Help At Home (Egerton Lodge) Limited

Help at Home (Danbury Gardens)

Inspection report

1 Danbury Place
Humberstone
Leicester
Leicestershire
LE5 0AZ

Tel: 01162765959
Website: www.helpathome.co.uk

Date of inspection visit:
06 June 2018

Date of publication:
31 July 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 6 June 2018. Help at Home (Danbury Gardens) was registered by CQC on 19 June 2017 and this was the first time we inspected this service.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building.

The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

Help at Home (Danbury Gardens) is situated in a large modern purpose-designed building in Leicester. The service caters for people who are usually over the age of 55 and have been referred by the local authority. Some of the people using the service have needs relating to their physical and mental health.

At the time of our inspection there were 34 people using the service's personal care and support services. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. This 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. At the time of our inspection a care manager was responsible for the day to day running of the service overseen by the registered manager.

Staff treated people with kindness and compassion and went out of their way to be friendly and socialise with them. People said they had regular staff assisting them so they got to know them well and the staff understood how they like their care provided. Staff respected people's cultural needs and supported them to follow their beliefs and customs.

People were cared for safely. Staff were available 24/7 and people had personal alarms so they could summon assistance in an emergency. Staff were safely recruited and carried ID cards so people could check who they were. They knew how to protect people from harm and minimise risk to them.

Staff were well-trained and provided people with effective care. They understood the importance of good hygiene and infection control. They washed their hands and wore disposable gloves and aprons when providing personal care. They supported some people with their medicines and did this safely.

Staff provided personalised care and support that met people's needs. People, relatives and staff gave us examples of how people's health and well-being had improved since they came to the service and how they

had become more independent and mobile. Care plans set out people's goals and how staff were supporting them with these.

Staff assisted some people with their meals, following advice from dieticians, and taking into account people's likes, dislikes and cultural preferences. They also supported people with their healthcare needs. They contacted healthcare professionals, for example GPs and district nurses, if people needed them and followed their advice.

Staff assessed people's accommodation to ensure it was suitable for them and took action, where necessary, to reduce risk, for example by checking that rugs lay flat and did not present a tripping hazard. Staff were trained in the Mental Capacity Act 2005 and always sought people's consent before providing them with any care or support.

People told us staff encouraged them to socialise and to join in with activities and events that took part at the service and provided assistance for them to do this where necessary. They said the service had a happy and sociable atmosphere and people and staff got on well together.

People said they were involved in how the service was run and had the opportunity to comment on the care provided and make suggestions for changes. They made many positive comments about the care manager and the staff team. They said any issues they raised were promptly addressed. The provider and managers carried out regular audits of the service and used the results to continually improve the quality of the care and support provided.

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

This service was safe.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

The service was well-staffed.

People were supported to take their medicines safely and the staff were committed to learning from accidents and incidents.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met. Staff were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being. If people needed assistance with their meals and drinks staff provided this.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

This service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

Information provided by the service was available to people in accessible formats.

A complaints policy was in place and information available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

This service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

Comprehensive audits were completed regularly at the service to review the quality of care provided.

Help at Home (Danbury Gardens)

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 6 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available to meet with us. We visited the office location on this date to review care records and policies and procedures and talk with staff.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience's area of expertise was the care and support of older people including those living with dementia.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with eight people using the service and nine relatives. We also spoke with the care manager, two team leaders, and three care workers. We spoke with the registered manager by telephone before and after our inspection visit.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We

also looked at four people's care records and three staff recruitment files.

Good

Is the service safe?

Our findings

People and relatives said people were cared for safely. They told us staff supported people to mobilise safely and helped them to keep their personal possessions safe. One person told us staff always checked they had their personal alarm with them, fetching it for them or prompting the person to get it, and recording they had it in their daily notes.

Staff said the service was safe because there were always staff on duty, the building where people were accommodated was secure, and people had personal alarm alarms so they could call staff if they needed assistance.

Staff members carried ID cards so people could check who they were when they came to provide care and support. A relative of a person living with dementia told us staff wore uniforms, introduced themselves, and encouraged their family member to check they were who they said they were on their copy of the week's staff rota. This provided reassurance to the relative and their family member.

Staff knew how to protect people from harm and user-friendly safeguarding posters were displayed in communal areas telling people what to do if they were concerned about anyone's well-being. This meant people knew who to go to if they were concerned about their own or another person's well-being.

Safeguarding records showed the service addressed any safeguarding concerns thoroughly and sensitively. Each issue was reported to the relevant authorities, including the local authority and CQC, and fully investigated. Investigations were thorough and involved people and their representatives including relatives and social workers.

Following each safeguarding concern managers took action to minimise future risk. For example, extra calls were put in place to provide support to people, and medical staff consulted if health issues had put people at risk.

People and relatives said staff protected people from risk. One person said they once fell out of bed so now they had a night call to promote their safety. A relative said their family member was at risk of falling so staff regularly checked on their well-being, and supplied them with a pendant alarm and a walking frame. They also said staff had checked for trip-hazards in their family member's home.

Staff supported some people to mobilise using aids and adaptations. People told us staff did this safely and checked their equipment to ensure it was in good working order. In one case staff liaised with the person's family about a repair needed to a walking aid to ensure it was made safe.

People had risk assessments in place so staff knew how to support them safely. These covered areas such as falls, mobilising, nutrition, skin integrity, consenting to care, and the person's environment. Where risks were present staff were given clear instructions on how to monitor these. For example, with regard to one person, staff were instructed, 'I would like you to monitor my skin integrity and report any concerns to the care

office.' Body maps were available to assist staff in doing this.

Staff were trained in safe working practices including fire safety, first aid, food safety, infection control, and moving and handling. Their competency was checked following these courses. People said staff were quick to act if they found any risks to them. For example, one person told us when their shower chair seat broke staff informed the office and the problem was swiftly dealt with.

People and relatives told us there were enough staff to meet people's needs and keep them safe. One person said, "As far as I know we have never been short of staff here. It just doesn't happen." A relative said, "The staff are there for you […] they've always got time."

People said staff responded promptly if they called for assistance. One person told us, "I use my buzzer at night and they come straight away, or they come and tell me they're coming as soon as they can." Another person said, "If I want them, I've only got to press the buzzer. They're down in two minutes." A further person told us, "I fell over once or twice. I rang and they were right there." They also said they were happy with how staff checked them for injuries before supporting them to get up.

Staff told us they thought people felt safe at the service because staff were always available to support them. One staff member said, "We are in reach at all times." Staff told us they worked as a team, for example providing 'double up' calls to ensure people were properly cared for. Another staff member said, "All the staff are vigilant, we do not take risk with people's safety."

Most people and relatives said staff were on time for their calls. Two people told us staff were occasionally five to ten minutes late. One of these people said they were not worried by this as long as staff still did all they were supposed to do. The other said that if staff were late they always apologised and it would be because someone else needed urgent care. No-one reported any missed visits and people said staff always stayed for the agreed time and did not did not them.

Care plans set out the number of staff people needed to support them during their calls. One person said, "I have a double up for every call and they always come in twos." Staff were available to people at all times day and night on a planned and emergency basis. The care manager said calls were flexible where possible to meet people's needs and people had personal alarms so they could call for staff assistance in an emergency if they needed to.

Records showed staff were safely recruited. The staff recruitment files we checked contained the required documentation to show staff were suitable including proof of identity, a satisfactory DBS (criminal records check), a full employment history, a health declaration, and references.

People and relatives said they were satisfied with how staff supported people with their medicines, coming at agreed times and providing the assistance people needed. Two relatives said their family members' health had improved since using the service because staff ensured they had their medicines when they needed them.

Records showed staff had clear instructions on how to support people with their medicines. For example, one person's care plan read, 'I would like you to verbally remind me to take my bed time medication and support me with applying creams as prescribed by my GP.' People told us staff signed medicines records and wrote in their care plans to show when they had had their medicines.

Staff were trained in medicines safety and their competence checked to ensure they understood their

responsibilities in this area. The service's medicines policies and procedures were based on current safe handling of medicines legislation, and NICE (National Institute of Clinical Excellence) and other recognised guidance.

People were protected by the prevention and control of infection. They told us staff washed their hands and wore disposable gloves and aprons when providing personal care, applying prescribed creams, or emptying catheter bags. The importance of this was stated in care plans, for example, 'I would like you to put PPE on before you start supporting me.' Staff were trained in infection control and followed the service's infection control policy and procedures.

Lessons were learnt and improvements made when things went wrong. For example, the service's accident/incident folder showed the steps managers and staff took to reduce future risk if an accident/incident occurred. On each occasion the care manager carried out an investigation and produced a report which provided evidence of the actions taken. For example, following a fall one person was referred to an occupational therapist to look at ways of reducing the risk of this happening again. Changes were also made to another person's environment to help ensure they remained safe at meal times. These were example of staff taking action to keep people safe.

Good

Is the service effective?

Our findings

People's needs and choices were assessed before they came to the service to help ensure it was suitable for them. One person, who was new to the service, told us their assessment was 'very good' and carried out by the service before their care and support commenced. Records showed that peoples' needs were thoroughly assessed, including their cultural and religious requirements and preferences, so staff were aware of these as soon as they began using the service.

People and relatives told us staff were well-trained and provided people with effective care and support. One person said, "They know their job." Another person told us, "I've got good carers. They're very efficient. They do what I want." A relative said, "They do an excellent job." Records showed staff completed a wide range of induction and on-going training courses to enable them to meet people's needs. These included moving and handling, nutrition and heathy eating, and dementia care.

Staff told us they were satisfied with the training they received. One staff member said, "It's the best training I've had at any of the places I've worked." They told us that if they needed extra training in any area this was provided. For example, some staff had had additional training in choking prevention to enable them to work more safely and effectively with a person who was at risk.

People and relatives said they thought the staff were well supervised and supported. One person told us, "The new staff come with a senior until they're ready." Another person said this was a good arrangement because the experienced staff 'set them [the new staff] right'. People also said senior staff and managers came to observe staff as they worked to ensure they were providing effective care.

Staff supported some people with their meals. People had nutritional care plans in place setting out their likes and dislikes and whether any cultural or other factors affected what they ate. Advice from dieticians and the SALT (speech and language therapy team) was incorporated into care plans, for example if people needed their meals prepared to a particular consistency staff were made aware of this. A relative told us staff monitored their family member's food and fluid intake and supported them to eat healthily and have a varied diet.

Staff supported people with their healthcare needs and contacted health care professionals, for example GPs and district nurses, if they needed them. They monitored people's health and well-being and took action when necessary. For example, one person had a number of falls so staff referred them to the falls clinic and also to their GP to find out the cause and what could be done to reduce the risk.

People and relatives gave us examples of how staff had intervened when people had healthcare issues and ensured they saw medical professionals when they needed to, either on an emergency or a routine basis. One person said the care manager had advocated for them when they'd needed a GP to come out to them in their own home. The said the care managed had ensured this happened by making phone calls on their behalf. They told us, "[The care manager] stood up for me."

Staff told us that when health professionals came to the service they escorted them to people's homes and took advice from them where necessary to ensure people's healthcare needs were met. Records confirmed this. One staff member told us, "If a person seems unwell we encourage them to see their GP. If they want us to make phone calls on their behalf then we do, but we always ask them first if they want to call themselves as we don't want to take their independence away from them."

Each person had an environmental assessment to help ensure their accommodation was suitable for them. This covered all rooms where care was to be provided, for example, bedrooms, bathrooms, lounges and kitchens, and considered issues such as suitability of flooring, electrics, fire safety, and pets. Where necessary staff took action to reduce risk, for example by ensuring the areas where people mobilised were clear and items such as rugs lay flat and did not present a tripping hazard.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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. 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

People told us staff gained their consent before providing them with care and support. One person said, "They check all the time. And they listen to you if you're not happy. If you don't like it, talk to them and they listen." A relative said, "They always ask [family member] if they want a shower or a wash." People told us there were no restrictions placed on them by staff. One person said that staff told them they could go anywhere they wanted and advised them on the use of their walking aid in order to remain safe.

The service was working within the principles of the MCA. People signed their care plans to show they were in agreement with them. Staff were trained in the MCA and told us they always sought people's consent before providing any care or support and people confirmed this. At the time of our inspection no applications had been made to the Court of Protection because people were not being deprived of their liberty. The care manager told us that if it appeared a person was being deprived of their liberty they would be referred to the local authority for assessment.

Good

Is the service caring?

Our findings

People told us staff treated them with kindness and compassion. One person said, "I'm being looked after like the queen. I get treated with respect here. All the staff are lovely." Another person told us, "The staff are not only carers, they're friends. They are very helpful, every one of them, and polite."

People gave us examples of the caring nature of the staff employed. One person said they had returned from hospital in the middle of the night and were touched to find, "A carer was waiting to put me to bed." Another person told us staff provided them with emotional support at a difficult time. They said, "The staff rallied round. They got me in the café and they wouldn't let me go until I felt better. They were fantastic."

People and relatives said staff went out of their way to be friendly and socialise with people. One person said, "I get on really well with the staff." They told us staff chatted with them while they were providing support. Two relatives said staff knew conversation topics that would be of interest to their family members and used these to build relationships with them. The staff we spoke with knew the backgrounds of the people they supported and what they liked to talk about.

People said they mostly had regular staff supporting them so they got to know them well and the staff understood their support needs and preferences. They told us they were given lists of the staff supporting them each week so they knew who to expect. One person said, "[This means] you know who is coming when the door opens or if they ring the bell." A relative told us the continuity of staff was 'so valuable' to their family member as they were living with dementia and found familiar faces reassuring.

The care manager and staff knew what was important to people and had supported some of them to re-establish contact with family members if this was what they wanted. One staff member said, "It's not just about care here. We have strong bonds with the service users and we want them to be happy and have a good life." Another staff member told us, "The staff have a passion for caring and will do anything for the people here, they are very flexible."

People had access to their care plans and notes. Some people said they had looked at these and thought they were appropriate, factual, and detailed. They told us staff recorded the dates and times of their visits so it was clear when these had taken place. People, and relatives where relevant, said they were able to contribute to care plans. One relative told us staff went through their family member's care plan with them and explained 'what they [staff] can and can't do'. The relative found this helpful. People said their care plans were reviewed monthly. One relative said they had occasional meetings with staff to discuss their family member's care plan.

Care plans identified what was important to people so staff could support them to make decisions about what they wanted to do. For example, one person's care plan stated, 'I like to pick my own outfits'. Another's stated, 'I like to go to [place of worship] as often as I can.' If people were unable to say what they wanted verbally staff observed their body language and other cues to understand their choices and preferences.

Staff respected and promoted people's privacy, dignity and independence. One relative told us that staff never talked about their family member without including them. The relative said, "The staff all treat [family member] with respect. They keep [family member] at the centre of the conversation." Another relative told us, "The staff maintain [family member's] dignity, they're polite and pleasant."

People gave us examples of how staff provided them with dignified care and support. One person told us staff made sure they were safely settled in the bath then waited outside until they were ready to be helped out. Another person said staff used a key from their key safe to enter their home, but still rang their doorbell before coming in.

People and relatives told us staff respected people's cultural needs and supported them to follow their beliefs and customs. People were able to choose whether they wanted male or female staff to provide their personal care. One person said staff ensured they were able to attend a monthly religious service. A relative said the service had recruited staff of a similar cultural background to their family member, and who spoke the same first language, as this was their family member's preference.

People gave us examples of how staff encouraged them to maintain their independence. One person said staff supported them to mobilise on their own using walking aids, and only stepped in to help with transfers when the person wanted them to do this. Another person said staff handed them their medicine when they needed them and then encourage them to take the medicine themselves.

Good

Is the service responsive?

Our findings

People said they were satisfied with the care and support provided which was personalised and met their needs. One person said, "The carers are very good. They do what you want them to do." Another person told us, "They always ask if there's anything else they can do." A relative commented, "I'm very, very happy with the care." Another relative told us staff met their family member's needs by following their care plan and reporting back on how their family member was which reassured them.

One person told us how staff were responsive to their fluctuating healthcare needs and how this impacted on their ability to do things for themselves. They said staff 'noticed if things needed doing and did them'. They told us, "If I'm having difficulty lifting the kettle, they'll mash my tea for me."

One relative told us staff were good at caring for people if they became distressed and always had a positive approach to this. The relative said, "They're just very professional. They carry on, they talk nicely to people."

Records showed that if people were likely to become distressed staff had clear instructions on how to respond. For example, one person's care plan told staff to 'listen carefully to what [person] is saying, and let [person] know that you will deal with it' if the person became distressed.

People, relatives and staff gave us examples of how people's health and well-being had improved since they came to the service. One person, who had been unable to mobilise independently when they arrived, was now up, walking, and going out into the local community independently. Another person's nutrition and hydration had improved and staff were encouraging them to socialise more to improve their quality of life. One relative said their family member had previously declined care due to mental health issues, but was now accepting it due to staff being 'very patient' with them. They said their family member was looking and feeling much better as a result.

Care plans were personalised. They began with the person introducing themselves and saying a bit about their life history. They then set out their goals, for example, one person's was 'to increase the distance that I can walk independently', and how staff were to support them with this, for example, 'I like you to walk behind me and gently place your hand on my side so I feel reassured that you are there.' This meant staff knew how to support people in the way they wanted.

Records showed care plans were reviewed at least monthly and more frequently if urgent changes were needed. People and their relatives, where appropriate, were involved in reviews and had the opportunity to suggest changes to care packages if they wanted to. One person told us that at their reviews, "They [the staff] ask what's going on with your care, and are you satisfied, monthly."

Care plans contained the information staff needed to help ensure people's equality, diversity and human rights (EDHR) needs. Care plans reflected people's rights relating to dignity and autonomy, such as how the person chose to receive their care and support. Staff demonstrated a clear understanding of people's social and cultural diversity. Staff were knowledgeable about people's beliefs, preferences, and language and

other communication needs.

People told us staff encouraged them to socialise and to join in with activities and events that took place at the service and provided assistance for them to do this where necessary. People's social and cultural activity preferences were recorded in care plans so staff could support them with these.

People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People, relatives and staff gave us example of how information was made accessible to people. When people were being assessed staff used flash cards, where appropriate, so people could indicate the type of a care they wanted. Staff rotas were available in large print to make them easier for some people to read. If people had significant sight issues staff read information to them. Key information about the service was available in different languages and interpreters were used where necessary to help ensure people had access to the information they needed.

People and relatives told us they felt able to make a complaint if necessary and said they would speak to the care manager or a staff member. One person said, "If I've any complaints I tell them [staff]. They want to know. And everything's rectified." Another person told us, "You can approach [the care manager] with anything and they listen and keep the information confidential. And then afterwards you see improvements being made."

People and relatives said they'd received a positive response when they had raised concerns with staff. They said they'd been listened to and action taken to resolve any issues. A relative told us they'd once complained about staff arriving too early for a visit. They said this had been addressed and improvements made and maintained. They told us, "The door's always open. They [the staff] made notes straight away about my concerns."

Records showed that formal complaints were recorded and investigated and the care manager met with the complainant to discuss their concerns and the way forward. Minor informal complaints were recorded in people's care notes along with the action taken to resolve them. Staff listened and responded to people's complaints and used them to improve the quality of care at the service.

Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with district nurses and other healthcare professionals to ensure people had the care and support they needed. Staff told us about one person who had chosen to return to the service to receive end of life care. The care manager told us, "Anything [the person wanted] they had." Staff played their favourite music, stayed with them at all times, and supported their family and friends. This was an example of end of life care being provided in line with a person's wishes.

Good

Is the service well-led?

Our findings

People and relatives said they felt involved in how the service was run and could approach staff whenever they wanted to. One person said, "Staff and managers are always around if we need them." Another person told us, "They're around most of the time. If you're worried about anything you can go to them." A relative said they could speak to staff whenever they visited because the service was open 24/7. They also said the care manager rang them to ask for their views on the care provided to update them on what was happening at the service.

The service had a registered manager. This 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.

At the time of our inspection a care manager was responsible for the day to day running of the service and the registered manager available to them for support and guidance.

People made many positive comments about the care manager. One person said, "[The care manager] is a great manager. [The care manager] knows everything that is going on here and sorts out all our problems." Another person said they always felt 'comfortable' raising issues with the care manager as they were 'kind and approachable'. A relative said if they raised any quality issues with the care manager these were quickly addressed.

People and relatives said the staff team got on well with each other and this contributed to the friendly atmosphere at the service. One person told us, "They all seem happy together." Two relatives said they thought the happy demeanour of the staff team was a sign that management looked after and valued the staff.

Staff told us they enjoyed working at the service. One staff member said, "This is a very good very happy place. I like coming to work in the morning became there's such a good atmosphere." Staff told us they were well-supported by the care manager. One staff member said, "I'm happy working here because of the support we get from [the care manager] and the quality of the care." Another staff member told us, "[The care manager] is very caring, as are the team leaders. If we have any issues we go to the office and they sort them out. They will come and help us with service users if we need them to."

Staff had one-to-one and group supervisions and these were either themed or general. For example, records showed staff had had recent group supervision in the MCA. Staff also had 'spot checks' where senior staff assessed their competency with regard to areas such as care support tasks, health and safety, medicines, records, safeguarding, and any health care tasks they carried out.

Staff reviewed people's care every three months and at the same time people completed questionnaires on the quality of the service. These covered care provision, staff, and how the service was managed. Those we

saw showed people were 'very satisfied' and 'satisfied' with the service. One person told us they had completed their questionnaire and rated every aspect of the service as 'Excellent'. Another person didn't recall completing a questionnaire but said, "[The mangers and staff] are always asking us what we think [of the service] or you can just go to the office and tell them." They told us managers went to the restaurant and talked to people there to get their views. One person said, "They talk to me and ask me how I feel." People also said their views were sought when 'spot checks' were carried out on staff while they were working.

The results of the questionnaires were sent out to people and relatives in English and Guajarati so people could see how the service was performing. Records showed these were overwhelmingly positive. However, it wasn't clear from the results what action had been taken when people had raised a concern. For example, in the latest questionnaire one person said they were not told when their care worker was changed or running late/early. Another person wanted to know why a particular care worker had stopped coming as they had 'enjoyed their familiarity'. We discussed these issues with the care manager who said they had been addressed, and the outcome recorded in the relevant people's notes. However, they said that in future they would make it clear in the results summary that action had been taken in response to any issues people raised.

The registered manager oversaw the running of the service and was in contact with the care manger on a daily basis. She carried out regular audits focusing on different aspects of the service. The provider's quality team also carried out an extensive annual audit of the whole service, and other focused audits. Managers used the results of audits to develop the service, address any shortfalls, and continually improve the quality of the care provided. The provider also shared good practice initiatives which enabled the service to keep up to date with positive developments in the field of care.

The service worked in partnership with other agencies to bring about improvement to the quality of care provided. For example, at the time of our inspection senior staff were working to an action plan devised following a contract monitoring visit the local authority made in October 2017. Records showed that the majority of actions had been met and work was ongoing to make further improvements as necessary.

The provider was aware of their legal responsibility to notify the Care Quality Commission (CQC) of significant events and incidents within the service and had systems in place to support this. They displayed their current rating at the registered location and made copies of their latest CQC report available to people. This helped to ensure people had the information they needed to make informed decisions when choosing a care provider.