workers were with the person most of the time the relative always heard them ask in conversation, "Would you like to do x now, or are you ready to make a start?"

Care workers understood the importance of obtaining people's consent before assisting them with care and support. One told us, "We always gain consent. Different people express this in different ways. Some people will nod, others will tell you yes or no, or people may indicate they are giving consent by coming over and putting their hand out to take their tablets. The important thing is giving people time to make a choice."

People's nutritional needs were met by care workers if this was part of their planned care. One relative described how their family member's health had improved due to the 'hard work of staff'. They said, "We have had problems in the past with [Person] eating unhealthy food, carers have taken their time to give choice, but steer [Person] towards more healthy options. There has been a great improvement." A care

worker told us, "We spend a lot of time with people so we get to know their likes and dislikes. It's really important so we can support and encourage them to eat and drink healthily."

Care workers supported people to manage their day to day healthcare. One person told us, "They [Care workers] come with me to the doctors." A relative said, "[Person's] carers help make medical appointments and they accompany [Person] to the appointments. You can tell [Person] really likes being independent of her family and able to see their doctors on her own." Records confirmed the service involved health professionals with people's care when required including community nurses, psychology services and dieticians.

## Is the service caring?

### Our findings

People told us care workers were caring and kind. One person said, "Staff are friendly, and nice to me. They help me." Relatives also made positive comments about care workers which included, "They talk to [Person] as they would to their equals, which makes me happy.", "They are very, very supportive.", And "[Person's] face always lights up when their carers arrive." The relative explained this meant the person liked and felt comfortable with staff.

We asked care workers what being 'caring' meant for them. They told us, "It can mean anything from giving a smile, to promoting choice and independence. It is treating someone how I would want my loved ones to be treated if they needed support." And, "Caring is about helping each other. Taking time to listen and being there. Not only for the people and families we work with, but for each other. We are a really supportive team. We want the best for everyone."

A relative also described how their own positive relationship with staff at Powell House helped them and their family member. They told us, "They understand me too and what I expect from the service. They fulfil everything I want and more. This helps me not to worry all the time and encourage [Person] to live independently." The team leader told us, "It is really important to build a strong rapport with families and to have good communication. We care about people and their families. They are important to us." The team leader explained how, with people's permission, they kept in regular contact with family member's to ensure they felt included and updated.

People, and those that mattered to them, valued their relationships with care workers. One relative commented, "They've all got a great relationship with [Person]." Relative's consistently described how the relationships their family members had with care workers had resulted in positive outcomes for people. Examples included, being willing to try new things, increasing independence, following guidance given by health and social care professionals and staying healthy. These were all described as successes because of the trust the person had in their staff team. A relative told us, "They have a knack of enabling [Person] to do things. I have been surprised at what [Person] can, and wants to do." Another relative described how their family member was enjoying living independently. They said, "Without the caring support [Person] gets from their small support team, none of this would be possible."

Care workers helped and supported people with dignity and respected their privacy at all times. One person told us, "Staff knock on my door." A relative told us, "The staff help [Person] with all aspect of personal care which they do in a very dignified way." Care workers said they learnt about the importance of promoting people's privacy and dignity during their induction. A care worker told us, "Working in this way is an expectation of service."

Care workers had developed positive, respectful and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. A relative told us, "They know its [Person's] home and treat it as such. They are very respectful and always ask before using something that belongs to [Person]." One care worker said, "I am here to do whatever they [People] need, that may be

offering support, listening to their concerns, having fun or supporting them to do something they want to do." During our visit we observed people approached care workers in a comfortable and relaxed manner. We observed shared laughter and friendly chatting.

People were supported and encouraged to make choices about their day to day lives. Care workers respected the decisions people made. One person told us they liked to spend their time shopping. Daily records confirmed the person was regularly supported with this activity. Care workers told us, they involved people as much as possible in making daily choices and decisions which staff respected. For example, we heard the team leader asking people if they wanted to talk to us about the support they received, some people chose not to. Care workers asked people how they would like to spend their day and what they would like to eat for their evening meal. Staff then supported people to fulfil the choice's they had made.

People told us they were supported to increase their independence and the support they received was flexible to their needs. One person told us care workers had helped them secure work as a 'Volunteer' because the person wanted to gain work experience. The person told us they enjoyed their work which was important to them. A relative told us, "Staff encourage [Person] to do as much as they can for themselves, which can take longer, but they never rush. I really appreciate that." A care worker told us, "We encourage them [People] to do for themselves. They may not be able to do the whole task so we break it down into bits and do it together. People's independence is very important."

## Is the service responsive?

### Our findings

All the people and relatives we spoke with told us they were very satisfied with service they received because the service was reliable, provided by care workers they knew, and who understood their needs and preferences. Comments included, "I have the same carers stay with me at home, they are nice.", "No one has ever arrived more than a couple of minutes late, and if anything, they appear to arrive sooner...they very often stay longer if they are half way through an activity with [Person].", And "Although it's early days, we've been very impressed so far."

The registered manager told us before agreeing to provide a service one of the management team visited the person and their family, or representative to carry out a detailed assessment. They explained this gave the service the opportunity to assess if staff had the necessary knowledge and skills to meet the person's needs and expectations. One relative described feeling reassured because the team leader had spent 'considerable time' asking questions and gathering information about their family member before agreeing to work with the person. They told us, "It was clear [Person's] and my thoughts and views were important."

The team leader explained once a service was agreed they completed all initial support visits. They told us, "This gives me time to really get to know the person and to develop a good rapport. Then I can ensure staff have all the information they need to support the person, as I gradually introduce and handover to the support staff." A relative told us, "I was very impressed with how much time was taken in introducing carers to [Person] and in the last six months they have all got to know her really well."

People received care and support from care workers who they were familiar with. One person individually named each care worker who supported them who they described as their 'friends'. A relative told us, "The Agency take the time to put together a small number of carers who they think will fit in with [Person]. That has worked very well." Another relative told us, "[Person] only has probably four different regular carers who cover the week and [Person] gets on famously with them all. When I pop in, I can often hear them having a laugh about something."

People were allocated 'keyworkers' and these staff members were responsible for overseeing people's care and support. This provided people with a consistent named worker. The registered manager told us people were asked who they would like as their keyworker and people's choices had been met. The team leader explained keyworkers had additional responsibilities including arranging and attending meetings, contact with family carers and ensuring people's wishes and needs were met.

Care workers knew the people they supported well. One care worker told us, "We start by reading support plans so we understand about people's backgrounds. Then we spend a lot of time with people, talking, listening and building relationships. This is how we learn about their needs, preferences and aspirations." Care workers told us they were allocated sufficient time to carry out care and support calls and had flexibility to stay longer if required. One care worker said, "If we need to stay longer or we need extra time we speak with [Team leader]. It's never a problem because we work as a team."

Care and support records contained detailed information from the person's perspective about how they wanted to live their lives, what they liked and did not like doing, and how they wished to be supported. A relative told us, "[Person] has a very detailed care plan. It's all about what they want and need." Records gave care workers clear instructions about what to do on each visit. For example, care workers were instructed to brush their own teeth whilst supporting a person with personal care. This was because the person liked to be independent with this task which they achieved by copying staff. Care records were regularly reviewed and updated.

Care workers had the information they needed to support people and respond to any changes in people's needs. Care workers completed records at each visit with information about the care and support provided and any changes to the person's needs. One care worker told us, "We write everything down and hand information over verbally. If there is an issue we always telephone the office. [Team leader] telephones other staff to share the information." A relative told us, They fill in the records every day and they will always tell me if they have encountered any problems with [Person]."

People and relatives told us they were involved in planning and reviews their care and support. One person told us, "I talk to the staff." A relative explained this was their family member's first experience of moving into a supported living environment they told us, "This means at the minute, and [Person's] care plan changes on a weekly basis. The carers and management work with us to ensure that changes are made appropriately." Another relative told us, "[Person] care plan is in his folder. We talked about it, agreed and signed it. We look at it every time we have a review meeting to see if we need to change anything."

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints, but knew how to complain and would be confident to raise any concerns with the management team, or care workers if they needed to. One relative told us they had been given a copy of the provider's complaint procedure when the service started. Another relative said, "I would have no hesitation and would feel comfortable complaining about something that I thought was important in [Person's] care." Care workers told us they would refer any concerns people raised to the team leader and they were confident concerns would be dealt with effectively.

There had been three complaints in the last 12 months. Records confirmed these had been managed under the provider's complaints procedure and appropriate action taken.



## Is the service well-led?

### Our findings

All relatives spoke positively about the way the service was run and the quality of the service provided. Comments made included, "I have the manager's mobile phone number and they genuinely want you to contact them about anything at all to do with the service.", "I think they [Management] are very open and it's well managed.", And "Communication with the management team is very good."

The service had a registered manager. There was a clear management structure within Powell House; this included the registered manager, a service manager and a team leader. We were told the 'day to day' running of the service was the responsibility of the team leader, with the registered manager focusing more on systems, processes and future planning. The registered manager was also a director of the service and was not present at Powell House on a daily basis. However, the team leader told us they felt supported because the registered manager, service manager and the provider were always available if there were any concerns or issues they required support with.

There was a positive culture within the service driven by the management team. The registered manager and nominated individual had clear visions and enthusiasm about how they wished the service to be provided. The team leader told us, "I'm very passionate about what we do and I am looking forward to further developing the quality side of things." Care workers, demonstrated they had clearly adopted the same ethos and enthusiasm. This showed in the way they responded to and spoke about the people they were supporting. Care workers told us creating positive opportunities for, and improving the lives of the people they supported was central to everything they did."

All care workers described Powell House as a good place to work. One said, "I love my job, being with the clients and knowing you have done something for them." Another care worker told us, "I think we have a really good team. Everyone is ready to pitch in and help out. We have a 'let's give it a go approach'."

People, relatives and care workers described the management team as approachable, open and supportive. One relative told us, "We have a good relationship and I know I can speak to any of them at any time." A care worker said, "I have never had such a friendly and supportive management. That doesn't mean they are not strict, but they do it in a positive way."

Throughout our office visit people popped into the office to say 'hello' and chat with the team leader. The team leader consistently demonstrated they had a comprehensive understanding of people's needs and people felt comfortable engaging with them. For example, we observed the team leader using 'Makaton' to communicate with one person. Makaton is a language programme designed to support spoken language with the use of signs and symbols.

Care workers told us they were supported in their roles through regular team and individual meetings with a member of the management team. They said these meetings gave them the opportunity to discuss any issues of concern and areas for self and service development. One care worker told us, "You can say anything that's on your mind. Everyone is encouraged to put their point across." Another told us they felt

valued and listened to because the management team were receptive to their ideas. The care worker told us they had suggested using a local supplier because food could be purchased in smaller quantities which may help one person they were supporting with weight management. They said, "My idea was accepted."

Care workers told us a senior person was always available if they needed support or guidance. During our visit we saw the registered manager and team leader spent time with staff and provided advice and support when required. The provider operated an 'on call' system to support people, relatives and staff outside of 'normal' office hours. A relative told us, "I have the out of hour's telephone number and on the very rare occasion when I have phoned it, it has been picked up straightaway by someone who was able to answer my question." A care worker said, "The on call works really well." They explained how the person on call had responded to the request for assistance. They added, "Not only did they come out straight away, but they stay overnight to make sure [Person] and me, were safe."

The provider asked people and relatives their views about the service and their feedback was used to make improvements. For example, a relative had commented they did not always know which care worker was visiting their family member. The service responded by introducing the issuing of a weekly staff rota. Another relative told us, "We always know in advance who is coming which is reassuring."

The registered manager and provider monitored and audited the quality and safety of the service provided. This included monthly checks of care records to ensure they continued to accurately reflect people's needs, medicine audits to check people received their prescribed medicines and observations of staff performance to ensure they followed policy and procedure. Quality checks identified what the service did well and where improvement was needed. We saw the registered manager maintained an action plan where a need for improvement had been identified. The action plan was regularly reviewed and updated to show when actions had been completed and those which still needed to be addressed. These checks ensured the service continuously improved.

The registered manager told us they met with the provider each week to discuss any issues and service developments. The provider, registered manager and service manager also attended regular meetings with the local authority and other providers. The registered manager told us these meetings were important because they provided opportunities to make links with other providers and to share good practice ideas and service improvement opportunities. They explained the meetings were also used as a way for the local authority to share information including any changes to legislation.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted required statutory notifications and completed the provider information return (PIR).. We found the information in the PIR was an accurate assessment of how the service operated. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

During our inspection we asked the management team what they were proud of about the service. They registered manager told us, "We are able to offer a reliable responsive service. The management team are approachable and flexible and the service has a good reputation with health and social care professionals. I am proud that staff are well trained, flexible and of the relationships they have developed with the people they support. The team leader added, "We are very person centred and have a good rapport with service users and their families. The management team have used their learning and experience to ensure the staff team are well –led. We have built positive relationships with our staff. I am very proud of what we do and that people get a very good service."

