

## Cygnnet Care (Devon) Limited

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## 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 

### Overall summary

The inspection took place over two days on 22 and 23 September 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Prior to this inspection, this service had an inspection carried out on 14 January 2014. This found the provider was fully compliant at this visit.

Cygnnet Care is a small family run domiciliary care agency that provides bespoke packages of care and support to older people in their own homes. It covers the urban and rural areas of Barnstaple, Bideford and South Molton in North Devon. At the time of our visits, the agency

provided a service for 36 people and employed approximately 17 care staff. Times of visits ranged from 15 minutes to 1 hour. The frequency of visits ranged from one visit per week to 35 visits per week. The service provides a variety of care and support services from personal and end of life care to shopping, cleaning, maintenance and pet care (not all of which are regulated by the Care Quality Commission).

There was a registered manager in post. 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.

# Summary of findings

Feedback received from people and their relatives was very complimentary. They consistently told us staff were caring, professional and kind. People said “They are caring and have a lot of compassion” and “They treat me well...all become friends...they are just caring and lovely.”

Both care staff and the management team knew people well and had regular contact with them. Staff spoke of the people they supported with kindness and compassion while people described extra tasks and jobs that staff completed in addition to their specific care responsibilities.

People had built positive relationships and got to know staff well. They had a regular team of carers who never missed a visit and were rarely late. People received a rota to tell them who would be coming into their homes and if there were any necessary changes to be made, they were always informed beforehand. Staff always stayed the right amount of time and made sure people were comfortable before leaving.

Staffing arrangements were flexible and adjusted where necessary. Care staff responded to people’s needs, preferences and wishes and gave people choices in how they liked to be looked after. People were treated in a friendly but professional way. Care staff received the training they needed to do their jobs properly.

People had personalised care given. People felt they were treated as individuals and one person said “They go above and beyond what is expected”. Another person said “The agency looks after me as an individual...it is person centred care...I am looked after”. There was some variation in the quality of care plans used but the registered manager was addressing this with new care planning documents.

The service was well led and staff felt motivated and listened to by the registered manager who supported their staff. The registered manager valued her staff and recognised the service was “Only as good as what the staff deliver.”

The service worked in close partnership with other health and social care professionals who were positive about the good care and communication.

The service sent out regular quality surveys which showed a high degree of satisfaction with the service. Some other systems were in place to monitor the quality of the service but the registered manager was aware these needed improving upon. People had only positive comments and compliments about the service.

# Summary of findings

## 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.

People were protected from harm. They had confidence in the service and felt safe when receiving care and support.

Robust recruitment procedures were in place. Suitable numbers of care staff were employed to meet people's needs. They understood their responsibilities in relation to the safeguarding of adults.

Risks were well managed and there were systems in place to enable staff to support people with their medicines.

Good



### Is the service effective?

The service was effective.

Staff were well trained and had the right skills, knowledge and attitude to meet people's care and support needs effectively.

People's rights were protected. Management and staff understood the requirements of the Mental Capacity Act (2005).

People were supported with their health and dietary needs.

Good



### Is the service caring?

The service was caring.

Care staff were kind, compassionate and understood people's needs. They had built up caring and meaningful relationships which people and their relatives valued.

Care staff promoted people's independence and respected their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support to meet their needs. Care staff treated people as individuals. Changes in people's needs were quickly recognised and appropriate action taken with the involvement of health and social care professionals when necessary.

People felt the service was flexible and based on their wishes and preferences. People received their care on time and visits were never missed.

Systems were in place to investigate if people had any concerns or complaints.

Good



### Is the service well-led?

The service was well-led.

There were some systems in place to monitor the quality of service delivered but improvements were needed in some aspects of record keeping.

Good



# Summary of findings

The registered manager provided effective leadership to their staff and promoted strong values. Staff felt supported, part of a team and that their opinions mattered.

People and their families were extremely happy and satisfied with the service delivered. They knew the registered manager by name and were kept in regular contact with the management team.

# Cygnnet Care (Devon) 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 visits took place on 22 and 23 September 2015 and was announced. The provider was given 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to make sure they would be in.

The inspection team consisted of one adult social care inspector on the first visit and two adult social care inspectors on the second visit.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The provider also supplied information relating to people using the service and staff employed. We reviewed the completed PIR, previous inspection reports and other information we had received about the service including notifications. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with 17 people who received a service, six of whom we visited in their own homes, eight relatives and seven care workers. We also spoke with the registered manager, two finance co-ordinators and the field care supervisor who made up the management team. We sought feedback from ten health or social care professionals, of which three were returned.

We reviewed a range of records about people's care and how the service was managed. These included six people's care and medicine records, three staff recruitment files, staff training records, minutes of meetings, complaints/complaints, incident reports, a selection of policies and procedures and records relating to the management of the service.

# Is the service safe?

## Our findings

Everyone we spoke with said they felt safe in the hands of Cygnet Care and the care workers who supported them. Comments included “I feel safe; definitely”, “Yes we feel safe...they have become friends and we trust them” and “They (the staff) have all become friends, I feel safe with them...I can’t speak highly enough of them...they are just splendid.” Another person said “Feel safe? Absolutely yes; if I had any worries I would speak to X (registered manager).”

An up to date safeguarding policy and procedure was in place which included local guidance to follow. Staff records confirmed all care staff employed had received safeguarding training in the last two years. Both management and care staff were knowledgeable in how to recognise signs of potential abuse and who to report the concerns to within the organisation and externally such as the local authority, Police and the Care Quality Commission. There had been one safeguarding concern raised by the service in the last twelve months. Two care staff explained how they had initially raised this safeguarding concern to the manager, who had then taken the appropriate action in reporting this. The registered manager informed us any concerns regarding the safety of a person would always be discussed with the local authority safeguarding adult’s team and referrals made when necessary. Care staff were aware of the action to take in whistleblowing; a policy and procedure was in place to give guidance to staff.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. We saw this included environmental risks and any risks due to the health and support needs of the person such as falls, manual handling and nutrition. Risk assessments included information about the action to be taken to reduce the chance of harm occurring. If staff noticed people’s homes did not have systems in place in the event of a fire such as smoke alarms, people asked if they would like them to contact Devon Fire and Rescue on their behalf and request a safety visit.

People told us care staff always left the premises secure and closed doors, windows and gates behind them. Where people were unable to let care staff in themselves, staff assisted people to have a keypad entry system installed.

These numbers were kept secure and only given to those staff who required it. One person said “I feel looked-after and safe; they always lock the door when they leave and draw my curtains.”

There were sufficient numbers of care staff to keep people safe and meet their care or support needs. Staffing levels were determined by the number of people using the service and their level of need. These were adjusted according to meet people’s individual needs. For example, one person had two care staff to visit when they required moving safely, but one care worker for the other visits. One relative said “Last week I went away...X had extra visits...it made me feel relaxed”. In addition, the management team provided care when necessary to cover any unplanned shortfalls. People had a choice of female and male carers. One relative said their family member had requested not to have personal care from a male carer, but still wanted them to visit at other times because “X is brilliant with her...X loves him.”

Some people lived in very rural areas and access was down winding, narrow lanes. All the people told us care staff had never missed a visit and were rarely late. People said of the staff “They turn up on time, sometimes little things happen but they never miss a visit to you”, “They are always on time; oh they are very good” and “They always arrive on time; it’s been perfect”. However, if care workers were late due to unavoidable circumstances such as increased traffic or an emergency, people said either the office or the care worker themselves would ring them and let them know. They told us they knew to call the office if care staff were over 15 minutes late. People commented “If they are going to be late, they just ring” and “...Yes the office is always in touch.” People told us care staff always stayed for the full amount of time required and made sure they were comfortable before they left. This was confirmed in the daily diary records. Care staff said the amount of time allocated was sufficient. If they felt extra time was needed, they contacted the registered manager who would review the times.

People told us they always knew who was coming to their home because they received a rota. A relative said “X feels safe because she gets a rota in the post.” If a shift had to be changed, people said either the office or another care worker would let them know. The majority of people said new staff were always introduced to them first by a care worker who knew them, but occasionally a care worker

## Is the service safe?

arrived who they did not know; however they were happy with this arrangement. One person said “They always ring and tell me who’s coming and I have a rota in the post. New ones sometimes come without warning but I am happy to do that.” The registered manager said this happened rarely. However, when it did, they only allocated staff following an assessment of risk; this was based on the care worker’s skills and knowledge and the level of care and support the person needed.

Staff spoken with told us all the required recruitment checks were undertaken before they worked unsupervised. Recruitment records confirmed the necessary pre-employment checks had been completed. The registered manager was in the process of updating the recruitment procedure to include a more detailed application form and standard questions to be asked at interview which would make the employment of future staff more robust.

People were happy with the support they received with their medicines. People had assessments completed with regard to whether they were able to take their medicines independently or needed support. There were policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance. All staff had received training in medicine awareness and were clear how they supported people to take their medicines. People had their medicines in either a monitored dosage systems (MDS) or in individual

bottles or packets. Some people required prompting or assistance to take their medicine. Where this was needed, there was a separate medicine file in their care records. Medicine records were generally completed appropriately. However, one person’s medicines had been changed and their medicine record had been amended. It was difficult to read what the current medicine was. Also, for medicines which were needed ‘as required’ (PRN), it was not clear on the chart whether the person had been given them and whether they had either been taken or refused. We discussed this with the registered manager who immediately planned to review this process and put updated medicine records into place which were clearer and included the information required. The provider had appropriate processes in place for the reporting of medicine errors.

There were emergency plans in place for events such as road closures and poor weather to ensure the service was not disrupted; we saw how this had been planned for an upcoming festival.

Staff said they had personal protection equipment (PPE) supplied which was readily available. People confirmed staff used plastic aprons and gloves when they gave care or support in their homes. One person said “They (the staff) always wear gloves and aprons. They also take their shoes off or put shoe covers on them...I can’t speak too highly of them.”

# Is the service effective?

## Our findings

Each person and relative we spoke with were satisfied with the skills, knowledge and attitude of the care staff. Comments included “The staff are very good...they give wonderful care” and “The girls are well trained and know what they are doing.” Relatives commented that high standards of work were expected from the care workers. Three commented about care staff “In the past carers were not up to the standard of Cygnet...they didn’t come any more”, “I OK them or not...they have to be up to speed” and “All the carers are generally very, very good. Occasionally one comes along who is not too good and lets the others down.....but they don’t last long.”

All care staff who had worked for the service for some time had completed an induction programme at the start of their employment. New staff who now joined the service undertook induction training based on the new Care Certificate; this is a newly introduced nationally recognised tool which gives care staff the skills and knowledge to provide high quality safe care and support. Staff confirmed the induction training included shadowing other staff. This gave new staff the opportunity to meet the people they would be visiting before going in alone as well as having the opportunity to observe what care or support was required and where things were located in different people’s homes. One person said “New carers are introduced...some do shadowing...the carer’s are absolutely marvellous, so friendly and understand everything. Nothing is too much trouble.” Two care staff said “We went through a huge booklet...we answered the questions and then went through our answers...the induction training was a flip through of everything and the main training is coming up” and “I shadowed for two weeks.”

Training was provided during induction and then on an on-going basis by external trainers twice a year. Training records confirmed these included subjects such as safe moving and handling, food hygiene, infection control and medicines. Care workers received specialised training in areas such as dementia care and end of life care. Two health care professionals commented “...staff are trained to a good standard” and “... (staff) respond well to the carers who seem well trained and know how to care for vulnerable people.”

In addition, staff were encouraged to achieve formal qualifications in health and social care and develop professionally. One person was being supported to undertake a qualification in leadership and management to progress their care career and increase their knowledge.

Care staff received support and encouragement through supervision and an annual appraisal. Supervision consisted of individual one to one sessions, group sessions, ‘spot checks’ (supervision whilst undertaking practical tasks) and group staff meetings. One care worker said “I’ve got a whole little booklet which tells me what they go through and a copy of the form they use.” All care staff felt staff meetings were very valuable and that their opinion mattered. These were held away from the office in a confidential area in either a village hall or a café. Care staff were able to bring up issues and discuss any problems they were experiencing either personally or with people they looked after. They also had the opportunity to speak with other care workers. One care worker said “It means I can talk with the others and if we have similar issues we can talk about what we do”. Care staff were encouraged to speak with management for advice or support and felt communication worked well. One care worker said “I speak with management all the time; they tend to be on the phone a lot during the week. They phone over little things, check that you’ve done things of if you’ve got any concerns.”

Before they received any personal care, people said they were always asked for their consent and staff acted in accordance with their wishes. People’s individual wishes were acted upon, such as how they wanted their personal care delivered. One person said “They (care staff) know to give me an old ‘scrubby-di-dub’ as I like to know I have been washed” and another said “They give my personal care how I want it.” A third said “They say do you want this or do you want that?”

The majority of staff had undertaken training on the Mental Capacity Act (2005) (MCA) and were able to demonstrate how it applied to their practice. The registered manager told us if they had any concerns regarding a person’s ability to make a decision they worked with health or social care professionals to ensure capacity assessments were undertaken. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Where decisions had been made in people’s best interests

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these complied with the requirements of the MCA. The registered manager told us no person who used the service was currently deprived of their liberty. They said they would seek advice from the local authority if they thought this was necessary.

People were encouraged to maintain a balanced diet. Staff helped by preparing main meals, snacks and doing shopping. People were happy with the support they had to eat and drink. Some people lived with family members who prepared meals. Before care staff left a person's home, they ensured people had access to drinks and snacks within reach, for example one person liked a cheese and biscuits and a hot drink in a thermos flask. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and checked their food and drink taken.

People were supported to see health care professionals when they needed to. People said care staff knew them

really well and could tell if they were poorly. Relatives said care staff were "...Professional, they are 'on the ball' and notice when he is not well...they watch X's manner and they watch X's eyes for discomfort or pain...eyes speak volumes", "They know X so well, they know if she is not well" and "They can tell when I am not feeling too good." People said care staff stayed with them if they were unwell or until help arrived. One relative said "X fell...slipped on the floor...X stayed with her they were brilliant and kept her calm" and another said "They made her safe and comfortable until the ambulance came." Records showed advice had been sought from health and social care professionals such as an occupational therapist, community nurses and specialised nurses when necessary. For example, advice was regular sought and given for one person from a community psychiatric nurse who said care staff always acted on their guidance.

# Is the service caring?

## Our findings

Every person we spoke with, without exception, told us they were happy with the level of care. Comments about the care staff included “Wonderful care”, “They are caring and have a lot of compassion” and “I feel cared for.”

Relatives were also highly satisfied and three commented “I am happy with the care...I hope I’ve made it clear”, “Cygnets provide a good service...they are set up to provide a good service...am totally happy and feel confident at the level of care...X looks forward to them coming in” and “X is looked after as best as can be done.” One health care professional said “Cygnets care ...very professional, helpful and caring”.

People had a core team of the same carers who visited them which they appreciated. This helped staff develop very positive and caring relationships with people and their families; staff took time to listen, interact and get to know them. People and relatives were relaxed and friendly in the company of management and care staff, smiling, chatting and enjoying banter. People told us they looked upon the care staff as friends or family but insisted care staff remained professional with them. Comments included “They treat me well...all become friends...they are just caring and lovely”, “They treat me like a friend...very informal but very efficient” and “The girls are good, they are friendly but not over friendly...it’s a fine line.” Three relatives commented of the care staff “They are my honorary daughters...but professionals...X smiles when they (care staff) come in the door”, “They have a fabulous rapport...they have worked out what X likes and how they respond to people...they have spent time getting to know X” and “They are so kind, they take the time to talk and chat...they are like my granddaughters...they have a banter and laugh but are professional...X loves them.”

People described care staff as kind and compassionate and that they always asked if they needed anything else before leaving. One person described how care staff had made them feel special on their birthday and another described how a care worker had spent time on the internet searching for a specific casserole dish they wanted to purchase. Another person said “My hearing’s not so good and I can’t hear on the phone, so X (care worker) will sort that out for me; she’ll phone and sort it.” People said staff would do anything asked of them which included winding clocks up, putting rubbish out, walking dogs, picking up milk or bread if they had run out and putting flea powder on cats. One relative commented “...it’s more about well-being...it’s everything...they (care staff) go above and beyond what is expected”.

People said they were involved in making decisions about their care and support. They told us their opinions were sought about how best to care for them and they felt listened to. All the people spoken with knew who the registered manager was and referred to them by name; they were in regular contact with people and their relatives.

Care staff were respectful of people’s privacy and maintained their dignity. People said care staff gave them privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain people’s safety. People were encouraged to maintain their independence and care staff allowed them to do as much for themselves as possible. Comments included “They allow me to be independent and assist me”, “I am a very independent person...they allow me to be independent, it’s important for me” and “...they are always very good, they allow me to be independent as much as possible...I have seen the occupational therapist and physiotherapist.”

# Is the service responsive?

## Our findings

Following an initial assessment and acceptance of a package of care, the management team drew up an initial care plan in agreement with the person. The care plan is then added to over time with more information gained from the person and their relatives. Out of the six records we looked at four people had a care plan in place which had been reviewed. These contained accurate and detailed information and outlined how the personalised care was to be given. For example, “On X’s table X likes to have his radio, watch, clock tissues and a nice milky X drink. ...lamp on and close the blind and curtains” and “X suffers from dandruff. ...wash X hair frequently. ...there is treatment shampoo in the shower rack.” For the two people who did not have an up to date care plan in place, care staff described what and how they provided care for the individual people. Management had telephoned them and explained what they needed to do. People confirmed this is what staff did. The registered manager was in the process of changing over to new style of care plan in each person’s home. These contained all the information needed such as a personalised care plan, ‘This is Me’ plan, risk assessments, complaints procedure and contact details. The registered manager said they would ensure each person had a reviewed care plan without delay.

People received personalised care and support individual to their needs. This was planned in partnership with people and their relatives. All of the people spoken with were complimentary about the service and gave very positive comments which included “...happy with the service...they’ll do what we’ve asked them....if we asked them to do something extra they would”, “The agency looks after me as an individual...it is person centred care...I am looked after” and “I am extremely happy with the service.”

Care staff wrote detailed records at each visit in a diary which was kept in people’s homes. They recorded what they had done and how the person was at the end of each visit. This meant the next care worker who visited would know if there was anything out of the ordinary. One care worker said when they first worked for the service, care staff wrote more detailed notes and instructions in the diary so that new staff would know how the person liked things done, as well as what they wanted. If there was important information which needed to be passed over, the care staff rang the office to let them know. Care staff also recorded

the time they arrived and the time they left which matched the contracted hours. On occasions, the contracted hours were higher than the care or support hours given; we saw this had been agreed with the commissioners of the service as they had to take into account the amount of time it took staff to reach some people’s houses. For example, staff needed to travel 20 minutes to reach one person’s rural home; this was paid as extra travelling time to the actual contracted care time.

Care staff were very knowledgeable about the people they cared for. They were aware of people’s individual interests and preferences, as well as their health and support needs which enabled them to provide a personalised and responsive service. Comments about care staff included “They pat my skin dry...I am so grateful it makes a difference until next time”, “They give my back and feet a lovely wash” and “I have various creams on various parts...they know which to use where.” The service tried hard to match people’s personalities with staff; if people did not get on with staff, they contacted the office and spoke with the registered manager who took action. They also chose whether they wanted a female or male carer. One person had chosen to have female staff for their personal care but enjoyed having a male carer for other support. Their relative told us “X usually has female carers – occasionally there is a male carer...he is brilliant....X loves him”. Another relative said “We normally have X (male carer) to assist my husband and they seem to get on very well together.” One person commented “I have three girls and a lovely gentleman – I know them all.”

The service was very responsive to meeting people’s increased or changing needs. People told us of various occasions when they had needed to change their visits due to various reasons for example an unplanned trip out or a social activity such as archery or a visit to a flower club. We saw management accommodated these requests as much as possible, in some cases with very short notice being given. Relatives explained how the service also took their wishes into account when planning care which enabled them to have a quality of life too. One relative commented “...if I need to I pick up the phone and speak to X (registered manager) it’s solved... I know if I am going on leave I have a safety net” and another said “Last week while I was away X had extra visits.....made me feel relaxed.” Another relative explained how grateful they were for the service and explained they had contacted the office out of hours and asked for help. The registered manager arranged

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for an unscheduled visit and a carer arrived soon afterwards. The relative commented “They are so kind...X was poorly...X (registered manager) said “leave it to me” and ten minutes later X (care worker) was on the doorstep. The care worker said “I didn’t mind...I like helping others...I live locally...X was poorly.” One health care professional described how the service was working together with them to gain the trust and confidence of three people, with a view to providing care and support for them in the future. They commented “... they (care staff) are good at how they approach the person...can be very challenging...they work flexibly when X does not allow them into the home...” and “I am positive about the service...they are flexible and approachable...need to be.”

The service had a complaints policy and procedure in place which included all the information required. People had a copy of this in their care records in their homes. They told us they knew who to address any concerns to and that they would be listened to. The service had received no complaints in the last 12 months. Without exception, all of the people and their relatives spoken with had only compliments about the service. The office had received many compliments which we saw from their quality assurance questionnaires and individual ‘thank-you’ cards or emails received into the office. These included “I sing your (Cygnet) praises when and where possible”, “Don’t care how much it costs...X is looked after with the best that can be done” and “...we only wish it had been possible for X to remain at home and for your care to have continued.”

# Is the service well-led?

## Our findings

There were some quality checks in place, for example monitoring visits on people and checks on care worker's practice. However, other checks such as auditing of care and medicine records were not routinely undertaken or recorded; they did not identify problems which needed to be addressed such as information missing out of care records. The registered manager was aware some aspects of record keeping needed to be improved and were not robust enough. They explained this had happened because the main focus was on caring. All the people and relatives spoken with said they were very happy with the service, received the care and support required and spoke regularly with the management team. The registered manager intended to put in place more robust checks to monitor the service and put improvements in place if necessary.

The registered manager promoted a culture which was open and inclusive. All people and relatives spoken with talked highly of the manager, knew them by name and said they had regular contact with them. A large number of people had begun using the service on the recommendation of friends or from the reputation of the service in the local community. The service had operated for many years and was a family owned business. The service's values centred on people being cared for by personal care packages delivered by a local family run provider. The registered manager intended to keep the service small and not become a large organisation. Their vision for the service was to "be friendly, caring, try as hard as we can to provide what people want by offering bespoke care so clients can stay in their homes and we can give them what they want". People using the service, relatives, staff and health and social care professionals agreed the philosophy was paramount to the service provided by Cygnet.

People and relatives said there was excellent communication with the office and that the registered manager was always easy to get hold of. Their comments included "I have to say about Cygnet; I pick up the phone if I've got a problem; they deal with it or get X (registered manager) to call back; solved", "If I want anything extra I just ring and tell her (registered manager)...very approachable" and "People in the office are very helpful...absolutely brilliant." A healthcare professional said "Cygnet care are professional, approachable and

open." People interacted with the registered manager in a friendly and relaxed way. They took the time to get to know the people and their families very well. One person chatted with the registered manager about their food preferences and tastes. The registered manager suggested a meal to the person's relative. The relative commented "....see that's what I mean; X (registered manager) goes above and beyond...recommending what to eat".

All care staff spoke positively of the registered manager and the management team. They said they speak on a daily basis and the communication was good. One care worker said "We have an out of hour's emergency number, they answer the phone quickly" and another said "I never feel alone; I always have support and back up." The registered manager had an open culture and staff felt valued, supported and part of the team. Comments about the registered manager included "I wouldn't be here if I didn't like it...X is very supportive...very helpful", "I feel supported; X is easy to talk to" and "It's a nice working environment...absolutely brilliant...X is family orientated." Two staff gave examples of how the registered manager had supported and helped them at work when they had experienced personal issues. The registered manager valued her staff and said the service was "Only as good as what the staff deliver".

People's views and suggestions were taken into account to improve the service. Detailed quality assurance surveys were sent out annually to people, relatives, health and social care professionals and staff. The last ones had been received in April and May 2015. The results of the surveys had been scored, analysed and any action taken as necessary. Any negative comments had been acted upon in writing and records kept. For example, one care worker had reported they had felt under pressure with work; management sent a letter out to each staff member to offer advice, help and support.

The service worked in close partnership with health and social care professionals and had developed effective working relationships. All professionals spoken with spoke highly of the service delivered and said communication with the service was good. Comments included "I have found them to be professional, approachable and open...good at arranging an MDT (multi-disciplinary meeting)...X (registered manager) not only has the client's

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best interest in mind but also her staff” and “X (registered manager) tries to accommodate client needs as much as possible in often difficult circumstances...they are very professional and maintain confidentiality”.