

Cherrytree Vale Limited

Home Focus

Inspection report

1A Church Road
off St Marys Road, Eccles
Manchester
Greater Manchester
M30 0DL

Tel: 01617892200

Date of inspection visit:
04 April 2016

Date of publication:
12 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on the 04 April 2016.

The service is registered to provide personal care to people within a home environment via supported tenancies. A supported living service is where people live in their own home and receive care and support in order to promote their independence. The support that people receive is often continuous. People who use the service are tenants in their own right and live with support in various types of accommodation provided by a variety of different landlords. The service is currently made up of 16 homes, providing support for 53 people who live in the Salford and Stockport areas. The office is within walking distance of Eccles town centre, which has facilities such as banks, post office and shops. There is a large car park at the front of the office.

There was a registered manager in place at the time of our inspection. 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.

This service was last inspected in December 2013, when we did not identify any concerns with the care and support provided to people who used the service.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. When we looked at staff personnel files, we found limited evidence of regular supervision including annual appraisals. We looked at the service supervision policy, which stated 'The care service is committed to providing its care staff with formal supervision at least four times a year.' We found no supporting evidence that this policy was being adhered to.

Whilst other staff confirmed they received regular supervision, on the whole we found supervision was inconsistent and not in accordance with service policy. The manager told us that they were aware of the inconsistent application of supervision policy, but with the appointment of two locality managers covering each local authority areas, these concerns would be addressed.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate the appropriate support and professional development of staff.

People or their relatives told us that they believed they or their loved ones were safe with Home Focus.

We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. This meant staff were safe to work with and provide care to vulnerable adults.

We looked at the service 'safeguarding service users from abuse or harm policy' and 'whistleblowing' policy and found there were suitable safeguarding procedures in place.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. In the houses we visited, medication was kept securely in a locked cabinet in the staff bedroom / office. We saw that each house undertook a daily stock count of medicines. We found records supporting and evidencing the safe administration were complete and accurate.

We found all new members of staff underwent an induction programme. Staff told us they received an induction when they started working at the service, which included classroom based training and shadowing more experienced staff.

We found people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

During our inspection we observed that care staff had developed caring relationships with the people they supported. Staff were very knowledgeable about people and knew about their likes, dislikes and personal preferences.

People told us care staff respected their or their family member's dignity and privacy.

People told us that the service actively promoted their independence.

People received care and support which was personalised to their wishes and responsive to their needs.

Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Care files were person centred and provided information on people's likes and dislikes and the level of support required.

We found the service had systems in place to routinely listen to people's experiences, concerns and complaints. The service had a complaints and compliments policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received.

Both relatives and staff told us the service was well managed.

We found that regular reviews of care plans and risk assessments were undertaken. We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included auditing of care files, medication, finances, accidents and safeguarding. The service also undertook unannounced spot checks on houses and staff. We looked at the minutes from recent staffing meetings, which included an actions list of issues that needed to be addressed.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

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 or their relatives told us that they believed they or their loved ones were safe with Home Focus.

We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. This meant staff were safe to work with and provide care to vulnerable adults.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective. We found staff supervision was inconsistent and not in accordance with service policy.

We found all new members of staff underwent an induction programme. Staff told us they received an induction when they started working at the home, which included classroom based training and shadowing more experienced staff.

The people we spoke with told us before receiving care, staff always sought their consent. Some people who used the service could not verbally communicate and staff used sign language to facilitate any discussion.

Is the service caring?

Good ●

We found the service was caring. During our inspection we observed that care staff had developed caring relationships with the people they supported.

People told us care staff respected their or their family member's dignity and privacy.

People told us that the service actively promoted their independence.

Is the service responsive?

Good ●

We found the service was responsive. People received care and support, which was personalised to their wishes and responsive to their needs.

Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Care files were person centred and provided information on people's likes and dislikes and the level of support required.

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. The service had a complaints and compliments policy and procedure in place.

Is the service well-led?

Good ●

The service was well-led. Both relatives and staff told us the service was well managed.

We found the service undertook a comprehensive range of checks to monitor the quality service delivery.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

Home Focus

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 04 April and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. We also contacted relatives of people who used the service via the telephone and through e-mail to obtain their views of the services provided. The inspection was carried out by two adult social care inspectors from the Care Quality Commission.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also communicated with social care professionals from Salford and Stockport local authorities.

At the time of our inspection, the service was made up of 16 homes, providing support for 53 tenants who lived in the Salford and Stockport area. We spent time visiting five homes, which provided accommodation for 17 people, to see how services were provided and to review care files. We met and spoke with 14 people who used the service. We also spoke with and received communication from 9 relatives regarding the quality of services provided. During the inspection, we also spent time at the office and looked at various documentation including care files and staff personnel files.

At the time of our inspection the service employed a total of 83 members of care staff. During our inspection, we spoke with the registered manager, an assistant manager, a team leader and 11 members of support staff.

Is the service safe?

Our findings

We asked people who used the service and their relatives if they or their loved ones felt safe with the staff who supported them. One person who used the service told us, "I'm very happy, the staff look after me very well." Another person who used the service said "I'm happy living here. The staff are kind and good to get on with." One relative we spoke with said "Oh yes. They are very safety conscious. They are always checking up on things. New fire doors have been recently installed." Another relative told us, "My relative is safe with the staff and I trust them."

Other comments from relatives included, "Oh definitely. Our relative is very comfortable with the staff and seems happy going back there when he has been home with us." "Oh yes, one hundred percent. There is always somebody there with my relative when I visit, which keeps him safe". "I always feel re-assured by the support carers give to my relative as she happy and content." "Looking after people with mental health issues is not an easy task and I can only say how impressed I am with the professionalism and kindness of all members of staff who have had contact with my relative. Not only do they care for her special needs they make every effort to provide a genuine home."

We looked at a sample of 10 recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as driving licenses and passports. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. This meant staff were safe to work with and provide care to vulnerable adults.

We asked staff about their knowledge of safeguarding procedures and what action they would take if they had any concerns. One member of staff told us, "There are many different types of abuse that can occur. We keep regular checks on people's money to ensure there is no financial abuse. I wouldn't have a problem whistle blowing either. We have contact details for the council and the police as well if need be." Another member of staff said "I would report anything to management if I was concerned and wouldn't be afraid to go higher up. Sexual, financial, physical and mental are all types of abuse that can occur."

Other comments from staff included, "We always keep an eye out for abuse. There are six people living here and there is always lots of arguing. If there was a physical altercation then I would report everything to management and complete the relevant paperwork. I may also contact the police." "With safeguarding issues, I would go straight to my senior or manager. I'm confident they would take the appropriate action. I would even consider the Police and Care Quality Commission (CQC) depending on the circumstances."

We looked at the service 'safeguarding service users from abuse or harm policy' and 'whistleblowing' policy and found there were suitable safeguarding procedures in place. These were designed to protect vulnerable people from abuse and the risk of abuse. We found that all staff had completed training in safeguarding both at an induction level and subsequently as refresher training, which we verified by looking at training records.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. In the houses we visited, medication was kept securely in a locked cabinet in the staff bedroom / office. We saw that each house undertook a daily stock count of medicines. We found records supporting and evidencing the safe administration were complete and accurate. We looked at a sample medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. These records were up to date without any omissions. We found that all the medication records we looked at had photographs and people's allergies recorded. This reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

We identified a number of people who required the administration of PRN medication. This is medication given as and when required such as to relieve pain. We found that medicines prescribed in that way had adequate information available to guide staff on to how to give them. Staff we spoke with confirmed they had received medication training, which we verified by looking at training records.

We asked people and relatives whether they had any concerns about how the service administered medication. Comments included, "It's well handled. My daughter knows what medication she is taking. She gets it on time, but my daughter will often remind them when it's time to take her medication." "It's very good actually. I asked them to record bowel movements when she was having problems and they adjusted the medication accordingly." "No problems with medication. They arranged for him to have a recent appointment with a doctor to check the medication he was on." "They are fine with the medication. Suffered with anxiety attacks and they took him to the doctors." "Everything seems settled at the minute and seems to be ok."

In each house we visited, we saw that regular checking of fire safety systems and equipment was undertaken. Individual fire evacuation plans also existed for each person who used the service. We looked at records, which demonstrated that regular water temperature monitoring was undertaken, including checks of equipment such as wheelchairs, bed rails and mattresses.

As part of the inspection we walked around the homes we visited to ensure the environment was safe for people who lived at the home. We found all bathrooms and toilets were clean and were equipped with appropriate hand hygiene guidance, paper towels and bins. Communal areas and private bedrooms that we looked at, with the consent of the people who lived at the house, were organised, clean and well presented. In each house we visited, we saw evidence of fire safety arrangements, which included regular checks of fire emergency systems and equipment. Weekly fire alarm testing was undertaken. We also looked at records, which demonstrated that regular gas and electricity safety checks were undertaken.

As part of the inspection we looked at a sample of 10 care files and found that a range of risk assessments had been undertaken by the service to ensure people were safe. These included environmental risk factors, community engagement, health, mobility, medication and night care issues. We found these risk assessments provided clear guidance for staff as to what action to take to reduce risks and how best to support people. We also looked at missing person procedures, which provided guidance for staff in the event of a person who had failed to return home.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. We asked both staff and relatives if they felt there were sufficient staff working at the service to meet people's needs safely. One relative told us, "Sickness makes a difference, like it does everywhere but my daughters care is not at any detriment as a result. It's well covered and there are enough staff at the minute." Another relative said "There is always two to one support available for my daughter when she goes

out and that is what she needs." Other comments from relatives included, "There are definitely enough. There are always plenty of staff around when we visit." "As far as I know there are enough. If they are short they seem to get cover from other houses."

We spoke with staff about their feelings in relation to staffing levels in individual homes. One member of staff told us, "I have no concerns about staffing levels, if someone is sick there is always someone willing to cover." Another member of staff said, "No concerns about staffing, we all cover for each other." Other comments from staff included, "No issues with staffing, I love my job." "I really enjoy working here, no concerns about staffing levels."

Is the service effective?

Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Regular supervision and appraisal enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner.

When we looked at staff personnel files, we found limited evidence of regular supervision including annual appraisals. We looked at the service supervision policy, which stated 'The care service is committed to providing its care staff with formal supervision at least four times a year.' We found no supporting evidence that this policy was being adhered to.

One member of staff told us, "I can't remember my last supervision. I haven't had one for some time and that includes an appraisal." Another member of staff said "I have supervision, but normally as a team meeting. I haven't had any one to one or appraisals." Other comments from staff included, "I get supervision with the manager or deputy manager every six months. I have not had an appraisal." "I get supervision with a senior and had two in the last three years."

Whilst other staff confirmed they received regular supervision, on the whole we found supervision was inconsistent and not in accordance with service policy. The manager told us they were aware of the inconsistent application of the supervision policy, but with the appointment of two locality managers covering each local authority areas, these concerns would be addressed.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing, because the provider could not demonstrate the appropriate support and professional development of staff.

We found all new members of staff underwent an induction programme. Staff told us they received an induction when they started working at the service, which included classroom based training and shadowing more experienced staff. Staff were also required to complete the Care Certificate programme, which provided a comprehensive introduction to adult social care. We also spoke to the service training coordinator, who explained to us how they managed all 'in house' mandatory training such as medication, health and safety, food hygiene and safeguarding. They also delivered the induction programme to all new staff and confirmed the service would consider any specific training requests by staff to support people who used the service. The training coordinator also provided training in total communication and British sign level one.

Staff were able to confirm they received regular mandatory training to support their own individual professional development, which we verified from looking at training record. One member of staff told us, "I have just had medication training, which is refreshed each year. I feel we get a lot of training and have completed health and safety, medication and safeguarding recently."

Other comments from staff included, "I think we get enough training and can ask for any relevant training." "I've done a lot of training. No knowledge is wasted and there is a lot available to share with others. They give you the choice of other courses such as dementia, sign language or breakaway. You just need to raise it and they will book you on. They keep up to date as well." "There is always training available. If you need training in other areas you can put it forward and they will look into it." "I've done loads of training. They are excellent and seem really on the ball."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Most staff were able to describe the principals of the legislation as a result of induction training or National Vocational Training. However, training records indicated that no direct training in MCA and DoLS had been provided by the service. Most staff told us they would value training in MCA. We spoke to the registered manager about this issue, who assured us that suitable training would be sourced.

The people we spoke with told us before receiving care, staff always sought their consent. Some people who used the service could not verbally communicate and staff used sign language to facilitate any discussion. We saw one member of staff seeking consent from an individual using sign language. It was not always clear in care files that formal written consent had been obtained from people who used the service or their representatives.

We asked staff how they ensured people who had difficulty with communication, were providing consent. One member of staff told us, "Ask them first. Some people are independent and can verbally communicate so it isn't always a problem. The more I work with people, the more I understand them. If people say no, then it's a no." Another member of staff said "Asking people is important such as what they want to do today, when they want a bath or what activities they want to do. We use picture boards sometimes if people struggle to communicate." Other comments included, "It all comes down to respect and if people don't want to do things then we must respect that and ask them when they are ready. I'll often come back in 10 minutes and try again."

We found people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. The homes maintained effective relationships with health care professionals such as pharmacists, local GP practices, community mental health teams and district nurses. In one care file we looked at, guidance had been provided on catheter care for a person who lived at the house. Each member of staff was required to read and sign the document acknowledging they had read and understood the directions. Each person had a 'hospital passport' in their care files in the event of admission to hospital,

We looked at how people were supported to maintain good nutrition and hydration. We found that people's dietary requirements were assessed and appropriate care plans and risk assessment in place. Where people had been referred to Nutrition And Dietetic Services, clear instructions were available to staff in care files providing guidance on how to support people with their dietary needs. We asked the people we spoke with for their opinions of the food they received and if they were offered choices by staff. One person who used the service told us, "They take me shopping and I choose what I want." Another person said "I choose what I want to eat and go shopping." Other comments from people included, "I go shopping as I like it and I choose what I want to eat." "I choose my own food, but they know I don't like potatoes." "We have a menu and we take turns to go shopping."

Is the service caring?

Our findings

During our inspection we observed staff had developed caring relationships with the people they supported. Staff were very knowledgeable about people and knew about their likes, dislikes and personal preferences. At several of the houses we visited, the interaction between staff and people who used the service was compassionate and caring. We asked people who used the service what they thought of the staff who supported them. Comments included, "I get on well with all the staff." "They are all alright and nice." "Very happy with the staff." "We are all happy living here."

One relative told us, "All the staff are individual. I can approach any issues with the staff. They are always there for my daughter." Another relative said "The staff are very consistent. They are a mixture of ages and deal with my daughter very well and have a good knowledge of her. They ring me if there are concerns." Other comments from relatives included, "The carers are very good, very respectful and very caring." "The staff are great. I think they are caring and supportive. No problems with staff at all." "The staff are all really nice people. They are very friendly and they make you feel welcome when you go round."

People told us care staff respected their or their family member's dignity and privacy. One relative told us, "I've no reason to questions any of that. Her dignity is respected during personal care for certain." Other comments from relatives included, "At all times. If she goes to the bathroom staff will wait outside and assist when needed. They provide for her dignity as much as they can." "One hundred percent. Our son loves the staff. There really isn't a problem and he is very happy with them." "Yes definitely, no problems with that. The way they talk to him is very good." "He is given private time in his room when he needs it. They respect his dignity when delivering personal care as far as I know."

We spoke to staff about how they maintained people's dignity and respect. Comments included, "We do this all the time. We knock on doors before entry to respect people's privacy. During personal care we escort people to the bathroom, but let people see to themselves, again to give them privacy". "I always cover people up and make sure people feel comfortable. If people have visitors it's important to give people their own time and space as well." "During personal care I cover people up. Everybody has a dressing gown and we don't let people walk around naked to preserve their dignity."

We asked people and their relatives how the service promoted their independence. One person told us, "I go for walks on my own and go to bingo with staff." Another person said "I work in a kitchen at the community centre twice a week." Other comments included, "I'm very independent and go out a lot. I go to tea and dances on Thursdays."

One relative told us, "They encourage her to do tasks around the house when her mental health deteriorates, as that's when she needs supporting the most. She is encouraged to do baking and washing herself." Other comments from relatives included "She often helps setting the tables, wiping them down and making her own bed. She also helps to load the washing machine." "They do where they can. Things like making cups of tea, or making a drink with cordial for himself." "The staff are encouraging him to go to work just to get him out of the house." "They do. Everybody seems to be encouraged to do things for themselves if

they are able to".

We asked staff how they promoted people's independence. One member of staff told us, "We encourage people to do as much as they can, but it depends on what they can do. We always give residents choices to do things, such as where they would like to eat out or what to eat or wear." Other comments from staff included, "One person needed to get out more, exercise and watch what they eat. Through encouragement and taking small steps this person is slowly working towards their goals and is making a lot of progress. They have got to the stage where they do all this on their own independently." "Involving people as much as possible. Even things like making a cup of tea, I might put the water in, but then let them add the sugar. I encourage people to do their own washing and loading the washing machine and dishwasher." "When I'm helping people get dressed I will let people do as much for themselves as possible so they don't lose their skills in this area. If somebody wants a cup of tea then let them have a go first before providing support."

Is the service responsive?

Our findings

People told us they felt the service was responsive to their or their family member's needs. One relative told us, "My daughter has been with Home Focus for two years. To be honest we really like this service. It's a small service and it's a very person centred. We've had no problems at all. For me the communication is very good. They always get back to you when you need them." Another relative said "I'm quite satisfied actually. On the whole everything is quite good. They are very caring and you can speak with them. They are very approachable and overall they provide good support to my daughter."

Other comments from relatives included, "They are very good. Remarkably good in fact. You feel like they have the right attitude and it seems to be a privilege caring for our son. A breath of fresh air I would say. He seems really happy with them and that is the main thing." "They seem on the ball with everything. Everything seems to be going smoothly so far." "They are great, not a problem and happy where my brother at the minute. They seem interested in him and are very good at engaging with him." "The care my relative has received has been of the highest quality and always in her best interests. There are two other female tenants with quite different care needs and the staff are prepared and most efficient in addressing the differing requirements of tenants." "In conclusion, I am most satisfied with the quality, level and genuineness of the care my cousin receives and have no hesitation in endorsing strongly the quality of care she receives."

The service provided examples of how they listened and effectively responded to people's needs. One example included how following a recent review, the service identified that one person had specific interest in attending the gym, supported by a member of staff. The service facilitated this by changing the rota to ensure that a member of staff was always available to accompany the person to the gym. One relative told us, "My relative is treated with the utmost respect, the carers look after her personal hygiene and treat her in a most professional manner. Staff are most concerned about her safety and recently requested that bedrails be fitted to support her hygiene requirements. Furthermore, should there be a deterioration in her condition, I am informed, but in a professional and non-alarmist manner."

One health care professional told us that the service had the best interest of the clients at heart and had been quick to investigate any concerns, such as safeguarding. They described the service as open about the issues they faced in individual houses and had some challenging clients. We were also told they would always seek professional help and advice to ensure people's needs were being met.

We looked at a sample of 10 care files. Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Care files were person centred and provided information on people's like and dislikes and the level of support required. Support plans included information on people's medication, personal care needs, dietary requirements, relationships and involvement in the running of the home. Support plans were located at each house we visited so staff could access them easily, with duplicates held at the office.

We found the service had systems in place to routinely listen to people's experience, concerns and

complaints. The service had a complaints and compliments policy and procedure in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received. Comments from relatives included, "I've never complained. I would speak with a senior and then the manager. I'm confident it would be handled. Staff are approachable." "On the whole I haven't had to complain. There were some bits and pieces in the past but it all got sorted. They take complaints seriously and respond appropriately." "They seem to deal with complaints properly. We can raise concerns as and when." "I've never complained. I think I know them well enough now for it to be handled properly. His room was dirty once when I went round and it all got sorted." The provider sent out an annual questionnaire for family members to complete, which provided people an opportunity to suggest improvements in the service.

People who used the service and their relatives confirmed there was plenty of stimulation and activities, which also involved engagement with local community services. One person who used the service told us, "I go to tea dances every Thursday." Another person said "I'm quite happy staying here, but I go out to a community centre for the elderly and do flower arranging, watch line dancing and play bingo." Other comments included "I go shopping. I love shopping and I choose what I want to eat." "I go dancing and love it." "I go out to the club every Tuesday and Wednesday. I have friends there and have a few drinks."

Is the service well-led?

Our findings

There was a registered manager in place, who was present throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked relatives what they thought of how the service was led and managed. One relative told us, "The manager is fine, she really is approachable. They communicate with you all time and there is always someone there." Another relative said "It's very good. The staff at the office are very good to speak with and they deal with any problems I have. They seem to be very good at keeping training up to date. Management go to the houses unannounced to make sure things are in check." Other comments from relatives included, "I think it is very good. Nothing is too much trouble for the management. Managers seem to be at the house, which is very re-assuring. They are very easy to work with." "Only met the manager once. I'm still waiting for the manager to get back to me on a few things so communication could be better." "They are very easy to talk to. They seem very on the ball and seem to be very tuned in. Very good." "I would recommend them definitely. It feels like everybody works together and it's very much like a family set up. I've got no concerns at all."

Staff we spoke with told us they felt well-led and supported and that the service was open and transparent. Comments from staff included, "I think it's well managed. I don't have a problem talking to managers about anything. They are very understanding and very client orientated. They are also good at listening to personal problems of staff." "It's great. If you ever have a problem, there is good teamwork and we all work well together. It's good. They aren't always on your case and let you get on with the job. They are very approachable and are good at dealing with people." "I'm very happy working here, it's a good service to work for." "I do feel supported and valued by managers." "If I rang any manager, they would go out of their way to help you. They are very supportive, listen to you and really value us."

One social care professional told us, that they believed the registered manager was excellent and looked to resolve issues in relation to staffing or with residents quickly and had developed a positive relationship with the Joint Adult Learning Difficulty Team. They described how the service operated in a very person-centred way.

We found that regular reviews of care plans and risk assessments were undertaken. We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included auditing of care files, medication, finances, accidents and safeguarding. The service also undertook unannounced spot checks on houses and staff. We looked at the minutes from recent staffing meetings, which included an actions list of issues that needed to be addressed.

The service had policies and procedures in place, which covered all aspects of the service delivery and were dated 2015/16. The policies and procedures included missing persons, safeguarding, medication,

whistleblowing, infection control and medication.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people. Investors in People was established by the UK Government to help organisations get the best from their people. Organisations that demonstrate the Investors in People Standard, achieve accreditation through a rigorous and objective assessment to determine their performance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider could not demonstrate the appropriate support and professional development of staff.