

Family Care Trust

Community Support Service

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 22 August 2018. The inspection was announced.

Community Support Service is registered to provide personal care support to people. At the time of our inspection the agency supported nine people with personal care and employed 13 care workers, including two team leaders. The service is located in Solihull in the West Midlands.

This service is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people, younger adults, people living with dementia, learning disabilities and people who experience mental health problems.

We last inspected Community Support Service in July 2017 and we rated the service as 'Requires Improvement' overall. This was because people's medicines and some risks associated with people's planned care had not been safely and consistently managed. Furthermore, the provider's quality monitoring systems were not effective and did not support continuous improvement. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17 (Good governance).

We asked the provider to send us a report, to tell us how improvements were going to be made to the service. The provider sent us an action plan which informed us how they planned to make the required improvements to address the issues we had identified. They told us these actions would be completed by August 2017.

At this inspection we checked to see if the improvements had been made and if they were effective. We found improvements had been made and action had been taken in response to the breach in the Regulation. However, further improvement was needed.

The service had a registered manager. A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the way people's medicines and risks associated with their planned care were managed. Known risks had been assessed and risk management plans contained up to date information. Most assessments provided care workers with the information they needed to manage and reduce known risks safely. Care workers had a good knowledge of how to minimise risks to people's safety.

The management team completed regular checks to monitor the quality and safety of service provided, and encouraged people and relatives to share their views about the service to drive forward improvements. However, further improvement was required in both of these areas.

The provider conducted pre-employment checks prior to care workers starting work, to ensure their suitability to support people in their homes. People felt safe with their care workers and there were enough care workers to provide all planned care calls, at the times people expected and for the length of time needed.

Improvements had been made to people's care records and further improvements were planned. Care workers had a very good understanding of the people's needs and preferences and people were involved in developing and reviewing their care. People described their care workers as 'very caring and kind'.

People who required support had enough to eat and drink to maintain their health. The registered manager and care workers worked in partnership with other professionals to support people to maintain their health and well-being. People and relatives were confident care workers had the knowledge and skills needed to meet their needs.

The management team and care workers knew how to protect people from the risk of abuse and understood their responsibilities to report any concerns. Care workers understood their responsibilities in relation to infection control which protected people from the risks of infection. Care workers received an induction into the service, and a programme of on-going training supported them to meet people's needs effectively. Care workers felt valued and received regular management support through individual and team meetings.

People's privacy and dignity was respected and their independence promoted. The registered manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care workers sought people's consent before care was provided.

People and relatives were very satisfied with the service provided and the way the service was managed. People and relatives were provided with information about how to make a complaint. No complaints had been received by the service.

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 told us they felt safe with care workers. There were enough care workers to provide the support people required, at the times they expected. Care workers knew how to safeguard people from the risk of abuse and understood their responsibility to report any concerns. People received support from care workers who understood the risks relating to their care. The management and administration of people's medicines had improved.

Is the service effective?

Good ●

The service was effective.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Care workers worked within the principles of the Act. Care workers supported people with their nutritional needs and to access health care when needed. Staff received an induction and on-going training that supported them to meet the needs of people effectively.

Is the service caring?

Good ●

The service was caring.

People told us care workers were kind, caring and friendly. People were supported to maintain their independence, and people's life style choices and rights to dignity and privacy were respected. People were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and most informed care workers how people wanted their care and support to be provided. Further improvements were planned. People were supported by care workers they knew and who understood their

individual needs. Care visits were provided at the times people needed to support them effectively. People and relatives knew how to make a complaint. No recent complaints had been received.

Is the service well-led?

The service was not consistently well led.

The provider's quality assurance systems were not always effective in monitoring and improving the quality and safety of service provided and the provider's policies and procedures required updating. Action was being taken to address this. People and relatives spoke positively about the service provided and the way the service was managed. Care workers felt valued and supported by management team to carry out their roles.

Requires Improvement ●

Community Support Service

Detailed findings

Background to this inspection

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

This inspection site visit took place on 22 August 2018. The inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure staff and the registered manager would be available to speak with us about the service.

This was a comprehensive inspection and was undertaken by one inspector.

Before our visit we reviewed information, the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. During our visit we found the PIR was an accurate assessment of how the service operated.

We also looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We conducted telephone interviews with two people and four relatives to obtain their views of the service they received.

During our office visit we spoke with the provider, the registered manager, a team leader and two care workers.

We looked at three people's care records and other records related to people's care, including risk assessments, medicines records and daily logs. This was to see how people were cared for and to assess whether people's care delivery matched their records.

We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We looked at records of the checks the provider and registered manager made to assure themselves people received a good quality service, including complaints, medicine records and quality surveys.

Is the service safe?

Our findings

At our previous inspection 'safe' was rated 'Requires Improvement' because medicines and the risks associated with people's planned care were not always managed safely and consistently.

At this inspection we found improvements had been made. The rating changed to Good.

During our last inspection in July 2017 we found some risks associated with people's care had not been assessed and some people's risk assessments had not been updated when their needs had changed.

At this inspection records we reviewed confirmed known risks had been assessed and risk assessments had been regularly reviewed and updated when a change was identified. For example, one person's assessment had been updated to inform care workers they needed to use a hoist, at certain times, to assist the person to move safely because their mobility had deteriorated. Another person had developed sore skin. To reduce this risk their risk assessment had been updated to inform staff what specialist equipment they needed to use to move the person to reduce the risk of further skin damage.

Most risk assessments included the information care workers needed to mitigate risks and provide safe care to people. For example, one person was at risk of recurring urinary tract infections. Their plan informed care workers of the signs which may indicate the person had an infection and the actions they needed to take, including seeking the person's permission to contact their GP.

We found other risk assessments were limited in detail. For example, one person was known to display verbally aggressive behaviour. Their risk assessment instructed care workers to reduce this risk by using 'distraction techniques'. There was no further information to inform care workers what techniques to use or the possible triggers for the behaviour. We discussed this with the registered manager who acknowledged our findings and updated the risk assessment during our visit.

Despite omissions in some risk assessments our discussions with care workers demonstrated they understood the risks associated with people's care and how these were to be managed. One told us, "We are responsible for managing risk. We follow the risk assessments in the care plans. We really know our clients [people] so we know when things change." They added, "If there is a change we report it straightway to the manager so they can review things."

During our last inspection we identified people's medicine were not managed safely and consistently. The registered manager acknowledged our findings and gave assurance the issues would be addressed.

Our findings during this inspection confirmed the required improvements had been made.

People who needed assistance from care workers to administer their prescribed medicines told us they received the support they needed. One person commented, "The girls [care workers] are very vigilant. I get my medication and they make sure I know when it needs re-ordering. They even collect it for me from the

chemist." They added, "They [care workers] have built a good rapport with the chemist which is really helpful to me."

We reviewed three people's medication administration records (MARs) for the months of May, June and July 2018. All MARs had been signed by care workers to show people had received their medicine as prescribed, including creams which needed to be applied directly to people's skin. MARs were returned to the office monthly and management checks of the records had been completed.

One person was prescribed 'as required' (PRN) medicine. Protocols were available to inform care workers what the medicine had been prescribed for, signs which may indicate when the medicine was needed and how often it should be given. This ensured people did not receive too much or too little of this type of medicine.

The registered manager told us in addition to monthly audits team leaders completed weekly 'spot checks' of medicines. They added, "We learnt from the last inspection and knew we needed to get it [medicine management] right. With the changes we have introduced it is very rare we get an error or a gap on a MAR. The staff understand the importance of getting it right."

Records showed care workers received medicine training, which was refreshed regularly and their practice observed to make sure they continued to be competent to administer people's medicine safely. However, from the information available we could not be sure one care worker had updated their training as required. The registered manager told us they were confident the care worker's training was in date. However, in response to our findings they arranged for the care worker to complete 'on line' refresher training during our visit.

People felt safe when receiving care and support from their care workers. One person explained they felt safe because care workers 'kept an eye' on them when they used the shower. They added, "It means I can have a shower and they would help me if I slipped. That's what makes me feel safe." Relatives had no concerns about their family member's safety.

Care workers understood their responsibilities to protect people from the risks of abuse. They told us they had completed training which included how to identify potential signs of abuse and the actions they would take if they had any concerns. One told us, "You have to be alert and observant. We know the clients, so anything out of the ordinary could be a sign. Like someone whose chatty being quiet." Care workers told us they would report any concerns to the registered manager and they were confident their concerns would be referred to the local authority safeguarding team. One commented, "If I was still worried I would ring the police or CQC (Care Quality Commission)."

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the provider.

There were enough care workers available to support people at the times agreed and people received the support they needed from care workers they knew. One person told us, "That's the difference with this service. I have the same girls [care worker], they turn up when they should and stay as long as I need them." A relative explained consistency of call times and care workers was important because their family member

had a 'poor memory'. They added, "[Person] has a small team who visit so she remembers them. The service is brilliant. We are over the moon."

Care workers confirmed they visited the same people at pre-agreed times and stayed for the length of time allocated. One told us, "Because we are a small service we [care workers] know all the clients. It's important to know them well so you can provide their care how they want you too. It's called being person centred." Another commented, "We go to the same people. It helps to build relationships and trust. They [People] trust us. I think that is really important."

The registered manager told us there were enough care workers to allocate all planned care calls. We saw rotas were prepared in advance and cover for planned and unexpected staff absences were covered by the services staff or the registered manager. The registered manager explained the service did not use agency staff because 'consistency' was key to delivering individualised care. A care worker told us, "Clients need to know who is visiting, a stranger calling could be upsetting or worrying, so we work as a team and cover each other."

We looked at call schedules for the three care workers we spoke with. The records showed us care workers had visited the same people at the same time each day. Travel time was included on the rotas which meant care workers arrived at people's homes around the time they were expected. The registered manager and team leaders checked people had received the care they needed at the times they expected and for the length of time agreed through weekly visits to people and monthly checks of 'report books' (records completed by care workers at each visit).

People told us care workers followed good infection control practice by using disposable gloves and aprons (PPE), when needed. Discussion with care workers demonstrated a good understanding of infection control procedures. One told us, "Using gloves and aprons reduces the risk of cross infection. We have a good supply of both."

We looked at how the provider managed and reported any accident or incidents. The registered manager confirmed none had been reported since our last inspection. They explained the procedure they would follow in the event of a report being made to ensure accidents and incidents were reviewed and action taken to reduce the possibility of a re-occurrence.

Is the service effective?

Our findings

Previously, we rated 'effective' as 'Requires Improvement'. This was because mental capacity assessments for people who were not able to make some decisions for themselves had not always been completed. Furthermore, the language used in some care records did not support a person-centred approach to the delivery of care and support.

At this inspection we found improvements had been made and the rating was changed to Good.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the requirements and principles of the MCA. Discussion with the registered manager demonstrated they understood the relevant requirements of the Act. They confirmed no one using the service at the time of our inspection lacked capacity to make decisions or had restrictions on their liberty; however, they were aware of when this may be applicable for people.

Previously, we found care records did not include information about people's capacity to make decisions. At this visit the registered manager told us everyone being supported by the service could make their own decisions or had relatives who could make decisions in their best interest. This information was recorded in care records.

Care workers had received training to help them understand the MCA. For example, they understood the needed to gain people's consent before they provided care. One told us, "They [people] have rights. The right to make decisions about what we do in their homes. We must respect their decisions and we do." They added, "If ever I thought a decision was unwise I would respect it but discuss it with the manager."

People confirmed care workers gained their consent before providing support. One person told us, "They are very, very respectful in my home." They went on to explain how care workers asked their permission before collecting items from the bedroom. They said, "I told them just carry on you don't have to ask but they always do." A care worker told us, "I start all my calls by having a chat, asking how are you today and what they would like me to do."

People's needs were assessed and documented before they started using the service. One person told us, "The manager visited me to talk about what I needed and how the carers could help me." The registered manager explained 'initial assessments' were important to make sure the service could meet people's needs and expectations. They added, "Knowing people's care needs and how they want their care to be delivered is central to person centred care which is what we pride ourselves in delivering."

People and relatives felt confident care workers had the skills and knowledge needed to meet their needs. One person commented, "I have no doubts that my carers are well trained. They clearly know how to do things properly." A relative explained how staff used their knowledge to 'make things easier' for their relative. They said, "The girls [care workers] suggested moving the commode to the side of the bed at night to make it safer and better for [person]. It has made a big difference."

New care workers completed an induction when they started work at the service, including completing training the provider considered essential and shadowing experienced staff. One care worker told us they had 'really enjoyed' their induction because they had learnt about the service and had been introduced to people they would be supporting.

Records confirmed the provider's induction was linked to the 'Care Certificate'. The Care Certificate assesses staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Care workers spoke positively about the on-going training they received. They told us since our last inspection the provider had arranged for more face-face training which they enjoyed. One said, "We just did first aid training as a group. It was good. You can ask questions and it strengthens the team doing the training together." Care workers also completed training in specific areas related to people's individual needs, such as Dementia, pressure ulcer prevention and dealing with challenging behaviour training.

We saw the registered manager maintained an up to date record of training care workers had completed and when refresher training was due, including safeguarding adults and equality and diversity. They told us this enabled them to ensure care workers were supported to continually update their knowledge and skills. Also, the management team regularly observed care workers to ensure they were putting their training into practice and were working in accordance with the provider's policy and procedures.

Previously, we found records had not been completed to show care workers received support through individual meetings (supervision). At that time the registered manager explained some meetings had not been formally recorded due to time constraints but gave assurance action was planned to address this. At this inspection records confirmed care workers received regular supervision to discuss their role and to identify any development needs. One commented, "Supervision is a two-way process. You get feedback and can discuss any problems, training needs or suggestions that could help the service."

We looked at how people's nutritional needs were monitored and managed. Some people we spoke with made their own meals; others were supported by care workers to make drinks and meals. People's care records included information about their food and drink preferences and support needs. Care workers told us where they supported people to prepare meals they made sure people were offered a choice of food and had sufficient to eat and drink. One said, "I explain what's in the fridge or show the client so they can choose."

People told us they made their own health appointments, but care workers would support them with this if needed. A relative described feeling re-assured because care workers supported their family member to arrange and attend medical appointments. They added, "I always get an update call to let me know the outcome."

The registered manager told us they had developed positive working relationships with health and social

care professionals involved in people's care. They said, "You have to work together in people's best interests to ensure they get the right care and support." Records showed care workers followed the recommendations made by health care professionals.

Is the service caring?

Our findings

At our previous inspection we found the service provided was caring, and at this inspection it continued to be. The rating continues to be Good.

People and relatives described the care workers who visited them as, 'very caring, friendly, kind and respectful'. One person told us they 'really looked forward to their daily visits' because their care workers have become their friends and they brightened up their day.

We asked care workers what being 'caring' meant to them. One told us, "Looking after people like I would expect my family to be. Treating people with dignity and respect and tailoring each care call to their needs." They added, "I always ask myself how would I feel about the care I have just provided if it was my mom. If I leave people with a smile on their face I know I've got it right."

Care workers knew the people they supported and understood how they preferred their care and support to be provided. One person told us, "Having the same girls means they know me, what I like and how I like things done. They are very patient and I never feel rushed." They added, "Everything I need is done before they go." A care worker told us because they had developed 'trusting' relationships people felt comfortable to speak openly about their life style choices which they knew staff respected.

People told us care workers supported them to maintain their independence. One person explained they were able to apply prescribed cream to their skin but needed assistance with 'the areas I can't reach'. They told us, "I want to keep doing things myself as long as I can and they [care workers] help me to do that. They are brilliant."

Discussion with care workers demonstrated they understood the importance of supporting people to remain independent and the positive affect this had on people's wellbeing. One said, "It's helps clients [people] to stay in their homes which makes them happy."

Care workers promoted people's right to privacy, dignity and respect. They told us they did this by ensuring doors and curtains were closed and people were covered when they were assisting them with personal care. The registered manager commented, "Staff understand they are a guest in people's homes so they treat it with respect."

People told us they were involved in planning and reviewing their care. This was evidenced through talking with people and care workers, and within people's care plans. One person told us, "From the day before it [service] started I have been involved. It's all written in the book [care plan]. They [management] discuss things with me and check everything is going ok."

People's records which contained personal information were secured and kept confidential in the office. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality. One said, "Confidentiality is very important. If you need to talk about something then you do

it in private and not in someone's home."

Is the service responsive?

Our findings

Previously, 'responsive' was rated as Requires Improvement. This was because some people did not receive their care calls at the time they expected and people's care records did not accurately reflect their needs, or provide staff with the information they needed to deliver individualised care.

During this inspection we found improvements had been made. The rating changed to Good.

People told us because care workers knew them well they were responsive to their needs. One person explained the level of support they needed varied day to day. They said, "My girls [care workers] only have to look at me to know if I'm having a good day." A relative described how care workers had supported their family member to visit a relative who was approaching the end stage of life. They told us this had been important to the person.

The service was also responsive to relative's needs. One told us the service's 'willingness' to accommodate their requests for additional care calls at short notice meant they could 'relax and enjoy their holiday'. Another relative explained care workers helped them by making time to chat. They said, "It's good to talk."

Through discussion care workers demonstrated an in-depth knowledge of people's needs. One care worker said, "We start learning about people by reading their care plan they tell us a story about the person. Then we learn more by spending time talking and listening to them." Another commented, "Even though we know the clients [people] their needs and wants can change day by day and we have to be flexible and respond to that. You need to be flexible if we are really person centred." They added, "If something has changed the team leaders update us or it's recorded in the communication book."

Previously, when we inspected the service in July 2017 we identified some care plans were not up to date and did not contain the detail care workers needed to provide personalised care. At that inspection the registered manager told us they would prioritise reviewing and updating these records.

During this visit we saw improvements had been made. This was care plans we reviewed were personalised, up to date and included information about people's backgrounds, beliefs and life style choices. Most provided guidance for care workers to follow to ensure care and support was delivered safely and in line with people's preferences and wishes. The registered manager told us, "Developing our care plans still work in progress." They told us completing this work was a priority and they would be working closely with people, team leaders and care workers to achieve this.

People told us their care calls took place at the times they expected and care workers stayed for the agreed amount of time. One person said, "They have a 15-minute window and always arrive within that time." They added, "Once they got held up but I got a call from the office to let me know." Another person said, "The girls come at the same time every day. We have a chat as we go and they are always willing to do any extra bits I may need. Excellent."

We looked at how complaints were managed by the provider. People told us they knew how to make a complaint because information about how to complain was provided when the service started. People and relatives told us they had no cause to complain. One relative commented, "I have absolutely nothing negative to say about the service. But I know if I did I would ring [Registered manager]." They added, "I am in no doubt things would be sorted immediately."

Care workers understood their responsibility to support people to make a complaint or share any concerns. One told us, "It's really important to us that the clients are happy. So even the slightest thing would put right. If it was a big complaint I'd tell the team leader or manager."

Records confirmed the provider had not received any complaints during 2018.

The provider also kept a record of compliments. At the time of our inspection seven had been received, including one from a hospital consultant complimenting the service on the 'effectiveness' of the care and support provided in enabling a person to remain living in their own home.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw information was available to people in different formats, for example pictorial and large print. The registered manager told us further formats were being developed.

Is the service well-led?

Our findings

At our previous inspection in July 2017 we rated this key question as 'Requires Improvement'. This was because the provider's quality assurance systems and processes had not been consistently followed, including checks of care and medicine records. Furthermore, the provider had failed to notify us of an incident that had occurred in line with their regulatory responsibilities.

We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Following the inspection, the provider sent us a report detailing how the required improvements were going to be made. They told us these actions would be completed by August 2017.

At this inspection we found improvements had been made to support the removal of the regulatory breach. For example, the provider had introduced monthly audits of 'communication books' (records care workers completed during a care visit) to ensure planned care had been delivered as agreed and they had notified us about important events and incidents that had occurred in line with their regulatory responsibilities and requirements.

However, the rating remains 'Requires Improvement'. This was because we identified areas where further improvement was needed to ensure the service was provided in line with current legislation and continually improved.

We found audits and checks to assess and monitor the quality of the service whilst regularly completed were not always effective. For example, medicine audits had not identified the prescribing instructions for a person's medicine was incorrectly recorded as 'when required'. Despite this MAR records confirmed the person had received their medicine correctly twice a day. The registered manager corrected the MAR during our visit.

Previously, some people and relatives could not recall being invited to share their views about the service provided and any area where improvements could be made.

At this inspection we saw the provider had issued a quality survey in May 2018. Responses had been analysed and showed an 80% plus satisfaction level with all aspects of the service. However, the analysis did not include any details of how the feedback provided had been used to further improve the service. The registered manager acknowledged this. They explained they had contacted people by telephone to discuss their feedback but this had not been recorded. They gave assurance these details would be added to the analysis.

The provider's policies and procedures were not up to date and required further development. For example, the 'Policy For The Administration Of Medication – Domiciliary Care' did not detail the way in which the service managed 'as required' medicines and the policy referred to outdated legislation. We discussed this with the provider who acknowledged our findings. They explained this issue had already been identified and

all policies and procedures were currently being reviewed and updated.

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

Since our last inspection the provider had strengthened the management team through the appointment of two team leaders. The registered manager told us they had welcomed this additional support. They said, "My workload is a lot better now I have the team leaders. Together we can really focus on addressing any shortfalls and embedding change. We have a good working relationship." The registered manager told us they also received support from the provider through daily telephone calls. They commented, "I have felt supported over the past twelve months. [Provider] is very good."

People and relatives were very satisfied with the service they received and the way the service was managed. Comments included, "The service is marvellous" "I really feel like I know the manager and she makes me feel I can call at any time," and, "I've been having the service for over three years and I am over the moon. It's a brilliant service. [Registered manager] is a very genuine, warm person."

Care workers told us they 'loved' working for service. One said, "This is a brilliant place to work. Now the service is smaller we are not up against the clock. You really have the time to give to people." They added, "We are a great team providing a great service and I'm just so glad to be part of it." Another told us, "Having the time to give to people and making a positive difference to their lives gives me a real sense of achievement. That's why I love working here."

Care workers felt valued and supported by the registered manager. One said, "The manager is very knowledgeable and is always willing to support us. We have team meetings with the manager where you can talk openly about anything, a concern or a suggestion." They added, "You really do feel part of everything." Records of team meetings confirmed this.

Another care worker told us a member of the management team was 'always' available including outside of normal office hours so care workers could seek support, advise or guidance. They told us the 'out of hours' system worked well and made them feel re-assured because they could speak to a member of the management team if they needed too.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The registered manager also shared information with local authorities and other regulators when required.

The registered manager kept their knowledge of current social care issues updated. They explained they did this through internet searches, the CQC provider portal and regular attendance at 'social care forums' with other registered managers. They told us, "It [forum] gets you in touch with lots of managers. We sit and talk, share ideas and challenges and are able to have frank conversations and discussions."

We asked the registered manager what they were proud of about the service. They responded, "It's been a tough time but we have come through it and I am proud of the care we give. Staff take pride in what they do and are very motivated to provide truly person-centred care. People deserve to have good care."

The provider told us, "We are definitely going in the right direction...our aim is to be an outstanding service."