

CCK Support Ltd

# CCK Support Ltd

## 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

### About the service

CCK Support Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the service was providing care for 26 people including people with physical disabilities, mental health problems and people living with dementia. The service was provided in Canterbury, Whitstable, Herne Bay and surrounding areas.

Not everyone using CCK Support Ltd receives regulated activity; the Care Quality Commission (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.

### People's experience of using this service and what we found

People and relatives were positive and complimentary about the staff who supported them and the service they were provided with.

Audits undertaken by the registered managers had not identified there were some gaps in employment histories. We have asked the registered managers to improve this. People told us that they received their calls from regular staff who were on time and they had no missed calls. People received support from the registered managers and office staff when they needed it. They said there was always someone at the end of the phone.

People told us they felt safe and supported by staff in the way they preferred. Staff demonstrated good knowledge and received training on how to protect people from abuse. Staff could identify the forms of abuse and knew what they would do if the suspected or witnessed the different types. People spoke with staff about any potential risks to their health and welfare. These were assessed, monitored and regularly reviewed. Staff knew how to keep people safe from harm. People told us they received their medicines when they needed them. Staff administered people's medicines safely

The registered managers made sure there was enough suitably trained staff to provide support to people. People said they were confident in the staff's skills and abilities to look after them and keep them safe. Staff felt supported and valued. The registered managers checked that staff were undertaking their roles safely and effectively.

People's needs were assessed before they started using the service to make sure staff could deliver the care that they needed. People had been able to plan their visits with staff and how they wanted their care provided. Care plans were developed and reviewed regularly. People agreed to the support and care planned with them.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. People were able to make decisions about their care and

support and to maintain control of their lives. People's personal information was stored securely.

People said staff were kind, compassionate and caring and took their time to carry out their duties and did not rush. People said they were listened to and that they were treated respect.

People had access health care professionals when they needed them. The staff worked with other agencies to provide joined up care including specialist nurses when people were at the end of their lives. People were supported and cared for at the end of their life.

People were protected from the risks of developing infections. When staff prepared meals for people, they were supported to have a range of nutritious food and drink that they had chosen.

People knew what to do if they had any concerns or complaint. They said they would be listened to and their concerns would be taken seriously and acted on.

The registered managers were approachable and supportive and took an active role in the day to day running of the service. The culture within the agency was transparent, personalised and open. People and staff were positive about the registered managers. The registered managers and staff had ensured the delivery of high quality and safe care and understood their role and responsibilities

The registered managers worked closely with the staff team to monitor the care provided and any improvements needed were made. People had been asked for their views on their care and staff were happy working for the provider

Rating at last inspection and update:

At the last inspection on 5 and 7 November 2018, the overall rating of the service was 'Requires Improvement. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had continued to fail to ensure that the systems in place to quality assure the service were effective and staff had not received appropriate training to make sure they could carry out their roles safely.

We asked the provider to send us a plan setting out the actions that they would take to meet these legal requirements. The provider returned the action plan within the agreed timescale and told us they would meet all breaches of regulations by 17 January 2019.

At this inspection on 5 and 10 December 2019, we found that the provider had made improvements and was no longer in breach of the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

# CCK Support Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two registered managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered managers would be in the office to support the inspection.

Inspection activity started on 5 December 2019 when we contacted people and relatives by telephone and ended on 10 December 2019 when we visited the office location.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we already held about this service, including details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this

information to plan our inspection.

#### During the inspection

We spoke with two people who use the service and seven relatives about their experience of the service. We spoke with the provider, the two registered managers, a co-ordinator, and three care staff. We reviewed a range of records. This included four people's care plans and associated records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including surveys and quality assurance records.

#### After the inspection

We received feedback from other professional agencies who are involved with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Systems to audit and check staff recruitment processes had been developed to ensure staff who came to work at the service were suitable. Safety checks had been completed. Checks such as references were obtained, including one from the most recent employer to make sure staff were of good character. Disclosure and Barring Service checks were completed to help the provider make safer recruitment decisions. Health checks had been obtained. On some staff files a full employment history had not been fully completed. The provider had not identified this when they had audited the staff files.
- People and their relatives told us that there was enough staff to give them the care and help that they needed: One person told us: "They have never missed a call. I have the same team of staff, so I always know who is coming. I can't praise them enough. A relative said, "The staff are very flexible. I if have an appointment they work make sure there is someone with (my relative). They never let me down. "
- Staff we told us that they had time to travel between calls without rushing people's care. One person said, "The girls (staff) often stay over the allocated time if I need something extra doing. I know they would never abandon me."
- When people's needs changed, and they needed more time or extra visits the registered managers contacted and negotiated with peoples funding authorities to make sure they received the all the care and support that they needed.

### Systems and processes to safeguard people from the risk of abuse

- Staff were trained to recognise and respond to potential abuse and the registered managers demonstrated knowledge of the local safeguarding procedures.
- The registered managers and staff knew what to do if they suspected or witnessed if someone had been abused. Staff said they would in the first instant they would report anything suspicious to the registered managers and they were sure would action would be taken. They also knew to report to the local authority safe guarding team.
- People said that they felt very safe with the staff who came to visit them. One person told us: "I definitely feel safe and comfortable with the staff. We can have a laugh and a joke. I look forward to them coming. It makes my day."

### Assessing risk, safety monitoring and management

- Risks to people were assessed and risk assessments put in place for staff to be able minimise the risks prior to the care service beginning.
- People were moved safely when using special equipment, such as hoists or standing aids. People told us that staff always checked the equipment before they used it to make sure it is safe. Other risks and how to minimise them were explained clearly and guidance for staff was in place, for example risk of falls or when

people had conditions like dementia the risks associated with these conditions and what action staff should take was fully recorded.

- Staff were able to explain exactly how they kept risks to people to a minimum. One relative told us: "I didn't think I would be able to let go and let someone else look after (my relative), but I absolutely trust the staff to keep (my relative) safe. They always let me know everything that is happening. "
- People's environment was assessed and reviewed to ensure it was suitable and safe for people and staff.

#### Using medicines safely

- Staff were trained to administer medicines and their competency was checked regularly. Not everyone needed support with their medicines.
- People's ability to manage their own medicines was assessed before the service began. This was reviewed regularly. When people were identified as at risk when taking their own medicines this was discussed with them and their families to look at safer ways for people to take their medicines. In one case this had meant seeking advice and support from the local community services medicines team to make sure a person was receiving their medicines safely and in a way that suited them best.
- A relative said, "They the staff are very well organised when it comes to making sure (my relative) takes all their medicines when they should. They sign the record and make sure they have enough tablets."
- When people were given their medicines, this was recorded on an electronic system, so any errors or omissions were identified immediately. Staff said it was a very reliable system.
- Daily checks, audits were completed to ensure people received their medicines safely. If any errors were identified staff were given extra training and their competencies were checked.

#### Preventing and controlling infection

People were protected from the risk of infection. People told us they were supported they had to keep their home clean. People said that staff always washed their hands between different tasks.

- Staff had received training in infection control and could tell us what they did to prevent and control infection, such as washing their hands, wearing gloves and not coming to work if they were unwell.
- Guidance on how to prevent the spread of infection was promoted and personal protective equipment was available for staff to use.

#### Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
- The registered managers reviewed any accidents and incidents and looked for any patterns or trends to prevent any re-occurrence.
- The registered managers took steps to ensure that lessons were learned when things went wrong.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to make sure staff received appropriate training as necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were up to date with manual handling training. Staff said they were confident in using specialist equipment to move people safely. When people were assessed as needing new equipment to help to mobilise, staff were trained to do this safely and their competencies were regularly checked. People told us they felt safe when staff supported them with their mobility. One relative said, "Staff are brilliant, they know exactly what they're doing, and we have confidence in them."
- People were supported by staff who had the skills, knowledge and experience to deliver effective care. Staff completed on-line and face to face training.
- Staff received mandatory training and had regular updates. There was a training matrix in place so that when staff required a refresher training the registered managers made sure they were informed, and training was booked. When people had specialist needs such as Parkinson's disease staff had received training to make sure they knew how to support people in the way that suited them best.
- Newly recruited staff received an induction and then gained experience by shadowing more experienced staff. Staff told us that when they started work they shadowed a more experienced member of staff. One staff member told us, "My induction was not rushed, I could take my time to make sure I was confident and knew what I was doing."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered managers met with people before they started to use the service. Peoples needs were assessed to make sure that the staff could support people in the way they wanted. There was information about people's past medical history and information about people's background. People received effective, safe care.
- People gave positive feedback about the support they received. They told us, "The staff do a really good job" and "I cannot fault them. They know what I need."
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture, were recorded. The registered managers told us they discussed people's preferences. People's rights were respected, and their diverse needs were supported in a way that made sure they were not discriminated

against.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat healthily and drink enough. One person told us, "The carers prepare my dinner and tea for me. They always ask what I would like, and they make sure I have a drink to hand before they go."
- Staff understood the importance of people drinking enough. For example, the need to drink plenty to prevent urine infections. Staff described how they ensured everyone was left with a drink and how some people had fluid charts to monitor how much they drank. If any concerns were identified, people were referred to the appropriate professionals.
- Information about people's nutritional needs and their food preferences were recorded in their care plans.
- Some people preferred to have their lunch time meal at local restaurants. Staff supported them to do this. One relative said, "(My relative) eats much better when they go out, so part of the plan is that the staff take them out."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives said, "The staff know (my relative) very well. They know when things are not right. They use their initiative and have the skills to know when (my relative) needs a doctor or nurse. I have total faith and trust in them" and "The staff have kept (my relative) out of hospital as they have acted quickly."
- Staff communicated with health care professionals and people's relatives when health concerns were identified. One relative said, "They (the staff) keep me up to date on everything that is happening".
- People were supported to maintain good health and were referred to appropriate health professionals as required. For example, their GP, a district nurse or Occupational Therapist. Staff adhered to advice and guidance.
- Care plans provided clear guidance for staff for all people's healthcare needs and included information about specific health conditions, such as how to identify if people had urine infections or how to support people with anxieties and mental health needs.
- People were supported to attend hospital appointments and had regular dental and optician appointments.
- The staff were aware about the importance of oral health for people. Staff supported people to ensure they had good oral hygiene.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of the MCA, supporting people to make choices. When people were unable to make their own decisions, mental capacity assessments were completed which

followed the principles of the MCA.

- People confirmed the staff always asked their consent before providing their care. People, or their representatives where appropriate, had signed and consented to the care and support to be provided.
- People were supported in the least restrictive way possible.
- When people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. A LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had built positive, meaningful relationships with people, many whom had been supported by the same carers for a long time
- People and their relatives spoke highly of the care staff and the registered managers. Relatives said, "The carers see past (my relatives) condition and see them as the person they were. They are so compassionate" and "Even if they do not understand the emotional state of my relative they don't just look for what is wrong but try and make it better."
- People told us "They are a God send I can't speak highly enough. They respect my wishes. They approach things in the right way, they know how to make it better, so I am more relaxed and not scared."
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs were reflected in their care plans and respected by staff. Staff told us they treated people as individuals and respected their choices.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were fully involved in making decisions. One person said, "When the staff are here you get an all-inclusive warm feeling. It gives you confidence. A relative said, "The carers are excellent. They're brilliant. I can't speak highly enough. We work as a team. They listen to me and they totally engage with me. There is excellent communication between us."
- Care plans clearly set out how people preferred to receive their care and their regular routines. People and staff told us that staff read people's care plans, so they were aware of people's needs and able to assist them in the way they wanted.
- Care plans were regularly updated and were completed with people and their families, taking into consideration their personal wishes.
- People were offered choices about all aspects of their lives such as choosing a movie they would like to watch, what meal they wanted or where they would go to in the community.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed staff supported people to be as independent as possible. One person said, "They (staff) do the bits I can't manage. They step in. I can get my own meals ready but now I can't get them out of the oven, so they just do that bit." Another person said, "They help me shower but then I can do everything else myself. The staff respect that and give me the time to do things at my own pace."
- A relative told us that before they became unwell their loved one always took great pride in their appearance. They supported the person to choose the clothes they wanted to wear and helped them with

makeup and accessories. The relative said, "They always look really well presented just like they would want to." One person said, "They [staff] are very respectful and very kind to me. They always make me feel special."

- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. People told us that staff supported them in the way they preferred. People told us the staff always respected their privacy and dignity. There were details about this in people's care plans. Staff told us they always made sure people were covered with a towel and that doors and curtains were closed when they were supporting people with personal care.

- People's confidential information was stored securely in an office and another copy was kept in people's homes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and centred on people's needs and preferences. Care plans reflected how each person wanted to receive their care and support.
- People told us they would be confident to say if there was anything they wanted changed within their care plans. Staff were responsive when people's needs suddenly changed. A relative told us, "The staff pick up on changes really quickly and have prevented (my relative) being admitted to hospital. I don't think (my relative) would still be with us if it wasn't for CCK staff."
- When a person's mobility deteriorated the registered managers immediately increased the visits to two carers. People were supported to be as independent as possible. People, relatives and staff said they were given enough time to provide person centred care. They said there was no rush and staff took their time to give people the support that they needed.
- Care plans were agreed with people to ensure they agreed with the information in their care plan. Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing.
- There was a daily log sheet, which recorded key information about people's daily routines such as the support provided by staff. A relative said, "Every little thing is written down, so I know exactly what they have done."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they started using the service. Staff knew how to communicate effectively with people.
- People were provided information to people in alternative formats if this was required. Some people had information in large print or used picture cards to make their needs known.
- Relatives told us that staff understood what people wanted and needed when they could not verbally make their needs known. One relative said, "The staff are brilliant. They know (my relative) so well. They are aware of the little things. They can tell if (my relative) is upset. They can make them laugh and calm them down. They know when they are unwell and take action."
- Relative's and staff told us there was on-going communication with all involved in people's care, which ensured people's needs continued to be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained details about people's hobbies and interests, so staff support them to continue to participate in activities they enjoyed. The feedback from people and their relatives was positive.
- People were supported to access their local community to reduce the risk of social isolation and enhance their wellbeing. Relatives told us, how staff made sure their loved one continued to keep up their appearances. They had regular visits to the hairdressers and manicurist. Another person went out for lunch every day, which was something they had always done and enjoyed.
- People were supported to attend local groups and meet other people in similar situations. A relative said, "I feel like I am on holiday when the girls (staff) take us out. I can relax and recharge my batteries. I feel like a normal person again."

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. People and their relatives told us they could confidently raise any concerns with staff or the registered managers.
- There had been no formal complaints raised since the last inspection. People told us that when they had raised concerns in the past these had been dealt with immediately by the registered managers. They said felt listened to and were taken seriously.
- People and their relatives had only positive comments about the service they received. Relatives and people said, "I cannot praise them enough. I have only had good experiences since I started using this agency" and "There is always someone at the office to pick up the phone. I can speak to the registered managers at any time. They always have time to talk and discuss any concerns."

End of life care and support

- People had been and were being cared for and supported at the end of their life.
- Staff worked in partnership with healthcare professionals to ensure people to have a comfortable and dignified death.
- People's end of life wishes were recorded in their care plans. These were being further developed to make sure they were more personalised and explained what people and their families wanted at the end of their lives.
- Staff had received training in how best to support people and their relatives at this time of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had continued to fail to ensure that the systems in place to quality assure the service were effective. This was a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

All staff had now received training in moving and handling to make sure people were moved safely. A senior staff member was registered as a 'train the trainer' in moving and handling so they could train all staff. Care plans were reviewed annually or sooner when people's needs changed.

Continuous learning and improving care and working in partnership with others

- The registered managers had completed a range of audits to evidence their on-going monitoring and auditing of the service. However, on three staff files full employment histories had not been recorded and the gaps in employment histories had not been explored. The registered managers had not identified this shortfall when auditing the staff files. This is an area for improvement.
- When issues were identified action was taken to prevent re-occurrence and improve the service. There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. The registered managers were involved part of a variety of networks, to support learning and sharing of best practice.
- The provider had strong connections with the wider community and other local organisations.
- There was a programme of ongoing staff training to ensure staff were skilled and competent. When people were identified as having new issues with their health and well-being then training was provided in specific areas.
- Staff communicated with a range of health professionals and other community agencies to ensure that people's needs were considered and understood so that they could access the support they needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the service promoted high-quality, person-centred care. The positive, open and transparent team culture was embedded. People's care was planned, monitored and reviewed regularly with them. What people wanted was the priority. People and their relatives commented very positively about the service, the registered managers and their staff team. One relative said, "I have had care packages for other agencies, but these are the best. This is the best management team I have had." Another relative

said, "The staff are always welcoming and friendly. They genuinely care for the person that is important to me. It brings me great comfort to know they are happy and being well looked after".

- The registered managers actively led by example by carrying out care calls, to meet with people and making sure everything was alright. This also enabled them to observe staff working practices and monitor and review all aspects of the care provided.
- There were open discussions with people, staff and their relatives to make sure people were receiving the care and support that they wanted. The aims and objectives of the organisation were discussed with staff when they were employed. Staff were motivated and proud of working for the organisation. Staff said, "We all work as part of a team to make sure people live a full life and have everything ."
- Staff told us how supportive and encouraging the registered managers were. Staff gave us examples of this support and described the culture of the service by saying, "We can talk to the managers anytime. They listen to what we have to say, and action is taken on suggestions we have made."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were supported by senior care staff and the director of the service. This management structure was clear to people, relatives and staff.
- Staff were clear in their roles and what was expected of them. People received care and support from a consistent small team of staff who knew them well.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered managers were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- Ratings from our last inspection were displayed in the office, and on their web-site in line with regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged with the service and asked their opinions. There was an open-door policy when people, relatives and staff could give their opinions about the service and share their views at any time. People told us that they always got a response from the office when they had query.
- The registered managers communicated regularly with staff. Staff said they were able to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work.
- People told us they knew the registered managers and had confidence in them and the staff. One relative said, "Not only do they support (my relative) but they really help me too."
- Questionnaires were regularly sent people, their family and friends, professionals and staff. The most recent questionnaires had been sent in December 2018. The feedback had been positive, and this information had been passed on to all people involved. People and relatives commented, "I am extremely satisfied with the service. Everyone is so caring. We could not ask for more" and "I have had only good experiences with this company. They have very high standards. It's more like a family that's how it feels. I would recommend this service to anyone."