

DM Senior Care Limited

Right at Home Stockport & Didsbury

Inspection report

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20 February 2019

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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

About the service:

This service is a domiciliary care agency that provides support to people in their own homes. It provides a service to younger and older adults, people with physical disabilities, sensory impairments, mental health needs, learning disabilities or dementia. The provider has one domiciliary care agency within their registration. The service's office is based in Stockport, and personal care is provided to people in surrounding areas. At the time of the inspection it was providing a service to 34 people, and 24 of the people were receiving personal care.

People's experience of using this service:

The service had received many compliments from people who used the service and their relatives. One compliment stated, "We changed to Right at Home. It is the best decision I have made." Another compliment stated, "The quality of the service they provide is excellent. The service is delivered with care, kindness and empathy. Right at Home Stockport always go the extra mile and I rate them very highly indeed."

Medicines systems were organised and people were receiving their medicines when they should. The service was following safe protocols for the administration of medicines.

People were supported to understand how to keep safe and to raise concerns when abuse occurred.

People we spoke with felt staff managed their needs well. One person said, "I feel safe in their hands."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service worked closely with people's social workers to ensure people's needs were met, and professionals spoke positively about the service. One professional we spoke with told us, "I have had nothing but positive experiences whilst working closely with Right at Home."

Risk assessments were linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately.

Although the service identified risks and managed them, we found one person's assessment was not clear about what information staff needed to provide support. We recommend that the service reviews what information they have when family are partially responsible for the care of people. The registered manager followed this up imminently.

People told us staff were kind, courteous and sensitive. One person said, "Staff are exceptionally caring and kind".

Relatives we spoke with also spoke positively about the staff. One relative told us, "Staff are caring and kind towards mum. I think that is important, they are coming into mum's house and I feel like sometimes it is a friend who has come to visit, which is nice."

The service used an electronic record system, which meant updates to people's needs were quickly identified and actioned. Live links to mobile devices ensured people, staff, family and some social care professionals could access information at any time. One relative commented, "I have the [name of electronic record system] and it is brilliant. I can keep up to date and see mum's progress, especially when I am on holiday. It is very reassuring."

The service was well led. The registered manager promoted best practice in person centred care. There was a clear culture based on achieving positive outcomes for people. The provider organisation was central to supporting the registered manager to establish and promote best practice principles. The registered manager received regular support and supervision from the wider management team and had access to a support network which was flexible and responsive.

Staff told us they were clear what standards were expected of them and were committed to achieving them.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

This is the service's first inspection.

Why we inspected:

This was a planned inspection of the service since it was newly registered in November 2017.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will follow up on our recommendations at the next scheduled inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Right at Home Stockport & Didsbury

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out the site inspection on day one. One inspector continued with the site inspection and home visits on day two.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using this service receives a regulated activity; the Care Quality Commission (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.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 19 February 2019 and ended on 20 February 2019. We visited the office location on 19 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since it was newly registered in November 2017. This included details about incidents the provider must notify us about, such as abuse. We contacted the local authority safeguarding and commissioning teams to gather information about the service. They were positive and raised no concerns about the care and support people received.

The service has completed the Provider Information Return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and four relatives to ask about their experience of the care provided. We also spoke with the registered manager, the provider, the quality and compliance manager and five staff members. In addition, we spoke with two professionals who worked with the service.

We reviewed a range of records. This included three people's care records, risk assessments and three medication administration records (MARs). We also looked at three staff personnel files around staff recruitment, training and supervision records. In addition, we reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- Staff and management we spoke with had a good understanding of their responsibilities and how to safeguard people. One member of staff said, "I would report any concerns or abuse to the manager, and report it externally if needed."
- Staff received appropriate safeguarding training. The staff we spoke with felt the training was sufficient for them to identify the risk of abuse and safeguard people.
- People had access to an 'information pack' which included safeguarding information, and listed contact details for the local authority safeguarding team and the Care Quality Commission (CQC).
- The service followed safeguarding procedures and made referrals to the local authority, as well as notifying CQC as required.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as, nutrition and hydration, medication management, moving and handling, skin care, pressure relief care, health and home environments.
- Risk assessments were linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; staff used food and fluid charts to monitor risks associated with people's nutrition and hydration.
- People's moving and handling risk assessments were very detailed and specific to people's needs. People we spoke with felt staff managed their needs well. One person said, "I feel safe in their hands."
- People had ongoing risk assessments that were reviewed as part of their care plan reviews, or when needs changed.
- Where people experienced behaviours that may challenge others, staff knew how to respond to, and help alleviate any distress or risk of injury.
- Although the service identified risks and managed them, we found one person's assessment was not clear about what information staff needed to provide support. We recommend that the service reviews what information they have when family are partially responsible for the care of people. The registered manager followed this up imminently.
 - An electronic care record system was used to record and review risks. Staff received updates instantly on their mobile devices. Body maps were recorded electronically, and the registered manager or provider had access to these instantly.

- The service used a scanning technology that allowed them to track staff, for both their own safety and that of the people. This ensured staff safety whilst lone working, and the service could also see a staff member had logged in and out at the right location, and they have stayed the correct length of time.

Staffing and recruitment

- We looked at three staff personnel files and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form, and attend an interview so that their knowledge, skills and values could be assessed.
- Staff were also required to complete an online test that highlighted their pros and cons to make better staff recruitment.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Through our discussions with the registered manager, staff, people and relatives, we found there were enough staff to meet the needs of people who used the service. People we spoke with told us they felt staffing levels were sufficient to meet their needs. One person said, "I have regular workers, someone always comes for my visits."
- A dependency tool was used to organise staff rotas. Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly.
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service.

Using medicines safely

- The service had a medicines policy in place which covered the recording and administration of medicines. It stated staff had to undertake training before they could administer medicines.
- Records showed staff were up to date with medicines training.
- Staff received regular competency checks to ensure they administered medicines safely. We asked people if they had any concerns regarding their medicines. One person said, "Carers help with my medicines, and give them when I need them. I have no concerns."
- The registered manager told us there were no controlled drugs (those subject to stringent control) being administered by the service at the time of the inspection.
- There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.
- The service provided varying levels of medicines support, according to people's needs. People were encouraged to self-medicate and appropriate risk assessments were in place for this.
- Medicines errors were acted upon imminently. Staff we spoke with were familiar with the protocols. The electronic care record system allowed staff to report errors instantly through their mobile devices. The registered manager or provider dealt with the error reports swiftly.
- Regular weekly audits of medicines took place.

Preventing and controlling infection

- Records confirmed staff completed training in infection prevention and control.
- Staff had access to personal protective equipment such as gloves, aprons and alcohol-based hand rub for disinfecting their hands. One staff member told us, "We always have access to personal protective equipment, we always wear them. They always give us the things we need, and we don't run out."
- A food hygiene policy was in place. Records confirmed staff were also required to complete training in food hygiene, so that they could safely make and serve meals, and clean up after preparation.

Learning lessons when things go wrong

- The service had an accidents and incidents policy.
- Accidents and incidents were reported through an electronic system. There were appropriate processes in place for recording and investigating accidents and incidents.
- Staff members were aware to call the office to report any issues if there was an accident or incident, as well as to complete the electronic form.
- Risk assessments were reviewed following incidents.
- Evidence was available to show that when something had gone wrong the registered manager responded appropriately.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; adapting service, design, decoration to meet people's needs

- People's needs were comprehensively assessed and regularly reviewed. Care plans were reviewed after two weeks of implementation and continued to be reviewed at regular intervals or when people's needs changed.
- People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation related to people's home environment.
- The service used an electronic care record system, which kept staff up to date with information about people and their needs. Staff had passwords to access the system, which were changed regularly.
- People had regular staff assigned to them, and rotas were developed in ways that maximised continuity of staff. One person we spoke with said, "They are good with continuity. I have two girls and only have two (who provide support), they do my calls."
- People were involved in their care planning and the people we spoke with confirmed this.
- People told us they could request additional support if they needed to and this was facilitated promptly. One person commented, "If I had any problems they would provide additional support."

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed a robust induction programme which included shadowing more experienced staff. The induction covered topics such as confidentiality, privacy and dignity, moving and handling, communication, fluid and nutrition, food hygiene, infection control, catheter care, and safeguarding. One staff member told us, "The induction was detailed."
- The induction programme consisted of three different pathways. Staff were assigned to a pathway according to their skills, qualifications and experiences they already held, which included working towards the care certificate.
- Staff received appropriate training through a combination of e-learning and face-to-face training. This included first aid, medicines, MCA, deprivation of liberty safeguards (DoLS), dementia, and working towards the care certificate award.
- Staff we spoke with spoke positively about the training sessions they had received. One staff member told us, "The training is enough and the notes are helpful. We do activities when carrying out training which helps us understand more. We have e-learning as well which is very helpful."
- Staff could request additional training for their development. One staff member commented, "If I am not familiar with anything, I can phone up the office and seek further training or an introduction to the task. For example, I work with older clients who have dementia. I have had extra training in alzheimer's awareness."
- We asked people if they felt staff were competent. One person said, "Staff are skilled and they know what they are doing."

- Staff felt supported and received regular supervision and opportunities for appraisal. One staff member said, "We receive regular supervisions which are helpful. I can discuss anything I need."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. For example, one staff member described how they support people with poor appetites to use food fortification in the meals, to ensure they maintained an adequate calorie intake.
- Some people required support with their meals. Care records were detailed and showed how people's dietary needs were assessed, such as their food. For example, one care plan stated, "[person name] has a great appetite and will eat porridge for breakfast. He loves fish and chips with mushy peas for lunch, and will often ask the carers to get this on their way in to see him."
- Relatives told us people were supported with food and drink when needed.
- Staff spoken with confirmed they had received training in food hygiene and were aware of safe food handling practices when supporting people in their homes.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies and professionals to ensure people received effective care. For example, the service worked with the local authority's moving and handling assessor to ensure people were being moved in the appropriate way.
- Where people required support from other professionals this was supported, and staff followed guidance provided by such professionals. For example, in moving and handling plans.
- Information was available to other agencies if people needed to access other services such as GPs, health services and social services.
- The service worked closely with people's social workers to ensure people's needs were met, and professionals spoke positively about the service. One professional we spoke with told us, "I have had nothing but positive experiences whilst working closely with Right at Home, and have had regular contact with the managing director [staff name], and care manager [staff name], who are both very thorough, professional and good at communicating. I have had no bad feedback from any clients about the day to day care provided by Right at Home and feel that their staff provide a high standard of support."

Supporting people to live healthier lives, access healthcare services and support

- Where necessary, the service supported people with arranging healthcare appointments.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GPs or phone for an ambulance as necessary and inform people's relatives.
- Records showed the service worked with other agencies to promote people's health, such as district nurses and GPs.

Ensuring consent to care and treatment in line with law and guidance

- 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- We were told everyone currently being supported by the service had the capacity to make their own decisions about their day to day lives and care needs.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "It's about assessing people's abilities to manage, to make choices and decisions. For

example, in relation to their finances or daily living".

- Records showed people signed to consent for their care and treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind, courteous and sensitive. One person said, "Staff are approachable and kind." A second person told us, "Staff treat me with kindness. They are very aware of what I want." A third commented, "Staff are exceptionally caring and kind".
- Relatives we spoke with also spoke positively about the staff. One relative told us, "Staff are caring and kind towards mum. I think that is important, they are coming into mum's house and I feel like sometimes it is a friend who has come to visit, which is nice."
- Staff showed a good awareness of people's individual needs and preferences. For example, one staff member described how people like to carry out their personal care in specific ways. Staff also talked about people in a caring and respectful manner.
- Staff supported people to meet their cultural needs. For example, they had learned how to tie different clothing.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. Staff worked closely with individuals to develop rapport and build trust which had improved some people's ability to communicate and be involved in making decisions. One member of staff told us how a person they supported always used to say yes when asked a question, over time they developed a different way of asking questions which had led to the person being able to respond more accurately and receive the support they valued. Another person had been supported to accept carers despite initial reluctance. Staff had been patient and understanding, after some time the person told staff they felt they were more like friends. This showed the staff had been skilled in supporting a person to be involved in how their care and support was provided.
- Staff supported people in a way that allowed people to have control over their lives and make day to day decisions. One staff member told us, "I ask people questions and give them options. I ask if I can carry out the task at that certain time. I go through each task step by step, giving them the option to agree or not."
- People and their relatives were involved in making choices about their care. One person said, "They involve me in my care planning." A second person told us, "I have no preferred carer, but I can ask for one if I wanted one."
- Records showed people who used the service and relatives were involved in care planning and reviews. One relative said, "Staff always make contact if they need to speak to me or change [person name] care plan." Another relative told us, "I am always here for reviews."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. One person told us, "Staff keep my dignity and respect me. They keep me covered and ask me (when carrying out personal care)." A second person said, "Staff

definitely maintain my privacy and dignity when carrying out tasks such as my personal care." A third commented, "They treat me with respect, all round very professional and caring."

- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "Making sure people's privacy and dignity is maintained is very important to me. I use towels and close blinds (when giving personal care)."
- The service promoted people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their day to day activities which supported them to maintain their independence. For example, encouraging a person who had a stroke to brush their own teeth. One person said, "I am left to do things that I can do for myself. That is important to me. I do not deny any help, but they let me be independent." One relative we spoke with also told us, "Carers assist [person name] to be as independent as possible."
- Promoting independence was reflected in people's care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

The service had received many compliments from people who used the service and their relatives. One compliment stated, "We changed to Right at Home. It is the best decision I have made. My dad is like a different man. His care from the company is professional and meets all his needs. You can always contact them. I feel like I have got my dad back since he has been with them. I would recommend anyone needing care at home to go to Right at Home." Another compliment stated, "The quality of the service they provide is excellent. The service is delivered with care, kindness and empathy. Right at Home Stockport always go the extra mile and I rate them very highly indeed."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Holistic assessments and care plans had been completed which reflected the person's needs, wishes and preferences. Goals they wished to achieve had also been identified, for example, we saw in one care plan how the person wanted to maintain their independence when dressing and could see they had been supported with this.

- Cultural and religious preferences had been recorded together with information about how people preferred to be supported in relation to these. It was evident people had been involved in the development of their care plans which, in the main, were written in the first person.

- Life histories provided clear information about important events and relationships in the person's life and what activities they were interested in. Staff we spoke with said the care plans provided all necessary information.

- The use of an electronic record system also meant updates to people's needs were quickly identified and actioned. Live links to mobile devices ensured people, staff, family and some social care professionals could access information at any time. One relative commented, "I have the [name of electronic record system] and it is brilliant. I can keep up to date and see mum's progress, especially when I am on holiday. It is very reassuring."

- The service used a system which matched staff carefully to individuals, this had resulted in some very positive outcomes being achieved. By having support from staff who had been identified to have the specific skills required, one person had been able to respond to the support provided and was now working part time with support. They had said, "I love going out with you (to staff) and I just love working." Staff were clear about their roles and committed to providing the best person-centred care possible.

- Regular reviews ensured people had been involved in updating their care plans if they wished to be.

- The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard.

The service had made information available in different formats.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure which identified how complaints would be responded to.

People had information about how to raise any complaints or concerns. We could see the service followed its policy in responding to complaints.

- Staff we spoke with identified the different ways people raised concerns. In addition to the formal complaints process people were regularly asked for their feedback. Staff said they had frequent conversations with people and checked if they were happy with things as a matter of routine. We saw how some people's support had been amended in response to comments they had made about the lateness of the evening call. The rotas showed that almost immediately the person had been offered an earlier visit.
- One person had found the regular requests for feedback had improved their confidence and were now able to agree or disagree with suggestions without concern. This demonstrated the service responded to issues raised.

End of life care and support

- The service does not routinely provide end of life care, there was a policy which outlined how people at the end of their lives could be supported to consider their wishes and needs. Staff had received some training and would be able to provide personal care alongside community based health professionals should people wish to remain at home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was well led. The registered manager promoted best practice in person centred care. There was a clear culture based on achieving positive outcomes for people. The provider organisation was central to supporting the registered manager to establish and promote best practice principles. The registered manager received regular support and supervision from the wider management team and had access to a support network which was flexible and responsive.
- When recruiting staff, the management team used values based interviewing techniques which ensured applicants shared the qualities and values of the organisation. This had been useful when staff had little or no experience in caring for people. Staff we spoke with said they had been matched with the people they supported very well and were proud of the outcomes people had been able to achieve because of this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a poster on display in the office which described the services values and culture.
- Staff we spoke with felt valued and supported by the management team. They were clear about the culture of the organisation and what was expected from them. A clear on call system that was available 24 hours a day ensured staff could seek advice and back up at any time. One person told us; 'If there is a problem there is always someone to ring.' Personal alarms had been provided to increase staff safety.
- There were comprehensive policies and procedures in place which identified all areas of practice. These were available to staff via the services electronic record system.
- Effective governance systems ensured the registered manager had clear oversight of the service. The service has two quality co-ordinators in post and could also seek support from their national quality compliance managers. There were a variety of audits completed at different intervals which included; quality performance, care plans and record keeping and compliance audits by the compliance manager these ensured the registered manager could identify any areas which needed attending to and act in a timely way when required.
- The service used an electronic care record system which ensured up to the minute information was available and provided details of how long each visit had lasted.
- Staff told us they were clear what standards were expected of them and were committed to achieving them. In addition, the registered manager carried out spot checks on their practice, such as medicines, record keeping, infection control and quality of interactions. This ensured the quality of the service provided was maintained at an optimum level. Where audits or spot checks had identified any issues, an action plan

had been developed which ensured they were addressed. We saw evidence of actions being taken, including discussion in staff meetings.

- The management team had regular contact with members of staff each week. They regularly sought feedback about what had gone well and what could be improved. Staff said they felt well supported and respected. There was a counselling service set up for staff to access 24 hours a day should they required it. Regular awards were presented to staff which recognised good practice. These could be nominated by people supported by the service as well as the staff and management team. One member of staff we spoke with said, "I absolutely love my job, it is the best thing I have ever done. I get great feedback from the manager and feel well cared for as a member of staff."
- Staff felt confident in the management team and were able to approach them at any time. The service ensured staff were treated with respect and frequently provided positive feedback. Staff told us how management would often contact them during a shift to see how they were, and also provided vouchers for meals as a thank you.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Staff told us they regularly talked with people they supported to check if anything could be improved and then responded to this. One relative told us, "They have approached us for feedback, and always do, by phone calls or in person."

Working in partnership with others; continuous learning and improving care

- The registered manager had the appropriate skills and knowledge to fulfil the requirements of their role. In addition, they continued to develop their skills, knowledge and experience by engaging with a variety of networks, conferences and forums. These included; regional meetings organised by the provider organisation to share best practice and success, registered manager conference which facilitated networking and helped to introduce new registered managers to the culture and values of the organisation.
- Effective partnership working had been established with stakeholders including local commissioners, community based health services, specialist practitioners; who could provide additional training around complex needs. Training for staff had also been provided by charitable organisations.
- The registered manager told us they worked in partnership with Manchester metropolitan police and have adopted the 'herbert' protocol for people who used the service. This protocol is for people who may be at risk of becoming lost when out alone in their community. The document provides a description of people, past addresses, places of interests and other key information in the event people were reported lost to the police.
- The registered manager was committed to developing further the skills and knowledge in the team. They were looking at how best to utilise staff skills and considering setting up champions. Champions would normally have specific skills and knowledge in an area of practice and be able to support other members of staff. Visiting other organisations to learn about what might be available for people who used the service also demonstrated the services commitment to continuous improvement and learning.