

Aspects Care Homes Ltd

# Allen's Court

## Inspection report

Apartment 1  
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Coventry  
West Midlands  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 November 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our office visit.

Allen's Court is registered to provide personal care to people living in their own homes within a supported living location. The service specialises in the care of people with dementia, learning disabilities or autism spectrum disorder, mental health conditions, physical disabilities, sensory impairments, and people who misuse drugs and alcohol. Support hours provided by the agency depended on people's assessed needs. The service is based in Coventry.

At the time of our inspection there were ten people using the service and the service employed eight care workers.

This is the service's first ratings inspection since registration with the Care Quality Commission on 20 September 2016.

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.

There were enough care workers to meet people's needs effectively. People received their care and support from care workers who they knew, and at the times agreed. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people in their homes.

People and relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people's safety were identified and care workers understood how these should be managed.

Care workers completed training considered essential to meet people's needs safely and effectively. Care workers completed an induction when they joined the service and had their practice checked by a member of the management team.

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). However, where people had been assessed as not having capacity to make certain decisions, information about how decisions were to be made in people's best interests were not always clearly documented. Care workers gained people's consent before they provided personal care and respected people's decisions.

People's privacy and dignity was respected by care workers. Where possible, care workers encouraged people to be independent. People told us care workers had a caring attitude and had the right skills and experience to provide the care and support required.

People saw social and health professionals when needed and systems were in place to manage people's medicines safely. Staff had received training to do this. Support was given to people who required help with eating and drinking.

People and relatives were involved in planning and reviewing their care. Care records gave care workers the information needed to ensure care and support was provided in the way people preferred. Care workers followed this information.

People and relatives told us they knew how to raise any concerns and felt these would be listened and responded to effectively.

Everyone we spoke with said the management team were approachable. Care workers felt valued because the management team were available to provide support and were receptive to their ideas and suggestions. Care workers and the management team shared common values about the aims and objectives of the service.

There were systems in place to monitor the quality and safety of the service provided and to understand the experiences of people who used the service. The provider used this feedback to make some improvements to the service where needed.

## 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 and there were enough care workers to provide the support people required. The provider's recruitment processes minimised the risks of employing unsuitable staff. Care workers knew how to safeguard people from harm and understood their responsibility to report any concerns. Care workers understood how to support people with their medicines.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The registered manager understood their responsibilities under the Mental Capacity Act 2005, however where decisions needed to be made in people's best interest information was not always clearly recorded. Care workers respected people's decisions and gained people's consent before care was provided. People were supported with their nutritional needs and to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People told us care workers were friendly and had a caring attitude. People received care and support from care workers they had developed positive relationships with and who understood their needs and aspirations. People's privacy and dignity was respected and promoted. People were encouraged to maintain their independence and make choices which were respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received a service that was based on their individual

needs. People and relatives were involved in planning and reviewing care needs. Care records were personalised and informed care workers how people wanted their care and support to be provided. People received their visits from care workers at the times they needed and as agreed to support them effectively. People were given opportunities to share their views about the service and the registered manager responded to any concerns raised.

### **Is the service well-led?**

The service was well-led.

People, relatives and social care professionals spoke positively about the service provided and felt able to speak with the management team if they needed to. Care workers were supported to carry out their roles by the house manager who they considered approachable and fair. The provider had effective systems to review the quality and safety of service provided. The provider welcomed feedback on the service and made improvements where necessary.

**Good** ●

# Allen's Court

## 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 was the service's first comprehensive inspection since registration with the Care Quality Commission on 20 September 2016.

As part of our inspection we reviewed information received about the service, for example, we looked at information received from commissioners of the service who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

The inspection took place on 10 November 2016 and was announced. The provider was given 48 hours' notice hours of our visit. The notice period ensured we were able to meet with the registered manager and staff during our visit. The inspection was conducted by one inspector.

During our visit to the office we spoke with three people who used the service and a social care professional to obtain their views of the service provided. We also spoke with the registered manager, the house manager and two care workers. After our visit we spoke with two relatives of people using the service by telephone.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other supplementary records which related to people's care and how the service operated. This included checks management completed to assure themselves that people received a good quality service.

## Is the service safe?

### Our findings

People who used the service told us they felt safe. When asked what made people feel safe, one person said, "Because the staff are always here if I need them." Another person told us they felt safe because the premises were secure. When discussing people's safety with a social care professional they commented, "I have never seen anything that would concern me." People and relative's knew who to speak to if they didn't feel safe. They told us they would share any concerns with the management team or care workers.

People were safe and protected from the risks of abuse because care workers understood their responsibilities and the actions they should take if they had any concerns about people's safety. One care worker told us, "Ensuring service users [People's] safety inside and outside their home is something we take very seriously." Care workers regularly attended safeguarding training which included information on how people may experience abuse. They had a good understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened. One care worker told us, "We know all the service users so a sign of abuse could be a change in their behaviour or not having any money left to buy food." They added, "We work hard from day one to develop good communication so service users feel able to tell us if something is wrong."

Care workers understood the importance of recording what they had heard or witnessed, making sure the person was safe and secure, and reporting their observations to management. Care workers understood management had responsibility to refer their concerns to the local authority safeguarding team. Care workers told us the provider had a whistleblowing policy and knew their responsibilities in relation to this. One care worker said, "I wouldn't hesitate to go to higher, but I am confident the manager would deal with things." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

People were protected by the provider's recruitment practices which minimised risks to people's safety. The provider ensured, as far as possible, only care workers of suitable character were employed. Prior to care workers 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 told us they were not able to start working at the service until all pre-employment checks had been received by the registered manager. Records confirmed this.

There were enough care workers available to support people at the times they preferred, and people received the support they needed from care workers they knew. One person told us, "I have five hours which I can use when I want them. I let the staff know when I need their help." Care workers told us they worked flexibly as a team, to provide cover for planned and unplanned staff absences. One told us, "We cover each other. It works very well." Another explained care workers from one of the providers other services were available to provide cover if needed. They told us this arrangement 'worked well' because these staff knew the people who lived at Allen's Court.

The house manager confirmed there were enough care workers to allocate all the planned and additional

calls people required. They told us, "We would never use agency staff because they don't have a relationship with the service users [People's] and it would be disruptive to service user's routines. Routine can be very important. Being able to access staff from [other service] also ensures consistency."

There were procedures to identify potential risks related to people's care, such as risks in the home or risks to the person. Risk assessments instructed care workers how to manage and reduce the risk to each person. For example, one person could be at risk when using some kitchen equipment. The risk assessment instructed care workers to minimise the potential risk by demonstrating and reminding the person how to use the equipment safely. Risk assessments were reviewed and updated if people's needs changed.

Care workers demonstrated they had a good knowledge of the risks associated with the care and support of people they visited and how these were to be managed. One care worker said, "Risk assessments are completed on admission. We [Care workers] read them so we know how we need to keep service users safe." Another care worker explained any new identified risks or changes to existing risk assessments were shared during 'staff handover' at the start of each work shift. They added, "When I am on shift it's my responsibility to update records and inform the house manager and the staff coming on duty of any changes."

Accidents and incidents were logged and appropriate action was taken at the time to support people safely and to check for trends or patterns in incidents which took place. For example, records showed an analysis completed by the house manager had identified a number of possible 'triggers' linked to a person's behaviour. The information had been shared with care workers and care records updated to minimise the re-occurrence of future incidents.

We looked at how medicines were managed by the service. Most people administered their own medicines. Where care workers supported people to manage their medicines, this was recorded in their care plan. People told us they received their medicines as prescribed. One person said, "The staff make sure I have my medication. It works well. There's no problems." A relative described how a query about their family member's medicine had been managed by the service. They told us, "They were very good. The manager got in touch with the GP and my question was answered straightaway, without delay."

Training records showed care workers had received training to enable them to administer medicines safely. They told us their practice was also checked by house manager to ensure they remained competent to do so. One care worker told us, "No one can support with medication until they have completed the training and been observed."

We looked at two people's medication administration records (MAR) which showed medicines had been administered and signed for at the specified time. Known risks associated with particular medicines were recorded, along with clear directions for care workers on how best to administer them. We saw MAR records were checked each month by the house manager for any missing signatures or errors. This procedure made sure people were given their medicines safely and as prescribed.

## Is the service effective?

### Our findings

People and relatives were confident care workers who visited them had the skills and knowledge needed to support them effectively. One person told us they were feeling 'positive about life' because of the way in which care workers had assisted them to improve their "day to day living skills." A relative told us how care workers used their knowledge and skills to encourage their family member with eating and drinking. They said, "[Person's name] appetite is poor. I try and try to get them [Person] to have regular meals but get nowhere. Then the staff try and their approach works." A social care professional commented the staff team were eager and committed to continually developing their knowledge and skills to respond to the needs of the people using the service.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005). They confirmed no one using the service at the time of our visit, required a DoLS authorisation, however they were aware of when this may be applicable for people.

Care workers understood the principles of The Mental Capacity Act and told us they had received training to help them understand the Act. One told us, "We must assume everyone has capacity to make their own decisions. If they are assessed as not having capacity then decisions need to be made in their best interests using the least restrict option." Care workers were clear that people had the right to make their own decisions, and supported people to make decisions where they had the capacity to do so.

Care records contained information about people's capacity to make decisions and showed MCA assessments had taken place as required. However, where people had been assessed as not having capacity to make certain decisions the instructions about how decisions were to be taken in the person's best interest were not always clear. For example, one person's had been assessed as having 'fluctuating' capacity to make decisions. Care records detailed when the person would not be able to make decisions. However, they did not inform care workers which decisions were to be made in the person's best interests and by whom. We discussed this with the management team who gave assurance they would speak with the person's social worker and update care records.

People told us care workers always sought consent before providing any care or support. One person said, "Oh yes, they [Care workers] always ask me." Care workers understood the importance of obtaining people's

consent before assisting them with care and support. One told us, "We respect their [People's] rights to make choices. It is our responsibility to ensure people have the information they need to make a choice, including if they want our support."

Care workers told us they had been inducted into the organisation when they first started work. This included being taken through the service's policies and procedures, working alongside more experienced staff and completing training the provider considered essential to meet the needs of people using the service. One care worker told us an 'important' part of their induction had been meeting the people they were going to support, and learning about people's individual needs and preferences. They added, "This meant I was already known to, and knew about the services users when I did my first call."

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Care workers told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

On-going training was planned to support staffs' continued learning. Care workers spoke positively about the training they received which they said had given them the skills and knowledge to do their job. One told us, "I enjoy all the training because learning helps me to keep bettering myself." Care workers said training was also linked to people's specific needs which enabled them to support people effectively. For example, care workers had asked to develop their knowledge of 'Alcohol dependency' and training was being arranged. One care worker described the providers approach to training as "Awesome." They said "They [Provider] are so pro-active about educating their staff. They are always encouraging us."

Care workers told us their knowledge and learning was monitored through a system of individual meetings (supervision) and 'observation checks' on their practice. They said this was to ensure they continued to have the skills and knowledge needed to support people and that they were working to the provider's policy and procedures. One care worker said, "[House managers name] is here everyday day so is always observing. They give constructive criticism, explanations and advice. It very positive." Records confirmed supervision sessions were regularly held. The house manager told us they had spent time "getting to know care workers" since taking up their post and were now in the process of planning care workers annual performance appraisal meetings.

The house manager maintained a training record for each care worker. Records showed training for all staff was up to date and training which refreshed people's knowledge and skills was completed when required. Care workers told us the provider also invested in their personal development because they were supported to achieve nationally recognised qualifications.

People's nutritional needs were met by care workers if this was part of their planned care. People were supported with eating and drinking in their own homes and community settings in accordance with their support and activity plans. One person told us, "The staff remind me every day that I need to eat to keep my health up." Where people were at risk of malnutrition, their care plans informed staff to encourage and prompt them to eat and drink. Daily records showed care workers followed these instructions.

People's day to day health needs were met by the service in collaboration with families, social and healthcare professionals. Care workers supported people at healthcare appointments and used information to update support plans. We saw evidence in care records that care workers supported people to engage

with community and specialist healthcare organisations to support their wellbeing. In one example, a healthcare specialist had advised a reduction in a person's weight. Clear instructions had been given to care workers who demonstrated their understanding of this need when asked. Records showed the specialist advice had been followed.

## Is the service caring?

### Our findings

People told us they were happy with the care and support they received, and spoke positively about the care workers who supported them. Comments made included, "No qualms with the staff. They are friendly and you can talk to them about anything.", And, "I like the staff and never want to leave." A relative described the service received by their family member as "Fantastic." They said their family member had told them they were happy living at Allen's Court. A social care professional told us the service was 'client focussed'. They added, "The staff are caring and approachable. They have defiantly developed relationships with clients [People]."

We asked care workers what being 'caring' meant for them. They told us, "Sitting and listening. Giving them [People] the time, being considerate and kind. It's the whole package.", And, "Working with people so they can be happy and get what they want out of their lives."

People said they received care at their pace and were not rushed. People told us care workers stayed long enough to complete all the tasks required of them. One person said, "They [Care workers] are here every day to help me and they help me do everything I need."

Care workers said they were allocated sufficient time to carry out care and support calls and had flexibility to stay longer if required. One care worker told this was made possible because staff were based at the service and worked 'as a team'. They said, "If someone [Person] needed more help it's never a problem because the other staff and the house manager are here if needed." We looked at care workers work rota's for the previous six weeks which showed regular care workers were allocated to cover all care calls which were planned in advance at the times agreed.

Care workers had developed positive, respectful and caring relationships with people they supported and were knowledgeable about people's individual needs and preferences. One care worker had used the internet to research about a person's 'country of origin' so they had a 'better understanding' of the person's culture. They told us their research had identified the person could become distressed if they were referred to by a particular name. They added, "If I hadn't done my research I wouldn't have known this and it would have affected my ability to build a good relationship with [Person's name]. It is so important we get things right and it's respectful."

People were supported to maintain and increase their independence and the support they received was flexible to their needs. For example, one person was able to shop and cook independently because care workers had supported them to learn these skills. The person told us, "They [Care workers] were very patient and now they [Care workers] are helping me to know about my money." Another person told us the registered manager had supported them to find paid employment. The person said, "I can't tell you how good it makes me feel to have a job and be earning my own money."

Encouraging and promoting people's independence was a key theme within the service and this was embedded in care workers approach. One care worker told us they supported people to be as independent

as possible because they understood this was important for people's mental health and well-being. They explained some people's goal was to live independently with little or no support. They said, "We can help them achieve this by supporting them to develop the necessary day to day life skills."

People were supported and encouraged to make choices about their day to day lives. Care workers respected the decisions people made. For example, one person asked to change their 'named worker' due to a preference for a particular care worker, this change was made for them.

Care workers told us, they involved people as much as possible in making daily choices and decisions which staff respected. For example, we heard care workers asking people if they wanted to talk to us about the support they received, some people chose not to. Care workers asked people how they would like to spend their day and supported people to fulfil the choice's they had made.

Care workers supported people with dignity and respected people's privacy. One person told us, and we observed, care workers knocked their front door to seek permission to enter. A relative told us, "All the staff are respectful. They are even respectful to me." The relative explained whenever they met staff they took time to enquire about the relative's health and wellbeing. They added, "This just shows how caring they all are." Care workers said they learnt about the importance of promoting people's privacy and dignity through their training. One told us, "Privacy and dignity is a basic right that needs to be respected for everyone." We observed care workers were respectful when engaging with people.

People told us they were supported to access advocacy services if they wanted an advocate (a person to speak on their behalf). One person told us, "I had an advocate but I don't need them anymore. I can manage things myself now." Care records showed the provider worked with people's advocates if they were involved in making decisions about the person's care. For example, records showed, where advocates had been appointed to help people manage their finances, the provider followed advocates instructions about what people spent their money on.

## Is the service responsive?

### Our findings

People and relatives told us they were very satisfied with service provided because the service was reliable, was provided by care workers they knew, and who understood their needs and preferences. Comments included, "I know all the staff.", And, "Even if you need a chat in the middle of the night they [Care workers] are there." A social care professional told us the service always acted on and implemented the recommendations they made. They added, "The team are always willing to listen."

One person's relative described how their own physical and mental health had improved since their family member moved to Allen's Court. They told us, "I cannot tell you how good it makes me feel to see [Person's name] living life and having such good support. All my anxieties have gone."

The house manager told us before agreeing to provide a service they collected information from health and social care professionals. They then met with the person and their family, or their representative, to carry out their own detailed assessment. The house manager explained this gave the service the opportunity to assess if staff had the necessary knowledge and skills to meet the person's needs and expectations. They added, "I also have to consider if we can cater for the person's needs within the number of hours agreed by the social worker, as well as continuing to meet the needs of the people we are already supporting."

People received care and support from care workers who they were familiar with and who understood their care and support needs. People told us, "I know all the staff and they know me", And, "I get to see the same staff which makes me feel more confident. They understand what I need advice about." One person's relative told us they believed their family member was "settled" at Allen's Court because support was provided by a stable staff team who the person trusted. Care workers explained they learnt about the people they supported by spending time with people and reading their care records.

People were allocated 'keyworkers' and these staff members were responsible for overseeing people's care and support. This provided people with a consistent named worker. The house manager told us people were asked who they would like as their 'keyworker' and people's choices had been met. Care workers told us 'keyworkers' had additional responsibilities including supporting people to arrange and attend any meetings, contact with family carers and supporting people to meet their aspirations and goals.

Care workers understood people's personal histories, their likes, dislikes and preferences. One told us, "The care plan has to be person centred. It's about what the service user wants and how they want us to do things." The care worker explained they sat with people to write their care plans and gathered information by asking questions. They added, "The care plan changes as people's needs change or when they set new goals."

We looked at three people's care records. People had signed their care plans to confirm they had been involved in planning and agreeing their care and support. Care plans had been written in a personalised way and included information about people's life history, their likes and cultural and religious needs. Plans detailed people's preferences for how they wanted to be supported and gave care workers instructions

about what to do on each visit. For example; what support people needed with personal care and daily living tasks. Records of calls completed by care workers confirmed these instructions had been followed. Care plans we viewed had been reviewed and updated as needed. Care workers told us they had time to read care plans. One said, "We have plenty of time to read care plans. They hold important information which we need to keep up to date with."

People and relatives told us they were involved in planning and reviews their care and support. One person told us, "I have a meeting with my keyworker. We talk about what I have done or what I would like to do." Another person described sitting with a care worker to write their care plan when the service started. They told us, "I sat with [Care workers name] and chatted. I said I wanted a job so that was one of my goals." The person told us their care plan had been updated because they now worked part time. A relative told us they felt "fully involved" in their family member's care. They said, "They [Service] take everything I say into consideration. They let me know about any changes and always ask my opinion."

Care workers completed daily records at each call with information about the person, their care and any changes to their needs. Care workers told us this information was shared through a verbal handover at the start of each shift to ensure staff had the information they needed to support people and respond to any changes in people's physical and emotional needs. One care worker told us, "The handover gives us a summary before we start work but we can always read a service user's daily record if we need more detail." One person told us, "They [Care workers] write down what they have helped me with."

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints, but knew how to complain. People confirmed they had been provided with a copy of the provider's complaints procedure when the service started. One person told us, "I would go straight to [Registered manager's name] if I had a complaint." A relative told us they were 'Absolutely' confident any concerns they may have would be dealt with 'swiftly'.

Care workers knew how to support people if they wanted to complain. One told us, "I would sit and listen and make sure the person had my full attention. I would give the person reassurance that we would deal with their concern." Care workers told us they would refer any concerns people raised to the house manager and they were confident concerns would be dealt with effectively. One told us, "I am absolutely confident [House manager's name] would respond fully."

The registered manager confirmed the service had received four formal complaints since January 2016. Records showed these had been managed in line with the provider's policy and procedure.

## Is the service well-led?

### Our findings

People, relatives and a social care professional told us the quality of the service provided was good and the service was well managed. Comments made included, "Communication with the management team is good.", "It's as good as it gets. There is nothing, in my view, that could be better.", And "The service [Person's name] gets is everything they need and more."

The service had a registered manager. There was a clear management structure within the service; this included the registered manager and a house manager. The registered manager was also registered to manage another service within the provider group. They told us this meant they were not present at Allen's Court on a daily basis, but met with the house manager at one of the providers other services each morning to ensure they received a daily handover. The house manager told us the registered manager and provider were supportive and were always contactable by telephone if advice or guidance was needed.

The management team were clearly aware of the day to day issues within the service. For example, we observed the house manager speaking with one person who told us they were "not having a good day." The house manager gave verbal reassurance and support. The person was heard 'thanking' the house manager for listening. A social care professional told us, "The way [house managers name] interacts with clients is very good." During our visit both the registered manager and house manager were visible and available to talk with people and provided advice to care workers when required. We saw people and staff approached them comfortably.

The registered manager understood their responsibilities and the requirements of their registration. We asked the registered manager about their responsibilities for submitting notifications to us. This was because we had not received any notifications since the service registered. A notification informs us of events that affect the service which the provider is required by law to tell us about. The registered manager demonstrated they understood their legal responsibility for submitting statutory notifications.

There was a positive culture within the service driven by the management team. The registered manager and house manager had a shared vision and commitment about how they wished the service to be provided. The house manager told us, "I'm very passionate about our work and the people we support. I believe everyone has the right to be empowered to take control of their own lives and that's what we support and guide them to do."

Care workers demonstrated they had clearly adopted the same ethos. They spoke with enthusiasm about the people they supported and their job roles. One care worker told us, "I love it here. We really can help make a difference to the service users in a positive way." Another said, "I'm so happy in this job. Everyone really cares. Including the management which is so important."

Everyone we spoke with described the management team as approachable, open and supportive. One person described the registered manager as 'important' to the person. They said, "I don't know where I would be today if it wasn't for their support." They added, "I know I can trust [Registered managers name]

which is important to me." When discussing the management team with care workers we were told, "The house manager is very approachable. You can discuss anything. It's very open here. All our views and ideas are important and valued."

Care workers told us they had staff meetings every two months. They said these meetings gave them the opportunity to discuss any issues of concern and service developments. One care worker said, "The house manager embraces change and is open to our ideas." Another care worker told they had suggested a new way of submitting requests for staff leave. They added, "The manager thought it was a good idea and implemented it. The book is working well."

The house manager told us they ensured care workers felt comfortable to share their views and to ask questions. They said, "I tell staff there is no such thing as a 'silly question' it's important to ask if you're not sure. That's how we all learn." We looked at the minutes of a staff meeting held in September 2016. These demonstrated care workers had been given clear information about their roles and responsibilities.

The provider operated an 'on call' system to support people, relatives and staff outside of 'normal' office hours. A relative told us, "I called late one night and I got through straight away." A care worker said, "Management support is available to us 24 hrs a day. There is never a problem if we need management help day or night."

People told us they were able to share their view about the service at resident and keyworker meetings and through daily 'face to face' discussions with the management team. People's feedback was used to make improvements to the service. For example, people had asked for care workers to be available to support them at all social and health care appointments. This required additional staffing. The provider had approved the request for extra staff and a care worker had been recruited. The registered manager told us they were in the process of issuing the providers annual quality surveys to people, staff and relatives because the service had been operating for twelve months.

The management team and provider monitored and audited the quality and safety of the service provided. This included monthly checks of care records to ensure they continued to accurately reflect people's needs and medicine audits to check people received their prescribed medicines. Quality checks identified what the service did well and where improvement was needed. Actions taken and those outstanding were also recorded. These checks ensured the service continuously improved.

The house manager kept their knowledge of current social care issues updated. They told us they received regular updates from the provider about any legislative changes which may affect the service and used the internet to research best practice ideas and new ways of working. The house manager told us they used information to develop the staff team and the service. For example, information about a specific medical condition had been shared with care workers. Care workers told us this had given them the knowledge they needed to work pro-actively with one person using the service. The house manager said they were also planning to attend 'provider meetings' arranged by the local authority so they could discuss common challenges and service improvement ideas whilst developing links with other service providers.

During our inspection we asked the management team what they were proud of about the service. The house manager told us, "I am proud of whole thing. The fact that the staff know the service user well and are very committed to their work. I am proud of people's achievements. Some people have improved so much they will be able to move on to live with less support." The registered manager added, "I am proud the people we support are taking control of their lives and they have been empowered to do this."

