Care Quality Commission

Cornwall Care Limited

My Choice

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

My Choice is the collective name for two distinct services that provide personal care from Cornwall Care's head office. One service that we will subsequently refer to as the supported living service provides personal care in supported living settings to 10 people with complex care needs including learning disabilities and mental health needs. This service employs approximately 65 staff and aims to provide bespoke care that enables people to live independently within their local communities.

The other service subsequently referred to as the home care agency provides supports to over 300 predominately older people in their own homes. This service employs around 180 staff and operates throughout the county of Cornwall.

Each service is led by a registered manager who reports to different directors on the provider's board. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People consistently told us their staff were caring and respectful. People said; "Yes, they do treat me with respect, they are a fantastic group", "They are all very kind, they have a very nice attitude and are very respectful." and," They are wonderful. I couldn't wish for better carers and I couldn't do without them."

Both services provided staff with appropriate inductions and subsequent training to ensure staff were sufficiently skilled to meet people's care and support needs. All staff received regular supervision and coaching to help further develop their skills.

Staff and managers of both services knew people well and understood people's specific care and support needs. Staff spoke of the people they supported with kindness and compassion while people described extra tasks and little jobs that staff had completed in addition to their specific care responsibilities. The registered manager of one service commented, "We are really lucky because I know all the staff will go the extra mile for the clients."

People received a visit schedule each week including details of their planned visit times and names of care staff. People valued this information and commented that information was reasonably accurate with the, "odd glitch".

Visit schedules showed that people normally received care from consistent staff teams and that people's preferences in relation to care staff were respected. Call monitoring data and daily care records showed most visits were provided on time and of the planned length.

Care plans were up to date, accurately and sufficiently detailed to enable staff to meet people's care and support needs. Care plans had been developed based on information from commissioners, people's wishes and staff experiences of providing care to the individual. One person told us; "I do think the care is personalised, they have been caring for me during the time my condition has worsened and have adapted the care they give." There was some variation in the quality of care plans used by different teams within the home care service. The manager was aware of this issue and had taken appropriate steps to ensure care planning documents were of a consistently high standard.

Both services were well led and there were appropriate systems in place to support each registered manager. Quality assurance systems were designed to ensure compliance with relevant legislation and people's feedback was valued by managers.

The home care service had recently experienced management challenges as a result of significant numbers of staff resignations. This situation had been well managed. Where the service had been unable to continue to meet people's care needs the service had worked collaboratively with commissioners to arrange for people's care to be safely transferred to other providers.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. Recruitment procedures were safe and staff understood their responsibilities in relation to the safeguarding of adults.

Risks were well managed and there were systems in place to enable staff to support people with their medicines.

Although the home care service had experienced challenges in relation to staffing levels these had been managed appropriately to ensure people's care needs were met.

Good

Is the service effective?
The service was effective. Staff were well trained and both service's induction processes complied with the requirements of the Care Certificate.

Staff and managers understood the requirements of the Mental Capacity Act 2005.

Peoples' care plans included guidance on the support they required with food and drinks.

Good

Is the service caring?
The service was caring. Staff were kind and compassionate and understood people's care needs.

People's privacy and dignity was respected and valued by their staff.

Good

Is the service responsive?
The service was responsive. People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

Call monitoring information demonstrated people normally received their care on time and staff routinely provided care visits as planned.

Complaints and concerns had been investigated and resolved to people's satisfaction.

Good

Is the service well-led?
The service was well led. Both registered managers provided effective leadership to their staff.

Quality assurance systems were effective and designed to ensure the service complied with relevant legislation.

Good

My Choice

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 checked 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 7, 8 and 14 July 2015. The service was given 24 hours notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of two inspectors and two experts by experience.

The service was previously inspected on 24 January 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and visited four people in their own homes, spoke with the 33 people, six people's relatives, eleven members of care staff, two care coordinators, two area managers, two visit planners, both registered managers and the provider's projects director. We also spoke with five health professionals who were regularly involved in supporting people who used the service. In addition we observed staff supporting people during our visits to their homes and inspected a range of records. These included nine care plans, seven staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

Everyone told us they felt safe and trusted their care staff. People's comments included; "Oh yes I am very safe with them", "I feel very safe, they check for water spillage on the bathroom floor and always mop it up. I have not suffered any verbal or physical abuse, we have plenty of laughter", "I do feel safe with all the carers" and, "The carers would not even think about abusing me, it wouldn't cross their mind." Staff told us; "All our clients are safe" and, "Everyone is well looked after."

Staff and both of the services' registered managers understood their responsibilities in relation to the safeguarding of adults. Staff regularly received training in this area and were able to explain how they respond to any incident of suspected abuse. One senior member of staff described how a carer had told them some concerning information. This staff member described how managers had supported their decision to refer this situation to the local authority for further investigation.

All of the care plans we looked at included assessments of risks identified during the care planning process. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation their care and support needs. For each area of identified risk staff were provided with guidance on the actions they must take to protect themselves and the person they supported.

The risk assessments used by the supported living service included significantly more detailed information about specific risks to both the individual and staff. These detailed assessments included information provided by health and social care professionals and criminal justice services, designed to enable staff to safely provide care and support. Professionals who worked with the supported living service told us, "Staff understand the risks associated with the specific needs of [the person] and how to manage them".

The supported living service had appropriate systems in palace to ensure people were always supported by suitably experienced care staff. The robust on call arrangements meant staff sickness did not impact on people's care and there were procedures in place to ensure people's care was not affected by periods of adverse weather.

The home care service's process for ensuring care was provided during periods of adverse weather were informal. The process was based on the premise that each area manager was responsible for prioritising care visits, while office staff would ensure people were informed of changes to their planned visit schedules.

Where accidents or incidents had occurred they were fully investigated by the relevant registered manager. Where these investigations identified areas for improvement, action was taken to further protect individuals and staff.

The home care service used a call monitoring system where staff reported their arrival and departure from each care visit by telephone. This information was monitored in real time by the service's four office based visit planners, to ensure all planned care visits were provided. On the days of our inspection all planned care visits had been provided and staff were able to explain why individual members of staff were running behind schedule. This showed people were protected from the risk of missed care visits, as office staff could identify the possibility of a visit being missed. Staff could then make appropriate arrangements for the visit to be provided by other carers. People told us, "They never missed a visit". While staff said, "We always go out to people" and the registered manager commented, "We don't really have any [missed visits]."

Staffing levels in the supported living service were more than sufficient to ensure the service was able to safely meet people's care needs. Staff turnover in this service was low and staff had a highly detailed understanding of people's care needs.

In the home care service staffing issues were significantly more challenging. As a result of contractual challenges the service had agreed temporary changes to staff contracts. These changes had impacted on staff morale and a number of staff had subsequently resigned from the service. The reduction in staff numbers resulted in the service no longer being able to adequately meet the care needs of everyone they supported. In light of these reductions in staffing levels, the register manager had reviewed the service's ability to provide care and support. In order to deliver a safe service the registered manager decided to reduce the number of people the service supported. Where the service was no longer able to meet an individual's needs this was explained to the person and the commissioners of their care. The service had consistently provided sufficient periods of notice to enable

Good

Is the service safe?

other services to be safely commissioned. Where commissioners had been unable to identify alternate care provision, the service had worked collaboratively with commissioners and relatives to ensure people's care needs were met safely. The registered manager told us that throughout this challenging period, "Our whole point of focus was on how we could help people."

We reviewed the visit schedules of staff, area managers and care coordinators. We found there were currently sufficient numbers of staff available to meet people's care needs. Senior staff had not routinely been expected to provide scheduled care visits. Senior staff were instead used to cover incidents of staff sickness, or where planned care visits had significantly over run. Senior staff told us, "I do not get rostered in for a whole shift. I pick up the odd hours here and there" and "It has been really difficult but clients are our main priority." The registered manager said, "Care coordinators and area managers are having to do care. I am aware of it and am trying to review and change that".

The recruitment processes used by services were robust. Necessary Disclosure and Barring Service (DBS) checks had been completed and references from previous employers reviewed before new employees began work. At the time of our inspection the home care service was in the process of setting up a large recruitment campaign throughout Cornwall. The service was developing effective working relationships with job centre staff to encourage appropriate applications from suitable candidates.

Staff had received training on how to support people to manage their medicines. In the home care service we found this support was generally provided by prompting or reminding individuals to take their medicine. In the supported living service staff were more regularly involved in administering people's medicines as a result of the person's health care needs. Where staff administered medicine this was done from blister packs prepared by a pharmacist and the person's Medication Administration Record (MAR) chart was completed and signed by staff.

There were appropriate controls and procedures in place to enable staff to collect items of shopping for the people they supported. People told us they valued this support and commented; "My carer will always ask me if I need any shopping, I always get a receipt" and, "They have been doing odds and ends of shopping for me and have always brought me a receipt."

Good

Is the service effective?

Our findings

People who received care from both the supported living and home care services told us they felt staff were well trained and understood how to meet their care needs. People's comments included; "Each and every one seems very efficient" and, "The carers seem to be well trained."

Staff records were well organised and demonstrated all staff had received appropriated training in subjects including, safeguarding adults, moving and handling, infection control, first aid and, conflict resolution. Staff told us, "They give you a lot of training", "We have very good access to training" and, "The training is intense, very good". In relation to the Supported living service professionals commented, "there is continuity in the staff team. It feels like they have the necessary skills to deliver "person centred" support".

We saw the home care service had appropriate procedures in place for the induction of new members of care staff. Once employed new staff received an initial week of formal classroom based training, before shadowing and observing experienced members of staff for a further week. New staff members were then initially rostered to provide care visits to individuals who required support from two members of staff. This was until they felt sufficiently confident to provide care visits independently. In addition, during their probationary period new members of staff were expected to complete additional training. This was in accordance with the requirements of the care certificate. Recently recruited members of staff said; "I have had a full week in the office training and I have a full week of shadow shifts coming up" and, "The training is absolutely immense and I had two weeks of shadowing after the training". While an experienced carer who had been recently employed told us, "I am learning things I did not know before".

The supported living service used targeted recruitment processes to appoint experienced care staff to people's individual support teams. Prior to a member of staff joining a person's support team, they were provided with specific training on how to meet the individual's care and support needs. The introduction of new members of staff was carefully managed to ensure both the person and new member of staff were comfortable with their new roles.

Staff received regular supervision, which was an opportunity to discuss working practices and identify any training or support needs with their line manager. In addition there were coaching sessions taking place. This involved, experienced senior staff members observing the staff member providing care. Where necessary they offered additional guidance or suggested changes to practice. Each year an annual appraisal of staff performance was completed, during which staff were encouraged to identify future learning and development objectives. Staff from both services told us they felt well supported by their managers. One staff member said, "[The registered manager] is very good, very supportive of us."

Team meetings were held regularly in both services. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

The registered managers recognised and valued the contributions made by individual members of staff. During our inspection visit one person specifically praised a staff member who they believed provided exceptional care. We shared this information with the register manager of the home care service. They explained this staff member had recently been nominated for a "My Moment" award. The "My Moment" award is the provider's system of formally recognising and celebrating outstanding contributions made by individual members of staff.

Managers and staff of both services understood the requirements of the Mental Capacity Act (MCA). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Where decisions had been made in people's best interests these complied with the requirements of the act and been fully documented within the person's care plans. The registered manager of the supported living service had recognised that some aspects of the care being provided represented a deprivation of the person's freedoms. The manager had made appropriate applications to the Court of Protection in relation to the specific care needs of these individuals.

In the supported living service people's care plans included clear guidance for staff on how to support each person when they became upset or anxious. This included information about events likely to cause the person to become anxious and detailed guidance on how the person preferred to be supported when they were anxious. During our inspection visit to one person's home, we observed

Good

Is the service effective?

staff effectively using appropriate distraction techniques to support the individual. Professionals told us, “All the staff are switched on” and records showed staff had received accredited training on how to support people when they became anxious.

People had been involved in both the development and review of their care plans. They had signed these documents to formally record their consent to care as described in these documents. People told us they were able to make choices about how their care was provided and that staff respected their decisions.

People’s care plans included guidance for staff on the support each person required in relation to food and drinks. Daily care records included details of the food and drinks people had been given during each care visit. One person told us, “I have a choice of what food I eat, I select it the previous day, they take it out the freezer and put it in the fridge, when they come the following day they know what I will be eating. They check the use by dates on my food and throw away anything that is out of date.”

Care records from both services demonstrated successful joint working with other health and social care services to ensure peoples’ needs were met. People had been supported to access a range of health professionals. These included GP’s, dentists, occupational therapists and district nursing teams when required. One person told us, “They (the carers) will tell me if anything is wrong. They will spot things, if for example I need to phone the doctor.” Professionals told us, “They are good at following my advice” and, “Do work well with us.” Most professionals reported the service was, “Always very good at communication with us”, however, one professional said it was often difficult to get hold of staff from the home care service outside of office hours.

Good

Is the service caring?

Our findings

People consistently told us their staff were caring and respectful. People said; "Yes, they do treat me with respect, they are a fantastic group. I was not well the other week and the carers took over and treated me in the way that was needed for my illness.", "They are all very kind, they have a very nice attitude and are very respectful. I am able to chat with them in a pleasant way, even my husband joins in", "I look forward to them coming" and, "They are wonderful. I couldn't wish for better carers and I couldn't do without them." Staff said; "Our team is so good as we all want to look after the clients" and, "The clients' are lovely and definitely looked after."

The registered manager of the supported living service demonstrated a highly detailed understanding of people's specific care needs. During our inspection visit to one person's home we observed that care staff understood the person's specific needs and provided professional and sensitive care. People were comfortable with the staff who supported them and told us "They [staff] are all good with me". Professionals said, "I can't fault them. They are very good at understanding [the person's] needs and responding to them".

Staff of the supported living service understood and recognised the importance of respecting people's choices and decisions. One staff member described how they had recently been unable to undertake an activity the person had been looking forward to. The staff member told us, "We can only prompt so much, so I just had to let [the person] sleep. It was [the person's] choice. We are planning to go again soon."

Staff, area managers and care coordinators of the home care service had developed caring relationships with the people who they supported. Staff spoke of the people they supported with obvious kindness and compassion. Staff told us "I seem to make people laugh and giggle while we are there", "I really enjoy it", "The clients are all lovely, well looked after and all very happy. We all do more than we should" and, "a lot of us go beyond what is required". The registered manager said, "We are really lucky because I know all the staff will go the extra mile for the clients."

We looked at the visit schedules and staff rotas for the home care service. These records showed people generally received care from consistent staff teams. People valued their visit schedules because this meant they knew who their next carer would be and when they were due to arrive. Most people told us they received care from consistent groups of carers who they knew well, however, a minority of people reported that the recent staffing changes had resulted in increasing numbers of different staff providing their care.

During our inspection visit one staff member informed an area manager that the person they had just visited looked a bit unwell. The carer was concerned about the person's welfare during the period until the next scheduled care visit. The area manager valued this feedback and made arrangements to check in on this person on their way home. Another staff member called the office during a care visit to report that the person they were supporting was very upset. The staff member did not wish to leave this individual alone and had rung the office for guidance. The manager agreed the staff member should stay with the person to provide additional support. The staff member was advised to 'clock out' at the end of the visit as normal. They were told this additional visit time would be recorded as training to ensure the carer was paid for the additional care provided. The manager then made immediate arrangements for the carer's next visit to be provided by another member of staff. These observations demonstrated the service's kindness and compassionate approach to the people they supported. People told us; "The girls will go out of their way to deal with any worries I might have" and, "The carers are fantastic. I can't rate them too highly. I love them coming in."

People spoke about how well they got on with their care staff and described how staff often went out of their way to ensure their care needs were met. People described additional tasks and jobs carers had completed around their home and said; "They will do little jobs and pick things up from the shop for me". Staff told us, "I always ask people if they want anything else and do whatever I can to help them out".

People were confident their carers respected their privacy and said, "The carers are very good, they never talk about anyone else so we know that what we say is kept confidential." However, a minority of people reported they had recently experienced staff "grumbling" about the company which they, "did not think was appropriate".

People and their relatives all told us staff respected people's dignity and independence. Comments received

Good

Is the service caring?

included, “They treat me respectfully and as an individual, they are first class, it is not a job I would do, I have great respect for them.”, “The carers are very good, they wash me with dignity and they always close the door to keep it warm”, “The carers do respect my home and belongings” and “I am able to make my own choices about the care I receive.” One person’s relative said, “They give [the person] a bed bath every day and always show respect, they close the door whilst they are doing this. They speak to [the person] in a kind and caring way. When a male carer visits, (only in the evening) he helps with the lifting and moving but not with the personal care.” Staff told us, “To protect people’s dignity I try and make it like I am not there” and “I don’t talk about other clients and always make sure I close the curtains and door before providing any personal care.” Professionals commented; “They are absolutely fabulous with [the person]”, “They are near the top of the services I deal with” and, “I have always rated My Choice for the dignity and care they provide.”

Good

Is the service responsive?

Our findings

The supported living service used an extremely detailed and extensive care assessment process. This was to ensure the service would be able to meet people's individual needs. The assessment process involved visiting the person in their current environment to discuss their care needs and extensive communication with professionals involved in their support. Information gathered during the assessment process was used to identify the person's specific needs and preferences in relation to support staff. The registered manager then specifically engaged staff who were both, likely to get on well with the person and able to meet all of the individual's care needs.

The home care service used appropriately detailed care needs assessments based on information provided by the commissioners of care. Information gathered during conversations with individuals in need of care and senior care staff's experiences of providing initial care visits was also included in the assessment process. These documents used a colour coding system to identify the specific areas and extent of support each person required. A care coordinator told us, "I do the first care visit as this gives me a better overview of the client and their needs" and explained that a formal care plan was always developed within the first 48 hours of a person's initial care visit.

All of the care plans we looked at had been regularly reviewed and updated to ensure they accurately reflected people's current care needs. We found that care plans were available in people's homes during the home visits we made. People and their relatives told us they had been involved in the development and review of their care plans and that their plans reflected their current care needs. Comments we received included; "I do think the care is personalised, they have been caring for me during the time my condition has worsened and have adapted the care they give", "Staff are always friendly and keen to help", "I know a member of management comes to visit Mum to assess her situation about twice a year" and, "[the person] is always taken care of."

Both services used information from their assessment processes to inform the development of people's care plans. All of the care plans we looked at were sufficiently detailed to enable staff to provide effective care and support. The care plans included information about the person's life history, hobbies and interests. One senior staff member commented, "Anything the carer can talk about is fantastic" as it helps staff to start conversations. In addition details of people's wishes and desired outcomes of care were recorded. For example one person wished, "To be able to continue needlecraft and knitting activities".

Staff told us; "It's all in the care profile, what you have to do. It tells you what you need to know", "There is plenty of information in the care plans so a novice can read it and knows what needs to be done", "The care plans are very good actually" and, "all the care plans are up to date."

The care plans used by the supported living service were extremely detailed and personalised. In the home care service there was some variation, in both the style and depth of information available in the plans used by different teams. Some of the care plans for this service were task orientated and lacked specific information about the person's ability to support themselves. Other care plans, however were more details and included clear guidance for staff on how to meet the person's care needs. The registered manager of the home care service was aware of this issue and had worked with one of the service's care coordinators to develop a number of example care plans. These example care plans had been shared with all care coordinators and additional guidance and training on care planning had been provided to drive improvements in the quality of individual plans and ensure consistency across the service. One care coordinator explained, "I write it [care plan] as a story of what to do from the time in the door to the time out the door".

Daily records, which were completed by staff at the end of each care visit, had been returned to the service's office regularly. These records were signed by each member of staff and recorded their time of arrival and departure The daily records also included details of the care and support provided, food and drinks the person had consumed and any changes staff had observed

in relation to the person's care needs.

The daily care records completed by the supported living service were more detailed. They included additional information about activities people had engaged in and details of how the person had spent their day. People told us, "They [staff] encourage me to do more things. I am joining the gym and they've helped me to do that". Professionals involved with the supported living service

Good

Is the service responsive?

said; “They are encouraging [the person] to do lots of activities including swimming” and, “The staff are encouraging [the person] to take part in community activities to develop Life skills.”

The systems for managing complaints and concerns reported by people who used the service were effective. All complaints had been investigated and where necessary appropriate procedural changes had been made to improve people’s experiences of care. People knew how to raise complaints with the service and those who had raised concerns were satisfied their concerns had been addressed and resolved. People told us; “My concerns in the past have been acted upon by the carers and the office”, “I asked the office not to send him and not to send any more male carers, they listened to me and have not sent me a male carer since” and, “I contacted the agency and asked them not to send this person again and they have agreed”. One person’s relative told us, “Staff have taken [my relatives] concerns very seriously and have always acted on them.” Where people provided positive feedback about specific staff there were systems in place to recognise and reward staff for their contributions. Positive feedback had been shared with staff teams and bunches of flowers awarded to individual staff members in recognition of the contributions to the service.

During our inspection visits to people’s homes we saw everyone had received a visit schedule with full details of their planned visit times. This showed which staff would be providing their care during each visit. Most people told us these schedules were normally accurate and that the carer or office staff would contact them if there were any changes to the planned visit times**.** People told us; “I receive a list every week of who will be calling, the carers will phone or tell me if there are going to be any changes, not the office” and, “I am sent a time sheet with who and when they will be coming, I find this very useful. If there has been a delay I can phone to say that so and so has not arrived.”

We looked at the services visit planning system and found the system recorded details of people’s individual preferences. Where people had expressed preferences in relation to the gender of their care worker, or where a person had asked not to receive care from a specific member of staff, this information had been recorded. The visit planning system then alerted staff when planned visits clashed with the person’s recorded preferences.

We reviewed the service’s visit schedules, call monitoring data and daily care records. Our analysis found that although there was some variation in the planned start time of care visits, people’s carers normally arrived on time and provided the full planned care visit. However, a minority of people reported that the timing of their care visits was variable. People told us the rota they received was usually accurate with, “The odd glitch”. For example one person said, “Last week was a bit of a muddle up they had not told me of a change to the visit time and the carer arrived while I was having my tea. I made them wait. They do slip up like that sometimes”.

Staff told us that their visit schedules did not usually change much. They said; “If they have made a lot of changes to your rota they text you with the changes and ask you to collect a new rota” and “The rota only really changes if someone goes sick or a client returns home form hospital”.

People told us the service was able to respond to any requests they made to alter or vary the timing of their care visits, to enable them to go out or engage with other activities. Relatives commented, “[my relative] had a hospital appointment so I phoned the office to ask if they could come earlier to wash and dress him. They were very good and came at a time to accommodate his needs” and, “when times have had to be changed around, they’ve always been helpful.”

Good

Is the service well-led?

Our findings

The service was well lead. Both registered managers fully understood their roles and responsibilities and were clearly focused on ensuring the people they supported received good quality care.

Most people told us they believed the service was, "well managed" and said they had, "no complaints" about the service they received. A number of people said they would be happy to recommend this service to others. However, a few people commented that it was sometimes difficult to contact managers from the home care service. Staff told us; "It's a very good company to work for" and "Their main priority is always the clients but they do look after us as well". Professionals who worked with the service said, "tend to be our first choice for [specific care needs]".

Each service had different management structures. In the supported living service the registered manager reported to the provider's operations director. The registered manager was involved in the care planning process and was also responsible for the management of staff with support from a deputy. Each person's care team was led by a senior support worker responsible for ensuring the person's day to day care needs were met.

In the home care agency the registered manager reported to the director of projects and was directly supported by four office based visit planners. Each visit planner was responsible for planning and scheduling the visits of two care teams and managing the call monitoring system to ensure all planned care visit were provided. Each of the eight care teams was led by an area manager responsible for local staff management and supervision. Area managers were supported by a client focused care coordinator, whose duties included developing and updating care plans and reviewing daily care records. Area managers and care coordinators were based within their geographical areas of responsibility and were able to provide care visits at short notice if staff members were unexpectedly unavailable. These area staff were required to work from the service's office one day each week to ensure effective and open communication between office staff and area teams.

Both registered mangers said they were well supported and that the current management arrangements were appropriate for their respective services. The registered managers regularly met with their supervisors and actively engaged with the provider's weekly operational management meetings. The project director was also actively engaged with a number of local provider liaison groups and had worked with other service providers and local commissioners in an attempt to resolve ongoing commissioning issues.

The home care service had recently experienced significant management challenges as a result of reductions in staff numbers. This situation had been well managed by the registered manager and project director. Where reduced staff availability meant the service was unable to fully meet people's care needs their transition to other care providers had been managed appropriately. The service had worked collaboratively with people, other providers and commissioners to develop appropriate solutions that met people's needs. Where commissioners had been unable to make alternate arrangements for people's care provision the service had identified appropriate alternatives and taken all necessary steps to ensure people's care need were met.

Regular formal audits by the provider's quality assurance team were used to monitor the performance of both services. Where these audits had identified any areas for improvement, actions had been promptly taken to address and resolve the identified concerns.

A number of people who received care from the home care service told us they had recently completed a questionnaire about the quality of care they received. We reviewed the results of this survey and found 191 people had responded to the questionnaire. Almost everyone reported that they were satisfied with the quality of care they received and 97% of people said they would recommend the service.

The location is currently appropriately registered as both the supported living service and home care service provide personal care from the same building. However, the services operate entirely independently of each other and their manager's report to different directors. This was discussed with the provider's project director who agreed it may be more appropriate for each service to be registered independently.