Beacon Centre for the Blind

Beacon Extracare

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 unannounced inspection took place on 26 October 2016.

Beacon Extracare provides personal care and support to blind and visually impaired people within a complex of flats. People have communal facilities including shops, hairdresser, lounges and a restaurant available to them. In addition a community team of carers provided support to people living within the community in their own homes. At the time of our visit the service was providing personal care to 42 people.

The service has 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.

People had not experienced any missed calls but some people described carers at times being rushed and not staying for the agreed length of time. Systems were in place to monitor the quality and safety of the service. However, these needed to be more robust to ensure that the service provided was safe. Some hazards were identified in the communal kitchen which could pose a risk to blind and visually impaired people. People and their relatives were encouraged to provide their views on the quality of the service but it was not clear how improvements were being made to enhance people's experiences.

Carers had received training in abuse and understood the signs of abuse and their responsibilities to keep people safe. Risks to people's health had been assessed, regularly reviewed and were well understood by carers. Regular monitoring and analysis of incidents that occurred at the service was undertaken to identify and act upon any patterns or trends developing. The provider operated safe recruitment practices. People were appropriately supported by carers with their medicines.

People were supported by carers who had regular supervision and had undertaken an effective induction when they started working at the service. Further training had been identified and planned for to ensure carers had the skills needed to support people safely. The registered manager had complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Carers supported people in line with these principles. However carers had not all received training in this area. People were supported with their nutritional and health care needs.

People had positive caring relationships with the carers. Support plans provided carers with guidance as to how people wished their care to be delivered. People were supported to make their own decisions and maintain their independence. People's privacy and dignity were protected.

People had been involved in developing their support plan to reflect their needs and their preferred routines. Carers were responsive to their needs. Communication between carers was effective and ensured people's changing needs and wellbeing was acted upon. People had access to a range of community

facilities which reduced the risk of isolation. When people had raised concerns or complaints the registered manager had acted to resolve these.

People were positive that they had access to the registered manager to discuss their experiences. The registered manager understood their responsibilities for reporting certain incidents and events to us that had occurred at the service or affected people who used 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 were generally happy with the availability of carers but felt at times the length of call was not met.

Carers knew how to recognise and report any concerns to keep people safe from harm.

Potential risks to people's safety had been identified and preventive measures were in place to keep people safe in their own homes.

People were supported by staff with any assistance they needed to take their medicines.

Is the service effective?

Good

The service was effective.

People received support from carers who had received training and support to carry out their role.

People's consent to care was requested. The registered manager had followed the guidance of the Mental Capacity Act and Deprivation of Liberty safeguards to protect people. Carers had an understanding of these guidelines and training was planned.

People had support with their meals and access to healthcare services when they needed this.

Is the service caring?

Good

The service was caring.

People had warm relationships with carers who supported them in a friendly, helpful way.

People were supported in planning their care. People's dignity, privacy and independence were promoted.

Is the service responsive?

Good

The service was responsive.

People received the care and support they required and carers responded to their needs in-between agreed care calls.

The registered manager had taken steps to respond to people's complaints to ensure their experiences were enhanced.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems in place to assess and monitor the quality and safety of the service were not always effective in identifying where improvements were needed.

People were encouraged to provide feedback on their experiences and themes were identified but the system for addressing and sharing findings was not clear.

Beacon Extracare

Detailed findings

Background to this inspection

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

This inspection took place on 26 October 2016 and was unannounced with further contact made by phone with people using the service, their relatives and carers. The inspection was undertaken by one inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience and provided insight into the experiences as a blind person.

We liaised with the local authority to identify areas we may wish to focus upon in the planning of this inspection. The local authority is responsible for checking services are delivering the best possible care to meet the needs of people.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We spoke with thirteen people who used the service, seven family members, five carers, a visiting health professional, the registered manager and care coordinator for the community team. We reviewed six people's care records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including seven medication administration records, three staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with the carers who supported them. One person said, "I am in safe hands; the carers treat me very well". Another person told us, "I have a pendant for emergencies (a personal alarm system which people wear and activate if they require emergency assistance) and a buzzer in my flat; when I've used any of these the carers come straight away". Family members we spoke with said they felt their relative was safer living in the purpose built scheme flats. One said, "Access to the flats is restricted to non-residents, and all the facilities are on site plus the carers, she is well looked after".

Carers we spoke with were aware of how to protect people from the risk of harm and abuse and how to raise concerns with the management team. Carers confirmed that they had training which provided them with an understanding of the types of abuse people are at risk of such as physical or financial abuse. The registered manager had reported concerns to the local authority and had worked with them to ensure people's wellbeing.

People told us that when they first starting using the service any risks to their safety had been discussed with them. A person told us, "They know how to help me in and out of bed and into the shower". Another person told us, "I'm not very good on my legs but the carers make sure my flat is safe so I can move around without falling, they check as well that I keep my legs raised, they are very good". People's health conditions such as diabetes, risk of falling, risk of choking on their food or developing pressure sores had been identified. Support plans provided guidance to carers as to the actions they needed to take to reduce these risks and provide safe care. A family member told us, "Before the carers delivered any care to mom they went through everything with us including risks to her safety".

Carers told us they had access to people's care plans and risk assessments and as part of their visit they would check for any changes. They gave us examples of where changes were made to the support people received because other risks had been identified. For example we saw people whose mobility had decreased had been advised to have the 'meal deal' so that they ate their food in the restaurant instead of cooking in their flat. This had reduced the risk of harm when cooking their meals in their kitchen as their mobility needs had changed and this now posed a risk to the person. People told us that when carers visited them they looked at their care plan and checked with them in case there had been any changes. One person told us, "Well I used to be able to walk to the toilet but when that changed I told the carer and now I have a commode near to me so they do know how to help me". We saw from records, and carers we spoke with confirmed that referrals had been made to occupational therapy, physiotherapy professionals and the tissue viability nurse for advice and guidance on how to reduce risks. Carers told us that they had written guidance on the safe moving and handling of people and how they monitored people's skin to prevent it becoming sore. A visiting health professional told us that communication with the carers was very good and that they were alert to people's changing needs and had reported these to ensure people's safety.

There were plans in place for responding to any emergencies or untoward events. Carers we spoke with understood what to do in an emergency such as a fire. A 'Stay Put Policy' was in place at the scheme and staff understood that people should only be moved if the fire was in their flat. Equipment was provided to

promote safety. This included equipment for fire detection and prevention and the emergency call system. The registered manager confirmed that this equipment was serviced regularly. Some people told us that a breakdown in the call system had left them unable to call for assistance. The registered manager told us this had been an issue they had taken up with the engineers and that a strategy had been put in place to include extra checks on people in their flats.

There was a process in place to review any accidents or incidents. Carers told us they knew how to report these using the accident forms and recording any injuries on body maps. The registered manager had reviewed each incident and used this to take any immediate action to prevent a reoccurrence. For example we saw that where carers had identified environmental risks in people's flats which posed a fire risk the fire safety officer was offering an assessment and advice to the people concerned. We also saw that where people were vulnerable to financial abuse they had support from an allocated worker with their banking and purchases.

The registered manager told us they had enough carers to cover the number of calls people required. She informed that this was reviewed regularly as people's needs changed. People told us they had not experienced any missed calls. One person said, "They do always come, it might be a little delayed". A family member told us, "When I visit mom tells me the carers have been and they fill in the visit record so I know how long they stayed". Carers told us that it could be busy especially if people's needs increased and they needed two carers. This might affect the time of arrival to another person. Some people who used the service told us carers always attended and if they were running late would let them know. Some people commented that at times carers did not always spend the agreed length of time on their call, one person said, "The carers are lovely but I think at times they are rushed". We checked the visit records for some people and saw that carers entered the time of arrival and departure and that this did vary when compared with the agreed amount of time. The registered manager told us that they would increase their monitoring of the length of call times to ensure people had the support they needed. Everyone we spoke with felt they had 24 hour contact if they needed advice or help when the office was not open. The emergency line was covered by management team member who was always available within the scheme.

Carers told us that they had to have appropriate checks completed before they started working for the provider. This included reference and car insurance checks and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The registered manager told us carers were not able to provide care and support to people in their own homes until all the necessary checks had been completed. Recruitment checks were recorded within carer's personal files.

People told us they were satisfied with the arrangements for the management of their medicines. Where carers were responsible for this they had received medicines training and there were clear procedures in place for supporting people with their medicines. People told us, "The carer gets my medicines for me and waits until I have taken them". "Carers check with me if I want any pain killers and do my leg creams". "If I need help to order my medicines the carer will help, my medicines are all kept safe and the carers fill in the records". Family members told us they had no concerns about how the carers supported people with their medicines. Medication Administration Record [MAR] were completed by carers and showed people had their medicines when they needed them. Some people self-managed their medicines and a risk assessment was completed to show this was considered safe. Carers told us they had received medication training and we saw they had regular competency checks were completed to ensure they were following the provider's procedures and safe practice. A carer told us, "I check the MAR to make sure what medicines the person is on, and I ask the person how they are or if they are in pain, if I had any concerns I'd tell the manager".

Good

Is the service effective?

Our findings

All people and their family members told us they found the care provided to be effective in meeting people's needs. A person said, "The flats and the complex are geared for blind and partially sighted people so I feel this is ideal for me". Another person said, "I am looked after well and the carers know how to support me". Feedback from family members was positive. They told us that the care package was worked out based on people's individual needs. One said, "She gets the support in the morning with her personal care and she has her meals in the restaurant and there's always carers to support her mobility". Another person said, "The carers are very good and I generally know who is coming and they know me". People told us that carers carried out the tasks they needed to whilst they were in their home and if they needed additional help, carers answered their buzzers.

Carers told us they had an induction which prepared them for their role and included specific training around guiding and blind awareness. Training such manual handling to support people with their mobility and food safety to assist with their meals was also undertaken. Carers we spoke with were positive about the support they received from the registered manager who they felt was approachable and who they felt they could talk to them at any time. Carers said they had opportunities to reflect on their practice via supervision. They also told us they had training opportunities and an annual review to identify their progress. One carer said, "We have spot checks where they check or competencies to carry out a task". Records that we saw confirmed that all new staff received induction training and support when they started work. The registered manager told us that the provider had introduced the Care Certificate standards and new staff received training that followed these induction standards. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they needed to provide safe and compassionate care.

The registered manager told us about the training that carers had received and we saw that any gaps were planned for. They told us that they were arranging dementia training as we saw this was last completed in 2010. Awareness of different health conditions such as stroke awareness, catheter care and diabetes was also identified. A carer said, "I do feel supported by the manager and they do organise training for us".

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 when this is in their best interests and legally authorised under the MCA. This is called the Deprivation of Liberty Safeguards (DoLS). The application procedures where personal care is being provided must be made to the Court of Protection.

People we spoke with told us how they had agreed to their care and had signed consent forms where needed which were kept in their support plans. One person told us, "I consented to them using a 'Key Safe' so that they can come into my house". Some people who lived in flats at the scheme told us that they had consented to carers using a 'Fob' to access their flat and they were happy with this. All of the people we spoke with told us that carers sought their consent when delivering support. One person said, "They ask if

it's ok to go in my kitchen, they ask if I want a shower and if I say no that's fine". A relative told us, "They always ask [name] for her consent before doing anything". One carer told us, "Sometimes people's capacity fluctuates so I always ask if I can support them and if they refuse I go back later and most times this works". Carers we spoke with had not all had training in MCA and DoLS but had a good understanding of supporting people to make their own decisions. The registered manager told us that training was being planned to support carers in this area. The registered manager told us that any 'do not actively resuscitate' DNAR's were kept in people's folders in their home so that carers were aware of decisions people had made. DNAR's were reviewed by the person and their GP to ensure they were still required.

We found that carers understood they could not restrict people's liberty. They had recognised and reported where people's capacity was deteriorating and where the decisions they were making put them at risk. The registered manager told us how they had managed such situations and there was evidence that health care and social care professionals were involved to assess the person's capacity and look at the person's best interests. We saw that the registered manager had identified two people whose liberty they believed was being restricted for their safety. We were told that the use of a restrictor to prevent a person leaving their flat had been put in place following a best interest meeting with the family and social worker. Applications to the Court of Protection were being considered which showed the registered manager understood how to follow this guidance.

Where people needed support to eat and drink this was identified as part of their care support package. Several people told us carers supported them in various ways with their meals; some microwaved meals for them, or prepared a light breakfast. All of the people told us that carers always left them with a drink before they left. Where people were at risk of not eating enough their support plan included the option of using the on-site restaurant for all of their meals. One person told us, "Carers bring me down for three meals a day and it is very nice food, I choose from the menu". Another person told us, "The carers bring my meals up; I don't go down to the restaurant but the meals are nice". A family member whose relative received support in the community said, "The carers heat up and serve the food I've prepared and always make sure she has a drink". Another family member said, "Since the carers visited she is eating more regularly and gaining weight". Carers were aware of people's specific dietary requirements and any assessed risks such as choking or weight loss. Appropriate advice had been sought from the dietician and speech and language therapists. Carers understood which people needed supervision at meal times and told us if they were concerned a person was not eating or drinking enough they would report their concerns to the registered manager.

People told us that they accessed health care support independently. "Oh yes I see the GP and the chiropodist". Another person told us, "The carers got me the district nurse for my legs". Family members we spoke with confirmed that people's health needs were well managed and included a number of healthcare professionals. Carers were well informed about people's health needs and how these should be managed. They told us the support plan provided guidance for what they should do. Relatives of those people living in the community told us they had been supported by carers to obtain the equipment they needed. One relative said, "Before mom came out of hospital and we had the package of care, I went through everything with the carer and we had a hoist and a bed delivered so mom had the right equipment". People were satisfied that they received the health care support and checks that they needed. The registered manager told us that they were sourcing training for stroke awareness and catheter care so that carers; often the first point of contact with the person could recognise early signs and seek help.

Good

Is the service caring?

Our findings

People told us carers were caring and patient. One person described carers as, "Very pleasant, always friendly". Another person said, "The carers are nice people; positive attitude and respectful". Family members told us that carers knew and respected people as individuals. One family member said, "The carers know mom well and I can see she is happy and content when they visit her". Another family member told us, "Carers are very encouraging and cheerful and from what I can see they are caring when supporting people".

Carers demonstrated the importance of building relations with people. One carer in the community told us, "We might be the only person they see in a day so it's nice to spend time and chat to them about their lives and learn what is important to them." Another carer told us, "Everyone is different; and every day is different. Some people may want you to stay if they are feeling low other people are independent and we respect they want to do things for themselves".

People told us that they had been involved in planning and making decisions about their care when they had been first introduced to the service. Their needs, preferences and routines were discussed with them and their agreement to their support plan obtained. This included the number of visits they wished to have and the tasks they wanted help with. Support plans reflected people's choices and preferences for example they were asked how they would like carers to gain access to their homes. We saw arrangements were in place which respected people's wishes while ensuring people were safe and secure in their homes. Each person had a copy of their support plan in their home and confirmed that carers followed this when providing their care. We saw support plans had been reviewed and updated where people's needs had changed.

Carers told us that care plans provided information as to how they should support people in the way they wanted. A person told us, "If I don't want a shower on one day they will just do it another time". A family member told us how carers ensured they 'tidied up' as this was important to her mom. People who lived at the complex told us how they were able to enjoy their lives and felt less isolated by using the restaurant and community facilities.

We saw that people's care packages reflected that people had as much choice and control as they wished. For example where their needs had increased their package of care had been increased. One person said, "I was struggling and the manager spoke with me so now I have an extra call from the carers and it works well for me". We saw carers communicated with people in a way that they understood. For example one person told us the carers had worked with them to keep their flat safe from trip hazards; another person told us they had support from carers about fire safety and smoking. This meant carers involved people in decision-making processes and explained to them why this was important.

People told us that they had family members who could represent their views if they were unable to do so for themselves. No one required an advocate but the registered manager told us they would support people to access advocacy services and that because of people's visual impairments this information would be

provided through discussion. An advocate is an independent person who can represent people's interests where they are unable to do so for themselves.

We saw people independently used the facilities within the complex as well as the wider community. Family and friends had access to the complex via prior security arrangements and people told us there were no restrictions on visiting times.

The registered manager told us carers were expected to promote people's independence. Carers we spoke with showed they understood this ethos and reflected it in the way they provided people's care and support. A carer told us, "We encourage people to keep their independence; like washing parts of their body, looking after their own medicines, cooking their own meals or keeping their flat tidy and safe". People we spoke with confirmed that carers did respect their own levels of independence. One person told us, "Although the carers can let themselves into my flat, they always announce themselves first by calling out to me and asking if they can come in". There was a kettle in the communal kitchen so that people could independently make their own drinks. However there was no liquid level indicator (a simple device for the visually impaired which beeps or vibrates to ensure liquid doesn't overflow out of a cup).

People told us staff supported them in ways which maintained their privacy and dignity. One person said, "The carers always cover me when I'm having a wash". A carer told us, "It's really important to preserve people's dignity and where I think this is compromised I'd report it". We saw health and social care professionals had been involved where carers had identified concerns about people's wellbeing. This showed carers had a caring, person-centred approach and recognised where people's well-being was being compromised.

Carers had received training and guidance about how to correctly manage confidential information. We were told personal information was only disclosed to health or social care professionals on a need to know basis. We found copies of people's old medicine records in the communal kitchen area which showed confidentiality was being compromised. The registered manager removed these and told us they would conduct checks on the facilities to ensure this did not occur again.

Good

Is the service responsive?

Our findings

People told us that their care and support needs had been discussed with them when the service first started. Each person had a support plan in their home with details of the care they had agreed to. All the people we spoke with told us that staff always asked them what they needed help with. One person told us, "They always ask me what I want and they will do it". Another person told us, "They do always ask but sometimes they are a little rushed".

People said carers were responsive to them when they needed support between their agreed care calls to their flat. Some people told us they had a pendant and a buzzer they could use to seek assistance and that carers answered this. One person said, "I've never had concerns about them coming; they always attend". Another person said, "I have a buzzer and a fob that I carry about with me. I did have to use my buzzer this morning to call for the carer as I was half dressed and could not find my trousers. So I used my buzzer and they said I may have to wait a little while, but then they came straight away and helped me". A family member for a person receiving support in the community told us the carers had been very responsive to their needs. "The carers noticed the hoist was not right; they didn't use it and arranged for a replacement so mom was safe".

People told us they were involved in planning their care. People explained they needed help from carers due to their visual impairments. One person said,"There's things I struggle with but the carers know and they do that for me". We also saw carers communicated any concerns between each other when people's needs changed. For example we saw action had been taken in response to the increased safety of two people and changes in the person's support plan had been made so that both people could continue to live at the complex safely.

Carers were aware of people's individual needs and preferences which enabled them to provide support to each person. A carer told us, "We have information in the support plans and read the daily notes in people's homes". Another carer told us, "I think I know people very well, we talk with them get to know what they need and what they like, such as their routine". People told us that they 'knew their carers well' and generally had the same carer which helped with consistency. However one person told us, "This morning I had a new carer; she didn't know about my cream and didn't put it on". The family member told us that the person 'struggled' with their communication and would have been upset at being unable to explain to the carer. This indicated handover information and support plans did not always provide sufficient details of people's needs.People did not all have a copy of their agreed times on their support plan and some people told us they were not always aware when changes had been made to their plan. The registered manager told us that copies of agreed times would be provided for people.

Carers told us that they used a daily communication report to inform them of the care needed by people. This would also include any changes that had occurred that they needed to be aware of. One carer said, "We're made aware if people are ill or if their needs have changed like they've had a fall or that they are not keeping their flat safe". They were allocated to support specific people and said this system worked well for example if two carers were needed instead of one due to increased needs. However carers said that the

support plans may not always be updated to reflect changes. The registered manager told us that support plans were being put onto an electronic system to ensure changes could be updated without delay.

We saw that people were able to enjoy the company of others in the communal areas within the complex. A person told us, "There are always things going on if I can want to get involved". The on-site facilities included a beauty salon, convenience store, restaurant, communal lounges, communal kitchen and a bar that opened in the evenings. People told us that carers supported them to access these facilities and that this helped them feel less isolated. We observed a carer supporting people in a light stretching exercise class. People told us various activities were available to them for example one person said, "I do pottery on a Tuesday and baking and knitting on a Thursday". Another person said, "I like to get my hair done at the hairdressers, they do my nails too. I like to have a glass of wine at the bar". We found people were supported to participate in activities and use the facilities provided as part of the service.

Information on how to make a complaint was included in the introductory information people received when they first started the service. The complaints procedure was available to people in large bold print or braille to suit the needs of people with a visual impairment. One person said, "I have never made a complaint but the manager does come round regularly and ask us about things". Another person said, "They ask me about the carers, if they are doing their job right, if they treat me well; that sort of thing". A 'nip it in the bud' record was in place which showed the registered manager frequently saw people privately in their apartment to check if they were satisfied with the service. There were no recent complaints noted. However a family member told us when they were unhappy about a carer and had complained that the registered manager was responsive and had changed the carer. This incident had been dealt with using disciplinary procedures but should be captured in the complaints log.

Requires Improvement

Is the service well-led?

Our findings

The quality of the service was monitored in a variety of ways such as carers speaking with people during planned visits to ensure they were happy with the service they received. Surveys had also been undertaken to obtain people's views. We saw themes that were consistent with people's feedback at our inspection were noted in the comments people had made in the provider's quality assurance survey 2015. The registered manager confirmed these related to call times, keeping people informed of any changes, and whether carers know how to help people, i.e. continuity of care. The registered manager had not responded to these issues in a timely way as feedback was obtained in 2015 and we found similar issues. There was no system in place to share the findings with people as a result of their feedback. Meetings with people who used the service had been cancelled. The registered manager told us they were hoping to reinstate these.

Audits were carried out on all aspects of the service but were not always effective and had not identified some of the shortfalls found during our inspection. Risks within the communal kitchen area had not been picked up by the provider's audits. We found items in the cupboards and on the worktops that could be ingested by people who have a visual impairment. We noted some people in this area also experienced a degree of dementia and therefore were more at risk. The registered manager removed these items at the inspection and acknowledged that improvements to monitoring the environment were required and told us these would be addressed.

People spoke positively about the quality of the care they received and told us they considered the service to be well managed. They told us, "It's a safe place to live I have my own flat and the communal facilities for visually impaired people are good". "The fact that carers are on hand gives me confidence". "I like the community feel; I get on with my neighbours". People were complimentary about the quality of care they received but some people commented that call times and the length of the call varied and at times carers were rushed.

Relative's comments about the carers in the community included, "They are friendly and I can't fault them". "The manager has always responded to any queries we have". "We are really pleased with the service even though it has only been a short time".

People were able to identify who the registered manager was and confirmed they could access them if they needed to. We saw that the registered manager knew all of the people by their name when in the communal lounge and people knew who she was. One person told us, "I know all the managers and can speak to them any time, the main manager visits me in my flat regularly to see how I am getting on".

There was a clear leadership structure within the service. The registered manager was responsible for the Extra Care complex as well as a community based team of carers who supported people in their own homes. She was supported by a care coordinator for the community based team. Carers told us that they could approach the registered manager who they described as supportive. Carers were supported through supervision and training. Meetings with carers had not taken place for a while (except for the community team) and the registered manager was hoping to get these back on track so that carers were kept informed

of events. Carers were clear about the values of the service and we saw they worked to these when supporting people. Carers we spoke with told us they were happy with how the service was managed. One carer said, "I feel I can go to the manager if I have any problems; they have been quite supportive". Another carer told us, "The manager will act on any concerns we share with her". A health professional visiting the service told us that communication with the carers was very good. They were happy that carers knew when to alert them to health concerns of people. They confirmed that referrals to other health services had been made when needed.

The registered manager understood their responsibilities for reporting certain incidents and events to us that had occurred at the service or affected people who used the service. For example we saw that incidents were appropriately recorded and shared with external agencies. They also tried to reduce any further risks to people. For example, external professional support and further assessment had been sought in relation to the appropriateness of the service for people in terms of their safety. This meant that the registered manager acted when incidents occurred to reduce any potential future risks to people's safety.

Carers were aware of what to do if they witnessed bad practice. The providers whistle blowing policy was available to all carers and detailed how they should report any concerns about the service. This demonstrated the management team promoted an open and inclusive culture at the service.

People who used the service told us they were asked for their views about their care. They said the management team called to see them to check their support plan and check to see if they were happy with their care. One person told us the registered manager had taken action when they were unhappy about a part of the service for example, changing the visiting carer.