Milford Del Support Agency Limited

Milford Del Support Agency

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

Summary of findings

Overall summary

Milford Del is a domiciliary care agency. It provides care and support services to people living in their own homes in the community. Not everyone using Milford Del received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of the inspection, Milford Dell were providing the regulated activity of personal care to eight people. Our inspection was based on the care and support provided to these eight people, each of whom received a variety of care hours from the agency depending on their level of need. Some people had a learning disability or autism and were living in individual supported living flats; they required support to enable them to retain a level of independence. Other people had spinal injuries and required 24/7 support with personal care; they were cared for by the agency's 'spinal team'.

This inspection was conducted between 23 and 27 July 2018 and was announced. We gave the provider two working days' notice of our inspection as we needed to be sure key staff members would be available.

We last inspected the service in March 2017 when we did not identify any breaches of regulation, but rated the service as 'Requires improvement'. Following that inspection, the registered manager wrote to us detailing the improvements they planned to make. At this inspection, we found improvements had been made and a new registered manager had been appointed.

There were enough staff available to complete all care and support visits and action was being taken to notify people of any changes to the rotas.

Robust recruitment procedures had been put in place to help ensure that only suitable staff were employed. Individual and environmental risks to people were managed effectively.

Where staff supported people to take their medicines, we found this was usually done in a safe way. Staff followed infection control procedures and used personal protective equipment when needed.

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse. The registered manager reported incidents appropriately to the local safeguarding authority and conducted thorough investigations.

People were complementary about the competence of staff and the quality of care they received. New staff completed an effective induction into their role and experienced staff received regular refresher training in all key subjects. Staff were appropriately supported in their role by managers.

Staff followed legislation to protect people's rights and sought consent before providing care or support to people.

Managers conducted assessments of people's needs before agreeing a package of care; where necessary, they put additional resources in place before the person started receiving the service. Care plans were informative, up to date and reviewed regularly.

People received personalised care from staff who understood their individual needs well. Staff were flexible and adaptable when people's needs or wishes changed.

Where staff were responsible for meeting people's nutritional needs, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences.

Staff monitored people's health and supported them to access healthcare services where needed.

Staff were caring and compassionate. They built positive relationships with people, encouraged them to be as independent as possible and involved them in decisions about their care.

Staff treated people with dignity and respect and protected their privacy during personal care.

Staff were committed to supporting people to receive compassionate end of life care and were working with a healthcare professional to develop end of life plans for people.

People had confidence in the service and felt it was managed effectively. They knew how to raise a complaint and felt they would be listened to.

There was a clear management structure in place. Managers were communicative and acted as positive role models. Most staff were motivated and happy in their work.

There was an effective quality assurance process in place. The provider sought and acted on feedback from people.

There was an open and transparent culture. The registered manager notified CQC of all significant events and fully complied with the duty of candour requirements.

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.

Individual risks to people were managed effectively.

There were enough staff deployed to attend all care and support visits. Recruitment practices helped ensure only suitable staff were employed.

Where the service supported people to take their medicines, this was usually done in a safe way by trained staff.

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse.

There were appropriate systems in place to protect people by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were competent, suitably trained and supported in their roles.

Staff acted in the best interests of people and followed legislation designed to protect people's rights.

Staff conducted assessments of people's needs before agreeing a package of care. They supported people during their transfer to the service and if they subsequently moved to other care settings.

Staff used technology to enhance people's care and promote independence.

Where staff were responsible for meeting people's nutritional needs, they supported people to maintain a healthy, balanced diet based on their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They built positive relationships with people and promoted their independence.

Staff protected people's privacy and respected their dignity.

People, and family members where appropriate, were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans were reviewed regularly and staff responded promptly when people's needs changed.

Staff were committed to supporting people to receive compassionate end of life care and were working with a healthcare professional to develop end of life plans for people.

People knew how to raise a complaint and there was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

People and staff had confidence in the service and felt it was managed effectively.

There was a clear management structure in place. People benefitted from a service where most staff were motivated and happy in their work.

A quality assurance process was in place to assess and monitor the service. The provider sought and acted on feedback from people.

There was an open and transparent culture and the registered manager notified CQC of all significant events.

Milford Del Support Agency

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.

The inspection was announced. We gave the provider two working days' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspection was conducted by one inspector. The inspector visited the service's office on 23 and 27 July 2018 to see the registered manager and office staff and to review care records, policies and procedures.

Before the inspection, we reviewed information we held about the service including notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also sent questionnaire surveys to people using the service, staff and professionals who had contact with the service. We used the information to help focus the inspection.

During the inspection we spoke with three people who used the service, or their relatives, by telephone. We visited and spoke with six people in their homes and two of their family members. We spoke with a director of the provider's company, the registered manager, the 'whole service assistant manager', three supervisors, an assistant supervisor and 13 care workers. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training and recruitment records. We received feedback from two healthcare professionals, a member of the CCG medicines optimisation team and a citizen advocate who supported a person who received the service. A citizen advocate is an independent, unpaid volunteer who develops a long-term relationship with a person so they can speak up for the person and reflect their views.

We last inspected the service in March 2017 when did not identify any breaches of regulation, but rated the service as 'Requires improvement'.

Good

Is the service safe?

Our findings

There were sufficient numbers of staff available to complete all support visits to people. People received a rota at least a week ahead showing which staff members were allocated to support them each day. They told us the staff allocated had the necessary skills to support them with all planned activities. For example, one person needed staff who could drive and said this now happened consistently. We also found a smaller team of staff supported each person, which allowed them to better understand the person and meet their needs in a more consistent way. A citizen advocate who supported a person receiving the service told us, "[The person] gets the continuity of support he needs; [managers] are very careful which staff they put with him."

Overall staffing levels were determined by the number of people using the service and their needs. The registered manager told us new care packages were only accepted if sufficient staff were available to support the person. For example, we saw additional staff had been recruited before the service had started supporting a person with complex needs.

New recruitment procedures had been put in place since the last inspection to help ensure only suitable staff were employed. Staff files included full employment histories and records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started work at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. References had also been sought from relevant people to check applicants were of good character. One person told us the staff recruited had "the right personalities". They added, "[The assistant whole service manager] knows my personality and knows who would get on with me. She filters new staff to make sure they all get on and I've got a happy team."

Where the service supported people to take their medicines, we found they received their medicines as prescribed. The provider had clear procedures in place to train and check the competence of staff administering medicines. However, we found the procedures were not always robust. A new member of staff had been approved to administer medicines, having been assessed by a new supervisor who had not received sufficient training to enable them to complete a credible assessment. We discussed this with the registered manager, who took immediate action to amend the training and assessment procedures to bring them in line with best practice guidance.

Appropriate systems were in place to obtain, store and dispose of medicines safely. We checked a sample of medication administration records, which were used by staff to record when they had administered medicines. These confirmed that people had received their oral medicines and topical creams as prescribed.

People told us they felt safe with staff. One person said, "I feel totally safe. My life is in their hands and I'm totally relaxed." Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse. They were confident that managers would respond to any concerns they raised. One person was at risk of abuse through a relationship they had developed and there was a clear plan in place, agreed

by the person, to help protect them from potential harm.

Records confirmed that the registered manager had reported all allegations of abuse to the local safeguarding authority and to CQC, and had cooperated fully with all investigations. The registered manager shared details of one investigation they had conducted; this was thorough and had resulted in prompt action, in accordance with the provider's disciplinary procedures, to protect the person from further risk of harm.

People were protected from individual risks. Supervisory staff completed assessments to identify any risks to people using the service or the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring. For example, two people were at risk of developing a dangerous condition associated with spinal injuries. Staff were aware of the relevant signs and symptoms the people might display and the urgent action they needed to take. The information was also recorded in detailed risk assessments within the relevant care plans. One of the people told us, "They [staff] spotted some signs [of the condition] and would not go until the ambulance had come and assessed me." Another person was at risk of choking and staff knew how to thicken the person's fluids to the required consistency to reduce the risk.

There were appropriate systems in place to protect people by the prevention and control of infection. Staff had attended infection control training. They had access to personal protective equipment (PPE), such as disposable aprons and gloves, and we saw they used this appropriate during our visits. People living in the supported living flats were supported to complete a cleaning schedule each week to help control the risk of infection. One person was particularly vulnerable to picking up infections; staff were aware of this and one staff member told us, "Even if we have a slight cold, we don't go; it's not fair on [the person]."

Good

Is the service effective?

Our findings

People were complementary about the competence of staff and the quality of care and support they received. A person living in the supported living flats told us, "I love it here; they [staff] look after me. It's the best place I've ever lived; I can't fault the care." Another person said of the staff, "They are well trained and competent, with a good mix of skills." A heathcare professional told us, "[One person's care] is very good. They [staff] support them to attend appointments; they always seem well informed and aware of any changes in [the person's] life. They are on the ball and are quick to get on the phone to me if they need any advice. [The person] is in very good hands."

New staff completed an effective induction into their role. This included an initial training programme, together with 'shadowing' where they worked alongside experienced care staff until they felt confident and competent to work unsupervised. A family member confirmed this and added: "They [staff] do shadowing and they do that really well." Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and were supported to undertake other training relevant to their role, such de-escalation training for people with behaviour support needs. A supervisor told us, "I'm being supported to complete my level 5 [care management qualification] which I'm excited about."

Staff demonstrated an understanding of the training they had received and how to apply it in practice. For example, they explained how they supported a person who required specialist bowel care each day and how they supported other people with autism or a learning disability. One person told us staff used a ceiling hoist effectively to support them to transfer between their bed and their bathroom. A staff member told us, "[The service] is really good for training and they talk you through anything you don't understand. There's always a manager to go to if get stuck; it's really supportive."

Other staff told us they also felt supported in their work. Comments from staff included: "I feel more supported now. I know [the registered manager] would be there if I needed to chat", "I feel supported. If I ever have anything to ask, it's not treated as a silly question and there is always someone there for advice", "I feel supported. If I have a problem I ring them [management] up and they answer", "I've never felt so appreciated; it's like a breath of fresh air" and "[When I was injured], the office staff sent me a big bunch of flowers and kept in touch. They have been very good. I definitely feel supported."

The provider's policy required staff to receive monthly support from a supervisor in the form of a one-to-one supervision, a spot check or an observation of their practice. Due to supervisory changes, the monthly support checks had not been completed consistently since the beginning of 2018. The registered manager acknowledged that these checks had "slipped", but detailed plans they had put in place to address this. All staff who had worked at the service for more than a year had received an annual appraisal to discuss their performance, feedback any concerns and discuss any training needs. A staff member told us, "I can't remember having [a supervision] for some years. I did have an appraisal though; that was good. They asked if I wanted to develop or do any extra training."

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Since the last inspection, the registered manager had implemented new procedures to ensure that people only received care and support with their consent or with the consent of a person with legal authority to do so. We saw capacity assessments and best interests decisions had been made, where needed, in conjunction with family members where appropriate. However, the views of those consulted had not been recorded. We raised this with the registered manager, who immediately put new procedures in place to capture and document the views of those involved.

Where people had capacity to make decisions, they had been invited to sign their care plans to show their agreement with the proposed package of care. People confirmed that staff always sought verbal consent before providing care or support.

Managers conducted assessments of people's needs before agreeing a package of care. One person recently moved to the service from another area. They were supported during the transition period by a staff member who visited them beforehand to start building a relationship and gaining a fuller understanding of the person's needs. This also allowed time for staff to receive specialist training, for example to allow them to care for the person's percutaneous endoscopic gastrostomy tube (PEG). This is a tube that allows food and medicines to be given directly into the stomach.

Another person was due to start receiving care from the service shortly after the inspection. In preparation, staff had worked in collaboration with the person and a healthcare professional from a local hospice to ensure their needs would be fully met. The healthcare professional later told us, "[Milford Del] organised two successful meetings to ensure they provided a holistic and appropriate package of care to meet the patient's needs." They said managers had identified specific staff training needs and had recruited additional staff to meet the person's individual preferences. They added, "All members of the team were present during [the person's] moving in visit, which was exceptionally good practice and showed good co-ordination skills from the managers. [The newly appointed staff] went the extra mile by arriving early for the meeting and staying late; they were excited, keen and interested [in the person's care needs]."

People's care plans included information that could accompany the person if they needed to be admitted to hospital and this had been provided for a person whose admission had been planned. For unplanned admissions, this information was not readily available; however, the registered manager told us the issue was due to be discussed at a forthcoming managers development day where options would be considered. A person told us, "I don't think any information went with me [when I was admitted to hospital], but [the staff] were on the phone all the time [to advise ward staff] and they visited to offer support."

Where requested, staff accompanied people to healthcare appointments to provide support and aid communication. One person told us, "[A staff member] came with me for [occupational therapy] consultation and was able to help describe how I am." They said this had helped the therapist recommend a special chair that they found "more comfortable".

Staff supported people when they transferred to different care services. One person had been admitted to a mental health unit and staff were providing support to the person on the ward to help ensure their needs were met. They were also helping the person plan a future move to another area, where they would receive support from a different provider with whom the service would need to share information. Another person

was jointly supported by Milford Del and another care provider. The person's relative told us, "The agencies do liaise, for example to provide cover and help each other out."

Staff used technology to enhance people's care and promote independence. People living in the supported living flats had access to call bells to summon staff assistance; this meant they could spend more time alone and only accessed support when needed. Another person used a tracking device to monitor their location; if they left the service without support, staff could quickly find them and offer support before they came to harm.

Where staff were responsible for meeting people's nutritional needs, they supported people to maintain a balanced diet and helped some people to buy food and prepare their own meals. Staff described how they were encouraging two people who were over-weight to eat more healthily, using pictures of healthy meals, together with rewards for achieving specific goals. For example, one person had agreed to introduce a new, healthy food item each week and staff supported them to do this when they did their weekly shop.

Good

Is the service caring?

Our findings

People's needs were met by staff who were caring and compassionate. People described staff as "Nice", "Lovely" and "Kind". One person told us, "Staff are fantastic. They know what triggers my anxiety and I can be open with them." Another person said of the staff, "We have a bit of banter; they are more like friends really." A family member told us, "[My relative] feels comfortable with the carers. Younger carers seem to work better with her and she builds up a good rapport with them." A healthcare professional who had regular contact with the service described staff as "very caring and understanding."

When a person was supported to move to another care setting, they wrote a letter to the registered manager thanking them for the support they had received. The letter included the following sentences: "You taught me how to have fun in life", "When you smile it makes me want to smile back" and "One thing I'm going to miss is having you by my side". Written feedback to the service from family members was similarly positive, with one describing a particular staff member as "a treasure".

During our home visits, we observed positive interactions between staff and the people they were supporting. They clearly knew people well and had a good rapport. For example, a staff member warned a person, in a supportive way, about the dangers of staying in the sun too long and encouraged them to drink, which they then did.

Staff supported people to build and maintain relationships with people who were important to them. For example, two staff members supported a person to visit a close relative every week and another person was encouraged to speak to their relative by phone whenever they wished. A further person was supported to meet up with an old friend on a regular basis; they told us, "We meet up at the cinema sometimes and staff support that with transport."

We observed and heard staff treating people in a dignified way and with respect. A staff member told us, "We treat people like we would want to be treated; we have a good laugh [together]." Other staff described the practical steps they took to protect people's privacy during personal care, for example by making sure doors and curtains were closed and keeping the person covered as much as possible. One person said of the staff, "They are very good at protecting privacy by using towels." Another person told us, "[My personal care] is not the nicest thing, but we all sit in the bathroom chatting, I'm not embarrassed and they're not."

The registered manager explored people's cultural and diversity needs during pre-admission assessments and included people's individual needs in their care plans. For example, staff knew that one person preferred younger, female staff to support them and had recruited staff to meet this preference.

People and relatives told us they were involved in discussing and making decisions about the care and support they received; for example, a family member told us they had a copy of their relative's care plan and had contributed to it. People were also involved whenever their care and support needs were reviewed and their views were recorded in the care records. A citizen advocate who supported a person receiving the service told us, "I'm always invited to care reviews and kept up to date with any meetings so I can attend to

represent [the person]."

Staff encouraged people to be as independent as they could be. One person said, "I'm independent here. I do what I want, when I want." They supported some people to undertake regular exercises to maintain muscle strength and enable them to support their own weight. One person told us, "All the staff encourage me to do my exercises." People's care plans directed staff to promote independence during personal care. For example, one said, "Put soap on a sponge and hand it to the person." The person confirmed this was what staff did and described how they were also encouraged to do some cooking and cleaning with support from staff.

Staff stressed the importance of promoting independence. For example, one told us, "[One person] likes to put their cup on the window sill, which is a bit of a stretch for them. I could do it, but by letting [the person] do it, it maintains their independence and the stretching helps their muscles." Another staff member said, "It's three times harder helping someone to do something than just doing it for them, but that's not what we're about."

Good

Is the service responsive?

Our findings

People told us they received highly personalised care from staff who understood their needs well. One person said of the staff, "They listen to me and do things the way I want them to be done." Another person told us, "I always choose when I do my exercises and when I do my [household chores] and they [staff] help me with them." A further person, when asked if they were happy with the way they were cared for, indicated they were by nodding their head and smiling. A citizen advocate who supported a person receiving the service told us, "I'm impressed with the place. [The staff who support the person] understand him and meet his needs well."

People living in the supported living flats were supported to lead active, fulfilled lives. One person was being supported to socialise more; they had started to engage more with other people living in neighbouring flats, including taking meals with them. During the inspection, they were supported to attend an event held at another service operated by the provider. The person's family member told us, "I've just had a phone call from [my relative]. He was very excited about the barbeque he went to last night; it sounds like he really enjoyed it." Many of the people in the flats had also attended a local festival together, one of whom told staff they had had "the most wicked time". Written feedback from another family member confirmed that their relative was "improving under the new guidelines, going out more, eating better and interacting more".

When people wished to achieve personal goals to enhance their independence or well-being, these were recorded, together with a plan of action, to help ensure staff supported the person to attain them in a consistent way. For example, one person was working towards the goal of taking part in an activity that required them to lose some weight and there was a clear plan in place for this.

A person receiving care from the agency's spinal team was supported by staff to go abroad on holiday with their family. A family member wrote to the registered manager afterwards expressing their "grateful thanks for [the staff member's] enormous input into making our two week holiday such a success". They added: "[The staff member] starts to think about things a couple of weeks before we leave, ensuring [my relative] will have sufficient medication and supplies" and "While [on holiday] she looks after [my relative] in the same way as she does when he is at home so that he remains as fit and as healthy as possible."

Care was centred on the individual needs of each person. People were assessed before their care started to ensure the service could meet their needs in an appropriate and effective way. This allowed the person the opportunity to discuss any care preferences they had, such as the times of support visits and the way in which they wished to be supported. The information gathered from the assessment was used to inform the person's initial care plan. The care plan was then developed as staff got to know the person and their preferences better. Each person's care plan contained information about their specific needs and how they wished them to be met. The information was available within the person's home and in the agency's office.

During our visits we saw staff supporting people in a personalised way and staff were clear about the importance of taking a person-centred approach to providing care and support. Care plans were reviewed monthly or if the person's needs changed. Records of the care and support provided were up to date and

confirmed that people had been supported in accordance with their care plans.

People told us staff were responsive to their needs and were adaptable if their needs or wishes changed. One person described staff as "very accommodating" and said they tailored the level of physical support they provided each day, based on how they were feeling. Another person told us a physiotherapist had given them exercises to complete to help with their pain; they said, "I used to get pain in [a joint] but since the [staff] have been helping me with the exercises, the pain has gone. They were happy to help me with [the exercises] and they worked." The registered manager had recently introduced 'client-based' meetings for the staff team that supported each person. They were used to discuss the person's individual needs and any changes they wished to make to the support and care they received. Staff told us these had helped ensure people were supported in a more personalised and consistent way.

Staff knew people well and could spot changes in their health very quickly. When this happened, they discussed it with the person and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support, for example from doctors or community nurses. One person said of the staff, "They recognised when I got [a skin condition] in a place where I can't see; they monitored it and update the [community] nurses."

The registered manager told us they were committed to ensuring people received a comfortable, dignified and pain-free death. Most people receiving the service were younger adults, for whom discussing end of life care was not a priority; however, this was more relevant for some of the people receiving care from the agency's spinal team. The assistant whole service manager told us they had received training in end of life care. They were liaising with a healthcare professional from a local hospice to discuss the development of advanced care plans for people and showed us a template they intended to use for these. They were also planning to train more staff in end of life care. The healthcare professional later confirmed this and said they had already contributed to an advanced care plan for a person who started receiving the service shortly after the inspection.

People told us they knew how to raise a complaint and said they would "talk to staff". The service had a policy to deal with complaints, which included details of action people could take if they were not satisfied with their response. This was not available in a format that was accessible to all the people using the service; however, we saw the need for this had been identified and was included in the registered manager's action plan for the service. The complaint records we viewed confirmed that all complaints were investigated fully and dealt with promptly in accordance with the provider's policy. During the inspection, a family member with lasting power of attorney for their relative's finances raised a concern about the way their spending was recorded by staff; in response, the registered manager immediately introduced a different accounting system to better suit the family member's needs.

Good

Is the service well-led?

Our findings

People had confidence in the service and felt it was managed effectively. One person told us, "The [registered] manager is brilliant. I haven't needed to see her much, but when I have she was on it straight away. For example, she went to panel to get my care funded by the NHS. Also, [a supervisor] is amazing too. He is round here all the time and gets things done straight away." A healthcare professional told us they received "timely responses to all correspondence" and that documentation at the service was always "up to date and relevant".

Since the last inspection, a new registered manager had been appointed who jointly managed another service operated by the provider. They had conducted a comprehensive review of the service and developed a credible action plan in conjunction with staff. This was designed to enhance the service and bring its procedures more in line with those operated at the provider's other service. Much of this work had been completed by the assistant whole service manager, who told us, "Everything we've touched has been changed." They added that this had been hard work, but that "people have really benefitted from the changes and the support that is now in place".

The registered manager told us they had particularly focused on re-organising the management team and building positive relationships with staff, people using the service and their families. The new management structure comprised the registered manager, the assistant whole service manager, three supervisors, an assistant supervisor and an administrator. Each understood their roles and responsibilities and told us they worked well together.

Staff described the registered manager as "approachable" and "communicative". The registered manager received appropriate support and oversight from the provider who visited often. The registered manager and the assistant whole service manager had also completed a training programme funded by the local authority aimed at supporting managers to improve standards in care provision. The registered manager also had links to other resources for support and guidance. For example, they were working with the CCG medicines optimisation team to develop a medicine quality assurance tool for providers, which gave them access to medicines training resources. They also represented providers on the local safeguarding adults board, which gave them access to the latest guidance about protecting adults at risk of abuse.

Most staff told us they were happy and motivated in their work and had confidence in the way the service was run. Comments included: "I'm enjoying my employment; it's a lovely place to work, "The service is in a much better place now than it was. [The registered manager] really does care; I've complete confidence in her", "Since [the current registered manager] has been here, things have improved vastly. I feel I can go to her if I need to and confidentiality is respected; I know things wouldn't go any further", "[The registered manager] has her heart in the right place; she is all for the people we work with" and "[My supervisor] is on the ball; the best manager I've had, probably. He is impartial and is straight talking".

A healthcare professional told us, "Managers are good role models for younger staff." They gave an example of how the managers had demonstrated positive values during a meeting about a new person's needs by

showing "compassion, concern and wanting the best for [the person]". In addition, they said managers had encouraged staff to ask thoughtful and relevant questions about the person's care, including how they should support the person with personal relationships.

Managers maintained a high level of communication with staff through regular bulletins, staff meetings and one-to-one contact. Staff were encouraged to provide feedback about all aspects of the service and told us they felt able to make suggestions for improvement. One staff member said, "I've been to a staff meeting. There was a lot of stuff to sort out. They [managers] listened and have changed quite a bit. Communication is a lot better now than it has been." Another staff member told us, "We have had a general staff meeting. It was a chance to get things off your chest and make suggestions. For example, we discussed outings [for people] and went to some events with them. We also suggested improving the lighting at [the supported living flats]; we brought it up and they installed it."

The quality of service delivery was monitored by managers and supervisors who conducted spot checks and observations of staff practice. The checks included punctuality, dress code, medicine administration, moving and re-positioning, infection control, dignity and respect. Where the checks indicated staff needed additional support, this was provided. A staff member told us, "They [managers] are very hot on spot checks, we have a lot."

The quality assurance processes also included a range of audits. These included care planning, medicine administration, infection control and staff training. Any improvements identified were added to the service's 'quality action plan' and were monitored effectively through to completion.

The provider sought and acted on feedback from people using a range of methods, including questionnaire surveys that were sent to people and their relatives regularly. The surveys had been adapted to meet the individual communication needs of people using the service, which made them more accessible. Survey responses were then collated and analysed to identify themes for improvement. For example, feedback indicated that more consistency was needed with people's rotas and this had been addressed.

There was an open and transparent culture within the service. When we notified the registered manager of the date of our inspection, they informed the people who used the service in advance, so they would be prepared for our visit and arranged a series of one-to-one meetings with them. They issued a staff bulletin to let staff know and advised them of their right to speak with us in private. They also displayed a poster advertising our visit in advance, so visitors would be aware.

The registered manager notified CQC of all significant events. The service's previous rating was prominently displayed in the reception area. There was also a duty of candour policy in place to help ensure staff acted in an open and transparent way when mistakes were made. We saw examples of letters of apology sent to family members when mistakes had been made. Feedback from a family member, in response to a letter about one incident, said they found it "refreshing" that staff had not been defensive and had not blamed their relative for the incident.