

Everlasting Healthcare Services Limited

Everlasting Healthcare Services Limited

Inspection report

333 Jockey Road
Sutton Coldfield
West Midlands
B73 5XE

Tel: 01213552322

Date of inspection visit:
31 January 2018

Date of publication:
12 March 2018

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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Improvement action plan issued following the previous inspection

Where we asked the provider to complete an improvement action plan following the last inspection, include the text below, adapting where necessary:

'Following the last inspection, <we met with the provider to confirm /asked the provider to complete an action plan to show> what they would do and by when to improve the key question(s) <insert relevant key question(s)> to at least good.' Then describe at a high level what you found, adding detail in the detailed findings section for the relevant key question(s).

Focused inspection

'We undertook an announced / unannounced focused inspection of <location> on <date>. This inspection was done to check that improvements to meet legal requirements planned by the provider after our <comprehensive inspection date> inspection had been made. The team inspected the service against <number> of the five questions we ask about services: is the service well led, <key question>, <key question> (more as needed)? This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection'

Comprehensive or focused inspection

Where breach topic has moved to a different key question in Next Phase

When we completed our previous inspection on DD/MM/YYYY we found concerns relating to <provide brief details>. At this time this/these topic area(s) was/were included under the key question of <insert KQ name>. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this/these topic area(s) are included under the key question of <insert KQ name>. Therefore, for this inspection, we have inspected this key question and also the previous key question of <insert previous KQ name> to make sure all areas are inspected to validate the ratings.

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

Service Types and descriptions <choose relevant type and description, amending as appropriate>

Care at Home services

Domiciliary care agency

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing]. It provides a service to [older adults], [younger disabled adults], [children].

Provider of care to people living in specialist housing

Location providing care to people housed under supported living arrangements

This service provides care and support to people living in [a] [insert number of] 'supported living' setting[s], so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Location providing care to people living in extra care housing

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented], and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

Describe the specialist housing setting[s] people live in, there are some examples below:

People using the service lived in...

[number] ordinary flats and bedsits across [town/city/area]

a single 'house in multiple occupation' shared by [number] people

[number] of [bedsits], [flats], [houses], [and] ['houses in multiple occupation'] across [town/city/area]

a large gated community on the outskirts of [city]

Where the service supports people living in houses in multiple occupation (HMOs), add:

Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

Give a summary description of the houses, the facilities that are shared, and either the number or the range of numbers who share them. Include information about any office or sleep in arrangements. Give less detail and more summarised information where larger numbers of HMOs are supported.

Do not provide a detailed, estate agent style description of the premises lived in by people using the service; only an outline summary able to broadly explain the context in which it provides regulated activity

All Care at Home services

Where needed, explain that not everyone using the service receives personal care, for example:

Not everyone using [service name] receives 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.

Residential care home

[Care home name] is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Describe the care home's premises, for example:

(The care home) accommodates xx people in one adapted building.

(The care home) accommodates xx people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia.

Do not provide a detailed, estate agent style description of the premises; only an outline, broad summary.

Services for people with learning disabilities and autism

'The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.' Registering the Right Support CQC policy

You will need to reflect where a service does not conform to Building the Right Support and Registering the Right Support guidance. It is very difficult for large services for people with autism to meet the standards.

Complex or multiple service location

If you are inspecting a complex, multiple service type location you will need to adapt and edit the above paragraphs as needed, probably substantially.

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

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 felt safe with the staff that provided them with support. Systems were in place to protect people from the risk of harm and staff knew how to report any suspicions of abuse. Where appropriate, investigations were conducted in partnership with other agencies.

People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed, where required.

People were protected from infection and cross contamination because staff members were provided with and used appropriate personal protective equipment.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and they were supported by staff that had the skills and knowledge to assist them.

People were supported to access additional medical support in a timely manner when their needs changed.

People were happy with the care provided by staff and were supported to make decisions and choices about their care.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and respectful.

People's independence was promoted as much as possible and staff supported people to make decisions about the care they received.

People's privacy and dignity were maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individualised to their needs, because staff members knew people well.

People knew how to raise concerns about the service they had received and were confident that these would be addressed appropriately.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance and audit processes were in place to monitor the service to ensure people received a quality service.

People were encouraged to provide feedback on the quality of the service they received.

People and their relatives were happy with the quality of the service.

Staff felt supported by the provider and involved in developing the service.

The provider worked in partnership with other services to ensure they supported people in a safe and consistent way.

Everlasting Healthcare Services Limited

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 took place on the 31 January 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. The provider was given 48 hours' notice because we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the home, what the service does well and improvements they plan to make. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

The provider sent us a list of people who used the service. We contacted people by telephone on 01 February 2018 and spoke with two people and five relatives to gather their views on the service being

delivered. We also spoke with the registered manager (who is also the provider) and three care staff. We used this information to form part of our judgement.

We looked at four people's care records to see how their care and treatment was planned and delivered. Other records looked at included two recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

At the last inspection in October 2016 we rated the provider as 'requires improvement' under the key question of 'Is the service safe?' We had found improvements were required to peoples' risk assessments because they did not always reflect people's individual needs. Information to support staff on what signs to look for if people were to become unwell was not always readily available to them. At this inspection, we found improvements had been made.

People and relatives we spoke with did not raise any concerns about how staff supported people. One relative told us, "[Person's name] uses a walker to walk around and they [staff] always make sure there are no trip hazards for her." Another relative explained, "[Person's name] was quite poorly not so long ago and they [staff] moved her safely around the house." The Provider's Information Return (PIR) stated that risk assessments were completed and reviewed as required. We saw from one person's care files, there were risk assessments containing detailed information concerning diabetes, moving and handling and medication. One staff member said, "We know people very well because we have been with them a long time and know how to look after them properly." Another staff member explained, "We support people who sometimes have to stay in bed, we use hoists and sliding sheets, we make sure there are always two of us either side of the person before we move them." We found the risk assessments we looked at had demonstrated that risks related to people's care had been identified and measures put in place to minimise any risk of harm. The assessments had been reviewed and the registered manager was knowledgeable about people's risks and how they should be supported to ensure people remained safe.

People and relatives we spoke with told us they felt safe with the staff members in their homes. One person told us, "Yes, I feel very safe with them [care staff]." Comments from relatives included, "I think [person's name] is very safe with them [staff] because they [staff] use her equipment safely." "I know she is safe with them [staff] because I am here with them and see them working with her." "I trust them [staff] implicitly with [person's name]." One staff member explained to us if they saw unexplained bruising or if a person who was unusually low in mood and unresponsive, they would contact the registered manager. They continued to explain, "If there was any sign of physical abuse and the manager wasn't around, I'd also let the police know." Another staff member said, "If I was worried about anyone being harmed, I would contact the office straight away to let them know." A relative we spoke with confirmed, "They [staff] make sure [person's name] has their alarm close during the day." We reviewed the provider's incidents and accidents and found that, where appropriate, external agencies had been notified and we could see the provider had worked in partnership with the agencies and families to ensure a safe and satisfactory outcome for people was achieved.

At the time of our visit there were sufficient staff members to support people who used the service. The provider's recruitment policies and procedures protected people from being supported by staff unsuitable for their role. This was because the provider asked for references from previous employers or people who could provide a character reference. The provider's checks also included a Disclosure and Barring check (DBS) completed before they started to work for the provider. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

People and their relatives told us they were regularly supported by the same staff members. One person said, "I have the same ones [staff] usually unless they [staff] are on holiday. But I do know them [staff] all." Relatives we spoke with told us, "[Person's name] has the same small team. I have met them [staff] all and they are lovely. They do double ups and travel together." Staff we spoke with confirmed they visited the same people and explained there were sufficient numbers of staff to support people and confirmed they received regular hours of work with regular people to support.

Some people and relatives we spoke with had experienced late calls. Although everyone spoken with said they had not been put at any risk of harm or inconvenienced. Comments included, "They [staff] can be a bit hit and miss at times but do ring me if they going to be late." "They [staff] are on time about 80% of the time but they do let me know if they are running late." "They [staff] can be a bit late sometimes, but generally they are on time." The provider explained a new monitoring system had been introduced and this would allow staff to accurately record their arrival and departure times. Because this system was new, there was no information available at the time of the inspection to determine its effectiveness. On checking staff timesheets, we found that generally staff members were on time and on the occasion there had been lateness, this had been attributed to an earlier call over-running or delays in traffic. One staff member explained, "We do try really hard not to be late but sometimes it can't be helped, if someone is ill you can't leave them and this can make you late for your next call but we always phone the manager so they can let people know."

Most of the people who used the service managed their own medicines or had family members to support them. For people that were supported by staff, we found there were no concerns in medicines practice. One relative told us, "They give [person name] her tablets during the day. We have never had a problem with them [staff]." We saw that staff had received training in the administration of medicines and had their working practices reviewed by the registered manager when they completed checks on staff members working practices.

No concerns were raised by people or their relatives in respect of hygiene and infection control. Everyone spoken with confirmed staff always wore protective clothing when necessary. Staff we spoke with understood their responsibilities to protect people from infection. They told us they used gloves and aprons when providing personal care and there was always a plentiful supply of protective equipment from the provider.

The service recorded any incidents or accidents which occurred. We found they also looked at whether there were any trends in relation to incidents which might indicate a change was required in the person's care plans.

Is the service effective?

Our findings

At the last inspection in October 2016 we rated the provider as 'good' under the key question of 'Is the service effective?' At this inspection we found the service had remained 'good.'

People and their relatives spoken with confirmed the registered manager had completed initial assessments before the person joined the service. One relative told us, "They [registered manager] did one [an assessment] when [person's name] lived at home and then another [assessment] when she moved in with us." Another relative said, "[Registered manager's name] came to do an assessment when we first started with them." We saw people's assessments, care plans and reviews considered both their physical and emotional care needs. Staff spoken with gave examples of how they supported people to use the equipment available to them, so people could remain as independent as possible.

People and relatives spoken with told us they felt that staff had the correct training and knowledge to meet people's needs. One person said, "They [staff] are all very good." Comments from relatives spoken with included, "I would say they [staff] are well trained," "I do think they are well trained especially in using the equipment."

Staff we spoke with told us they felt the training offered by the provider was effective. One staff member told us, "The training is very good and we have it renewed every year." Another staff member said, "The training is helpful. I've completed 15 modules that covered safeguarding, infection control, moving and handling, the manager gets someone to come in to check our work." The PIR stated that all staff had relevant and up to date training to equip them with the skills they needed to perform their tasks effectively. We saw from records that staff had completed their induction training and had completed the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people.

Staff we spoke with confirmed they received supervision from a member of the management team. This was verified in staff records which included visual checks on individual staff members when they worked in people's homes. We saw where issues had been identified through the checks; these were discussed with staff in their supervision. This ensured good practice was shared with staff and reduced the risk of the issues reoccurring.

Most people receiving the service had assistance from their family members with their dietary needs. People who did receive support from the provider told us they were satisfied with the help they were given. One person said, "They [staff] will get something for my tea. I have what I fancy." A staff member told us, "Everyone we go to lives with their family so they look after the food but sometimes we are asked to make sandwiches or warm things up in the oven. Some people [using the service] are able to make their own sandwiches and we just tidy up for them."

We saw from care plans there was input from health care professionals, for example, district nurses, tissue viability nurses and GPs. Referrals were made in a timely way when people's support needs had changed.

People and relatives we spoke with confirmed people were supported by additional healthcare professionals as appropriate. A staff member told us, "If there is a change in a person's health, we will tell the office or the family." We saw the provider had processes in place to support staff to seek emergency help, to ensure people's health care needs continued to be met.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. All the people currently using the service had the mental capacity to make their own decisions and consent to their care. Staff spoken with told us if they had any concerns about a person's capacity to make decisions they would inform the registered manager. One staff member told us, "Everyone we support can tell us what they want and we know them very well, but if someone could not consent, for example if you were preparing a meal for them, you'd show them the meals and ask them, you would still give them a choice." Another staff member said, "You could tell by someone face or their actions if they were happy or not. If someone pulled away from you if you were offering person care you would respect that and try to encourage them, show them what you are trying to do, reassure them." People we spoke with told us they were supported to make decisions about the care they received. People continued to tell us that staff explained what they were doing and would seek their consent before carrying out any support with their care needs. Relatives told us that they were able to have an input into planning care, in agreement with their family member. We saw in people's care plans it had been recorded if they were supported by named individuals with the legal power to make some decisions on their behalf. Staff explained how they involved people in their day to day choices. For example, one staff member explained, "If someone is unable to tell you what they want, you can tell by their facial expressions which one they like." This meant that care was provided to people lawfully with their consent.

Is the service caring?

Our findings

At the last inspection in October 2016 we rated the provider as 'good' under the key question of 'Is the service caring?' At this inspection we found the service had remained 'good.'

Everyone we spoke with told us staff members were caring and kind and people received the help and support they needed when they needed it. They continued to tell us that staff members were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "They are very good, friendly girls" another person told us, "Absolutely, they [staff] are all lovely ladies. Comments from relatives included, "Staff are very kind and caring. Nothing is too much trouble for them [staff]," "They [staff] are all very kind and considerate. They [staff] are very considerate of everybody and respectful. Even when the baby is in bed they [staff] try not to make a noise." "The staff are very caring, they never rush around and take their time with [person's name] and will talk about anything with her."

People we spoke with confirmed they were given every opportunity to make choices for themselves, for example when choosing clothes to wear or how they wished to be supported with personal care. The PIR stated that the care and support people received was person centred and ensured the person was treated as an individual. Care plans we looked at showed that an assessment of the person's care needs and preferences was completed so the provider could be sure that they could meet the person's needs, in the way they wished. People and relatives spoken with confirmed following discussions, a care plan was produced. We saw care plans included information about people's abilities and what they could do for themselves as well as the areas they required support with. We also saw the care plans contained information about how staff members were to support people to encourage and maintain their independence as much as practicably possible. A relative told us, "They [staff] do encourage [person's name] to keep moving around as much as possible, otherwise they'd stay in bed." Another relative said, "They [staff] do encourage [person's name] to walk around a little rather than sit in the chair all the time." A staff member explained, "We encourage people to do as much as they can."

People spoken with confirmed they had access to information they required within their care plans including contact details for the office, a copy of complaints policy, information relating to safeguarding, medication management and a copy of their care plan. The provider explained to us how they ensured people had information in an accessible format. For example, if it was necessary, the provider said they could make the information available in different written formats for example, a larger font size. The provider explained people's preferred method of communication was discussed with the person and their relatives at the time of the initial assessment.

People were treated with dignity, respect and told us they felt listened to. One person told us, "I feel very comfortable with them [staff] when they are helping me wash, dress and change me." Another person said, "Staff listen how I like things doing." Staff we spoke with explained how they always treated people with respect and maintained people's privacy and dignity. For example, one staff member told us, "I always ask people if it's ok for me to help them and make sure I keep them covered with a towel and the doors are

closed." People spoken with told us staff were discreet and they felt assured their personal information was not shared with other people within the service. People and relatives told us that they never heard staff talk disrespectfully about another person while they were in the person's home.

Is the service responsive?

Our findings

At the last inspection in October 2016 we rated the provider as 'good' under the key question of 'Is the service responsive?' At this inspection we found the service had remained 'good.'

People and the relatives we spoke with confirmed they were involved in the planning and review of people's care. The PIR stated that care plans were person centred and the provider involved people in the planning of their care and support. One person told us, "The reviews are in the book." Comments from relatives we spoke with included, "The care plan is reviewed regularly and I am usually involved as well." "The care plans reviewed about three weeks ago, with [registered manager's name]. "[Person's name] has a care plan and [registered manager's name] reviewed it one week ago." Care plans we looked at were found to be personalised and contained information about people's life histories. Each of the care files we looked at had a copy of the person's care plan, which had been or was due to, be reviewed.

The provider explained that after the initial assessment and the service had started, regular reviews were conducted to ensure the service was meeting people's needs. Records we looked at confirmed this had happened and we saw the service or timings of calls were altered in accordance with the person's preferences. We also saw evidence to support that where people's needs required additional support, requests had been submitted to other agencies to review the levels of care being provided. This showed the provider was being responsive to people's individual support needs.

People and relatives we spoke with were confident their concerns would be responded to and knew how to raise a complaint if needed. People told us they had not needed to raise any concerns. One relative told us, "We've had one or two teething problems in the past but they [the provider] sorted them out quickly." Additional comments included, "I've never needed to complain but would ring the manager with any niggles if I had any." "I would feel able to call the manager no problem. But we are very satisfied with them [the provider]." "I have never needed to complain but have no doubt any issues would be sorted out easily." People had a copy of the organisation's complaints procedure within their care plan which was available in different formats upon request. The registered manager told us the information was currently in a format that people could understand but it could be provided in large print if required.

Staff we spoke with told us about the signs that could indicate that people were unhappy about something. For example from their body language and their facial expressions. Staff told us they would report this to the registered manager and try to find out why the person was unhappy. The PIR stated the provider had a complaints process in place. We looked at the provider's complaints records and noted any complaints made had been about staff arriving late for some calls. However, we noted the complaints had been investigated and outcomes recorded.

At the time of this inspection the provider was not supporting people with end of life care, therefore no end of life wishes were recorded in people's care plans. However, we noted people had been asked if they wanted to be resuscitated and their wishes on this matter had been recorded. The provider said they would ask people what their end of life wishes were when they next reviewed their care plans.

Is the service well-led?

Our findings

At the last inspection in October 2016 we rated the provider as 'requires improvement' under the key question of 'Is the service well led?' This was because the quality monitoring systems that were in place had not identified where improvements were needed. At this inspection we found there had been an improvement.

The registered manager had developed and improved their monitoring systems since the last inspection. We found the provider was developing the quality of the service and recognising where improvements could be made. The provider was providing service for a small number of people and we found they were in the process of developing further systems to monitor the quality of the service provided. The registered manager and staff spoken with were proud of the service they had developed and enjoyed working in the service. One staff member told us, "I am so happy working here, I love helping the people." The registered manager had a clear vision for the service and was committed to continuing to provide this service and shared with us their intention to grow and develop the service. They told us, "We want to get everything right before we get any bigger."

There was a process for auditing records which had been completed. Daily records, timesheets and medication records were reviewed to evidence these had been completed and recorded how people had received support that was reflected in their care plans. Where any issue was identified, for example, an omission on a medication record. We saw this was addressed with staff to support their learning and development and ensure people were protected from the risk of avoidable harm..

There was a registered manager in post. The staff spoken with felt part of a supportive team and told us the registered manager was approachable and listened to them. People knew who the registered manager was and felt the service was well led. One person told us, "On the whole I am very satisfied with them [provider]." Comments from relatives spoken with included, "Definitely well managed service, it starts at the top." "I do think the service is very well run." "It is a very good care service." "I think it is very well managed and I am more than happy with the service they provide for us."

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and, if appropriate, on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection. People and relatives spoken with confirmed they had found the registered manager to be open with them and acknowledged where support had required some attention, the registered manager

had been quick to acknowledge this.

The provider had conducted regular surveys with people using the service and their relatives. Comments made by people included, 'staff always have a laugh.' 'would recommend this agency' and 'if staff are going to be late, they tell me.' We saw where issues had been identified in the surveys; appropriate action had been taken by the provider to resolve them.

The staff we spoke with confirmed staff meetings took place regularly. We saw the provider had kept a record of staff meetings and minutes were available to staff. Staff we spoke with all told us they felt supported by the management team and would have no reservations raising concerns with the registered manager. One staff member said, "The manager will listen to you, you can talk to her, they are very good." We saw the provider had a whistleblowing policy in place to support staff. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality.

We could see from people's care records there was an effective working partnership between the provider and other agencies. For example, information was shared between agencies as and when necessary to ensure people continued to receive their individualised support.

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.