

Sandringham Care Limited

Churchview Care Services (Minehead)

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

Church View Care Services (Minehead) provides personal care and a range of support services to people living in their own homes. At the time of the inspection there were 12 people being supported by the service. The service provided domiciliary support to people in their own homes and a supported living service. A supported living service is where people have a tenancy agreement with a landlord and receive their care and support from a care provider. As the housing and care arrangements were entirely separate people can choose to change their care provider if they wished without losing their home.

There was a manager in post at the time of the inspection. The manager was planning on applying to become the registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Risk of abuse to people were minimised because the provider had a recruitment process in place that kept people safe. Before commencing work all new staff were checked to make sure they were suitable to work within the service and with vulnerable adults.

We looked at staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Records confirmed the checks had been completed.

People were supported by staff who had completed induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who were receiving a service.

Staff gave examples of what constituted abuse and what action they would take if they thought people who used the service were being abused. They informed us they would report their concerns and they were confident it would be dealt with appropriately. They were also aware they could report this to the local authority, safeguarding department and to the Care Quality Commission

There were systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. Where people displayed behaviour that needed additional support, behaviour support plans guided staff and helped them to manage situations in a consistent and positive way which protected people's dignity and rights. Activities were put in place to support people to challenge their anxieties into positive actions and outcomes which reduced incidents for people.

Care plans contained risk assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected needs and individual wishes. The main care plans were held in the services office, smaller versions of the care plans were held in peoples individual homes.

Risk assessments and systems were in place for managing medicines in people's home. This included the safe storage, handling and correct stocks of medicines and medication administration records (MARs).

Care plans provided detailed Information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the heart of the service and encouraged to maintain their independence. A wide and varied range of activities was on offer for people to participate in if they wished. Regular outings were also organised outside of their homes, and people were encouraged to pursue their own interests and hobbies. One person told us how they liked to travel independently, others told us of holidays they were planning with staff support.

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 were protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good ●

The service was effective

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes.

Is the service caring?

Good ●

The service was caring

Staff were caring and provided person centred individualised care.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

Is the service responsive?

Good ●

The service was responsive

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a large range of individualised activities. People were encouraged to pursue their own hobbies or interests.

People's concerns and complaints were investigated, responded to promptly, and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led

The vision and values of the service were understood by staff and embedded in the way staff delivered care.

Staff told us the management team were very knowledgeable, inspired a caring approach and led by example.

There was a range of robust audit systems in place to measure the quality and care delivered. People, their relatives and staff were extremely positive about the way people were supported.

Churchview Care Services (Minehead)

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.

This inspection took place on 12 and 14 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes. The inspection team consisted of one adult social care inspector. This was to ensure we were able to access records and see people in their own homes.

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 the plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014. We did not identify any concerns with the care provided to people.

During the inspection we visited and spoke with five people in their individual homes. We also spoke with the provider, manager, team leader and two staff members. We looked at documentation relating to five people who used the service, three staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with two further members of staff and five relatives. We also received feedback from four visiting professionals.

Is the service safe?

Our findings

People told us they felt safe and were supported in a relaxed and unhurried manner. People lived alone and had their support from regular staff who know people they supported well. Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were very passionate and enthusiastic about ensuring the care they provided was personalised and individualised. One person told us "I feel very safe, once I didn't feel safe because my window was broken. A member of staff stayed with me overnight so I knew I was safe". Relatives we spoke to felt their family members were safe and well treated. One relative informed us "The support is fantastic, they took [relative] in from an unsafe situation and made them safe, they go above and beyond what is expected of them".

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. We looked at rotas over a four week period, this showed consistency of staff with minimal changes or sickness. The provider informed us they did not need to use agency staff due to the commitment of their team.

People told us they were supported by the regular staff and were confident their carer would be available as stated on their rota. One person told us "If staff are going to be late coming to support me they will ring and tell me". Relatives told us they were happy with the staff, they were generally the same staff working with their relatives". We looked at the staff records and discussed staffing levels with the manager and team leader. The manager told us staffing levels were based on people's individual assessed hours of support and the staffing rota was arranged around this. Staffing rota's reflected people's individual hours and identified when they required support. Staff felt there were enough staff available to meet people's needs. We looked at the staffing rotas and confirmed the staff support hours identified for each person were covered

People discussed different ways they had been supported to remain safe whilst living alone. One person explained to us "I used to have staff look after me all the time, when they were not able to stay the night I felt worried. A staff member explained the person used to have 24 hour support, they now had a piper system in place where they were able to call for assistance out of staffs working hours. The person told us "It has made me more independent living on my own but sometimes I felt alone and not safe. I now have a pendent I wear, I can press the button if I need help. This happened once when I needed help I pressed the button and staff were able to talk to me and help me". The staff member explained the person they supported become anxious by feeling lonely and isolated when staff were not around, this sometimes resulted in the person harming themselves. They told us they worked with other outside agencies and looked at ways to support the person to remain safe and happy whilst alone. They had introduced the person to an I Pad. The person now had a network of friends, enjoyed linking up on social media, could email family and friends and also played social games. There had not been any further episodes of harm. The person told us at weekends they talked to people on their I Pad and arranged sleepovers or Sunday lunches with their friends without staff support.

The provider had safeguarding policies and procedures in place to guide practice. Staff told us, and records seen confirmed that all staff received induction training which included safeguarding and training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Control measures were in place to keep people safe in the community. For example one person had become unsafe whilst out alone in the community, immediate measures were taken to keep the person safe. A best interest process took place which involved speaking with the person and identifying with them why they were at risk and why they needed to have staff support. Staff were informed of the changes to the person's support and the care plan was updated.

People's care plans contained risk assessments which outlined measures needed to enable people to maintain their independence with minimum risk to themselves or others. The risk assessments were individual to people's needs and reviewed regularly. One staff member discussed a person who had become unsafe with regards to their personal care, they explained the person had been at risk of slipping in the bath. They explained "We needed to keep [person's name] safe but also recognised by being with them all the time they would lose their independence." They discussed how they worked with the person and the person's landlord to install a wet room in their home. This had been done which resulted in the person remaining safe and keeping their independence.

We saw medication administration records and noted that medicines entering people's homes from the pharmacy were recorded when received and when administered by staff on a monthly basis. Creams were dated when opened. Each person had a secure place to store their medicines safely in their homes. One person told they were always supported to receive their medicines on time and never worried about health issues. Some people needed more assistance than others with their medicines. There were clear protocols to show at what level the assistance was required.

Staff were able to explain how they supported people appropriately to take their medication. One member of staff informed us "We have safe systems in place that promote [person's name] to be independent and self manage their medicines when we are not around. We do daily checks with [person's name] to ensure all medicines have been taken".

There were appropriate emergency evacuation procedures in place including detailed emergency plans for each person. Although people said they knew what to do in the event of a fire. To ensure they really did know what to do in the event of a fire the manager organised for people to spend time at the local fire station to see what would happen in the event of a real fire. One person told us "It was excellent, if there was a fire blocking me from leaving this room I would close the door put a towel at the bottom of the door, lie on the floor and call 999." The manager explained the day out had been fun whilst ensuring safety awareness was considered not only about the fire but how fires can start. Since the training people were being encouraged and supported to recognise other hazards around the home which included de fluffing tumble dryers and turning cookers off if they needed to leave the room. Regular fire drills had been completed in people homes. In each home precautions had been made to keep people safe, this included good signage telling people what to do in an emergency, sensor lighting in hall ways and locks on garden gates.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff and managers knew people well, they spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. One member of staff told us "I have great enthusiasm for the people I work with. [Person's name] has a calendar so they can see who is coming to work with them. We set up a tick chart to support their individual daily goals so we don't have to keep saying do this and that". The person confirmed they liked their tick chart and ticking off their daily chores and tasks.

The training matrix showed staff had completed a range of training and also identified when refresher training was due. Records showed training such as safeguarding of vulnerable adults, manual handling, infection control, first aid, the Mental Capacity Act (MCA) was mandatory for all staff. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. One member of staff told us "I feel really supported it is commendable the way the company operates". Another member of staff informed us. "We are offered various training opportunities, the provider also observes our practice when we are working with people, and we always get feedback and support to improve if we need it". A health professional involved in the home informed us "In my experience they provide excellent support to people, I have a number of clients who are supported by them and the work they are doing is making a difference".

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. The provider told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken and decisions were made in people's best interests. All people being supported by the service were able to make decisions about their support.

One member of staff gave an example of how their training had enabled them to support the person they key worked to understand more about their health issues and ways to keep themselves well. We spoke with the person who told us "I know now when I am feeling different I need to eat a little sugar, I also buy food now that helps to keep me well". The person was cooking a healthy dinner and explained how the food was good for them.

The manager informed us "Training and development of staff is key to what we do". A member of staff told us " We used to do a lot of training on line, but now we have specific training with external trainers, it is so different having face to face training, we get to share lots of ideas". Staff spoke about specific training which had changed their understanding and enhanced their practice. One person gave an example of how they now understood a person's dietary health condition and how the training had developed their knowledge on supporting the person to understand how to keep themselves well.

People were supported to maintain good health and wellbeing. People were guided into purchasing food to ensure their diet was nutritional. Some people needed extra support to maintain a healthy diet and were encouraged to choose healthy options. One person told us "I used to buy microwave food as it was quick and easy and drank lots of fizzy drinks. Now I work with a food trainer, I talk to them and we set goals. Now when I buy a sandwich, I look at the package and calories and choose the healthier options, I still have fizzy drinks but not as many". A relative informed us "my [person's name] needs a specialist diet. It was important to for staff to understand their dietary needs." The manager informed us. "Staff learnt about the person's health and dietary condition and foods that would keep them well. They found recipe books that gave them the tools to provide a balanced and varied diet for the person". The person had gained weight and was enjoying a variety of foods.

Staff were supported by the management structures within the service. Each member of staff received regular supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Discussions were recorded and detailed, they included discussions around training needs, personal issues and competency.

People had access to healthcare as required. Records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. Managers had made appropriate referrals to health professionals including GPs and members of the multi-disciplinary team as required. A relative informed us "They [staff] have linked so well on [persons' name] behalf. They have planned meetings with other professionals, provided extra support on many occasions, it is an excellent service". A health professional also confirmed they were very happy with the extra support and the liaising with outside professionals the staff had done with and without their client at a very difficult time in their lives.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. The interaction between staff and people they supported were inclusive and it was clear from how people approached staff they were happy and confident in their company. We witnessed numerous examples of staff providing support with compassion and kindness. We observed staff inside people's homes and outside in the community with people. Staff were seen chatting easily, laughing, and joking with people. A professional told us, "As an organisation they communicate with us well by telephone or email. They are caring with people and provide a good service".

Staff we spoke with were passionate about providing high quality care. A relative told us "They [staff] really do care for the people they look after. They all know the people they are supporting well". The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. Staff told us they listened and valued what people said but they were also listened to and valued by the provider and manager and felt that they worked together as a good team which improved the quality of life for people they supported.

People confirmed they felt the staff team listened to them and cared about how they were feeling. One person explained to us they used to have a job that made them unhappy and sad. They told us how the staff had listened to them and had helped them to find alternative employment. They were very happy now in their new job and making friends. Another person told us "The staff are sometimes bossy but in a kind way, they know me and know what I like." They explained how they liked to travel independently, they told us of numerous occasions they had planned to travel and staff have helped them to search for their chosen holiday and then save up to pay for it. They said "Staff talk to me about my plans, they never try to stop me they encourage me to be independent and safe, in the end I make the decision as I am the boss of my life and they know that and respect that".

Staff encouraged people to be as independent as they could be. One member of staff told us their roles were to be supportive and caring but were keen not to disempower people. Another member of staff told us how they supported someone who had communication difficulties to be fully involved in their day to day living. The explained to support the person to engage in their shopping they used different coloured flash cards with different food options, the person choose their meat or fish and then choose their vegetables and pudding. The shopping was also made fun to enable the person to participate fully. At the time of the inspection people were planning different events which included theatre and birthday outings.

Staff spoke warmly and respectfully about the people they were supporting, we observed staff walking in the community with people at the pace of the person's choice, fully involving them in conversations. When we spoke with staff about the people they were supporting they were careful not to make comments about people of a personal or confidential manner, staff understood the need to respect people confidentiality and develop trusting and meaningful relationships. When we asked people questions they may not have fully understood staff were mindful to explain to the person the meaning of our questioning.

People were encouraged to remain in contact and see family and friends. Staff told us of the support they had given to a person whose relative no longer recognised them due to ill health. They explained they sourced booklets in easy read formats explaining to the person their relative's illness. They spent time reiterating the information and giving the person time to talk about their feelings. The person had now organised a fund raising event to support the charity linked to their relative's illness.

Relatives thought staff knew their family members well. One relative told us, "I don't know what I would do without the support being offered to my [relative] if it was not for the staff here, they are doing so much to support us all". Staff spoke of supporting people to have their rights listened to. They gave an example of a person they were supporting being unable to get other professionals to understand their disabilities. They ensured professionals working with the person were aware of the person's difficulties, in understanding what had been said to them. They ensured the person received fair representation. As a result allowances were made for the person to be able to understand discussions about their life. A health professional fed back they felt the service had worked extremely well around the extra support that was necessary for this person. They felt the service had liaised with relevant professionals working in the person's best interests. They wished to make it clear how happy they were with the support their client had received.

Relatives told us they were involved in the assessment and planning of their relative's care. One relative said, "We are involved in [name of family member's] care, in as much as they want us to be. They are very independent and lead a full and active life. They often come and tell us what they are doing and where they have been". One person told us "Staff are lovely, if they are going to be late coming to see me they will ring me and let me know".

Staff were able to describe people's preferences and how they wished to be addressed or supported. One relative told us, "Staff even use their own free time. We have had many examples where staff have gone out of their way in their own time to find things (our relative) would like." People and staff were all planning a visit to the theatre, there were open discussions with individual people about the forthcoming event and arrangements on how they would all be going to the theatre and how the day was being planned. One member of staff told us "We are a close team and often invite people out to join us if we are planning on meeting up". Another member of staff told us "[person's name] knows I live around the corner and in the event of an emergency can always knock for support if I am not working".

Is the service responsive?

Our findings

We visited people who lived independently in their own homes. People received care that was responsive to their needs and personalised to their wishes and preferences. People made choices in all aspects of their day to day lives. People's views were sought about the service they received. Staff encouraged people to give feedback on the care and support delivered and this was recorded as part of a monthly meeting held with people, where new outcomes and goals were set with the person and their keyworker. The individualised approach to people's needs meant that staff provided flexible and responsive care. People had behaviour care plans which were reviewed on a regular basis and reflected the approach staff should take to reduce people's anxieties.

Staff had a wide knowledge of people's needs and demonstrated they understood the triggers of people's behaviours and how to distract people to prevent an episode of challenging behaviour or a person becoming anxious. One member of staff told us "We are here to empower and support people, to promote their independence and choice. We treat people with dignity and respect recognising their strengths". They explained how they supported people's negative behaviours into positive behaviours to ensure they remained well and happy. They told us "A person I support has particular anxieties that they can't control, we looked at ways to support the person to remain happy and well. The person likes walking, so now when we see the person is becoming anxious we go power walking, by the time we return home the anxiety has normally reduced, we are now planning other activities such as swimming and horse riding. We discuss what our options are and plan from there. We have reduced the amount of incidents we had and the person is healthier and happier".

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected needs and individual wishes. Care plans were detailed and comprehensive. One member of staff told us they worked as a team to help people to achieve goals and outcomes. They explained "We follow the care plans and it guides us in our approach when supporting people". We saw examples in people's care plans of how they were working with people to support them to achieve goals and positive outcomes. One person was working to achieve a goal of budgeting, and the care plan gave details on how the goal was going to be achieved and what support the person needed to reach their goal. There was evidence of support from finance advisors from outside agencies, staff working with the person and creating a ladder of success and achievements.

People contributed to their care plans. A person told us "I tell staff what I want to do and we plan it and write it in my care plan". A member of staff informed us they worked with people to review their care plan and goals on a monthly basis. The manager informed us "We look at the reviews of the care plans to ensure people's support and activities are meeting their needs. We can make changes where people need a fresh approach by offering people a change of keyworker or direction". They gave an example of a person who wished to have full control over their medicines including ordering them from the pharmacy. They told us "We worked alongside the person. They spoke with the pharmacists and told them how they planned to order their medicines, we were just there to support and guide, they took complete control. It has been very successful and has increased the person's self-worth".

There was a good range of activities and people were positive about their opportunities to engage in a variety of activities. Staff were seen actively encouraging and supporting people to engage in meaningful activities. A person told us they had lots of interests and hobbies and staff helped them when they needed support. Staff discussed how sometimes it was difficult to get the people involved in other things outside their home. They felt they took a proactive approach, by knowing the people they supported and their hobbies and interests. They were able to explore different activities which would include the person interests as well as involving them within their community. They gave the example a person who liked animals, they had arranged a day a week where they could be involved with birds of prey and other animals. They planned to support the person in the first instance and then take measures to help the person gain independence by going to the activity with minimal staff support. Another person showed us some of their knitting they explained "I am independent I go to Knit and Knatter, I love it I always sit with [person's name] and we have a good chat. We knit and then send them off to local hospitals who sell our knitting for charity".

The provider sought people's feedback and took action to address issues raised. One relative informed us "We are always invited to review meetings, they [provider] send a letter telling us about reviews and asking us how we feel about the service." Another relative informed us "It is an excellent service I can't fault it". Compliments seen included statements 'we wish it to be on record we appreciate the very personalised and tailored care that is given to our relative'. 'The staff go above and beyond what is expected of them, it is the epitome of professional and personal care'. A health professional gave feedback that staff had worked extremely well with other agencies regarding the support for people who used the service .

Discussion with the provider showed that complaints were taken very seriously. We looked at a complaint that had been received and it had been addressed and resolved. People told us they knew how to complain and were happy if they did complain staff would help them. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. It was evident from the comments that were made by relatives that they knew how to complain and felt confident that they would be listened to.

Is the service well-led?

Our findings

At the time of our inspection the service was being overseen by a manager who was planning to apply to the Care Quality Commission to become the registered manager. The provider informed us they had every confidence the new manager had the skills and knowledge to manage the service. The manager was supported by the provider and team leader whilst waiting to apply to become the registered manager.

The provider had a clear vision for the service and told us, "Our vision is to maintain and improve the delivery of high standards of care to our clients. We will do this by identifying training gaps, provide opportunities for training development to ensure we retain and recruit a high calibre of staff. We will ensure consistency and quality of care, maintain open communications and ensure care documentation meets current legislation. We learn and implement changes following complaints, we involve staff in our vision through regular staff meetings and supervisions. We involve staff in the running of the service by sharing our vision and valuing their suggestions".

There was exceptionally positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team. Staff said all of the members of the management team were very good at their jobs, exceptionally caring, very approachable and always put the needs of the people who used the service first. One staff member we spoke with said, "We all work well as a team and complement each other." Another staff member said, "The manager and team leader are brilliant always willing to help and answer questions, nothing is too much trouble."

The service had policies and procedures in place that were reviewed and monitored on a regular basis by the provider. They were well organised and staff were able to access information from their office base. People had smaller versions of their care plans in their homes, however larger more comprehensive care plans were held in the office. Staff completed many administrative duties in the office and not in people's homes.

Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Where issues or possible improvements were identified these were addressed and resolved promptly and effectively. The provider informed us as part of their quality monitoring they held "Ad hoc" visits to people's homes to observe the care people were receiving. They explained care practices were addressed with staff members following these visits. Supervision records confirmed when observations had taken place. Where practice had been identified as good the staff member had been praised, where poor practice had been identified this had been formally addressed and action taken to improve the practice with additional measures in place to support development. The provider informed us "Staff are aware I will do these checks, sometimes I ring up to find out where they are, other times I just turn up. Staff never panic as I think they enjoy the visits and support. The people we support talk with me and tell me their plans".

Comments could be seen in communication books following these visits for example. One person told the provider they were joining a woodwork class. They invited the provider to come back following the class to see what they had made. Another person had discussed how they wished to move home. The provider had explained to the person how they could do this, but recognised processes had to be in place to ensure the person remained safe. They explained they would work with the person addressing the positive areas of a potential move but also pointing out the risks.

Staff we spoke with told us they received regular supervision and support. Staff also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. One staff member told us, "The manager has an open door policy, listens and acts on any issues required. We are a good team." Another member of staff said "The management team were very knowledgeable, they inspire me to have a caring approach, they lead by example, I know they will do what they say and help us all out".

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive. The provider informed us they valued people's views in the surveys. We saw action had been taken regarding comments and suggestions, for instance people felt it was difficult to contact staff out of hours, this issue was being resolved with managers having an on call systems in place for out of hours support.

Accidents and incidents were monitored by the manager to ensure any triggers or trends were identified. We saw records which showed systems were in place to eliminate the risk. For example light sensors were put in a person's hallway to stop them tripping when they came home in the dark.

The provider and manager discussed ways to continually improve the service and keep up to date with current trends. The manager explained "I am a visionary and think outside the box, we are currently looking at joint working with other providers to set up new services for the people we support". They gave an example of helping people to understand and look at long term health issues linked to weight loss and obesity.

The provider had completed a provider information return (PIR). Information was logged regarding the provider's plans for the future development of the service. One of their plans were 'New format support plans are being introduced which are more user friendly and very person centred. These are gradually replacing the older formats when the annual review is undertaken. We cannot think of any other improvements but pride ourselves that should a need be identified tomorrow we would respond appropriately to meet the need in the best way possible'.

From our observations at inspection, it was evident that the vision and values had been embedded into the way the service was managed and put people at the heart of the service. Feedback from staff and relatives was overwhelmingly positive and evidenced the quality of service provided was to a high standard. We saw audits were regularly carried out in all aspects of the service including areas such as the environment, health and safety, infection control, records, medication, and staff training. The provider informed us "We want to be the best we can be and training and working with staff is key to us achieving becoming the best domiciliary service in the area."