Aman Care Limited

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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?	Good

Summary of findings

Overall summary

This inspection took place over two days on 02 and 03 May 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure staff would be available. At the last inspection on 18 and 25 November 2016, we rated the provider 'Requires improvement' under the key questions of Safe, Effective and Well-led. During this inspection, we found there had been a significant improvement and we have rated this service 'Good' in all five key questions.

Aman Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 115 people.

There was a registered manager in post. 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.

At our previous inspection in November 2016 we rated the service as 'Requires Improvement' because systems were not effective to assess the quality of the service provided. People were not always supported by staff that had been suitably recruited, or received adequate supervision and training. Although some staff had received training to know what abuse was and how to report any concerns; some staff told us they would record this information within the daily notes. This had the potential to put a person at risk of further harm. Some risks were assessed but staff did not have the information available to refer to in relation to people's medical conditions. Not everyone felt that the provider acted in a timely way when dealing with complaints. On this inspection we found improvements had been made and the overall rating for the service was now Good.

The provider had improved their quality assurance systems and effective quality audit checks were in place and completed regularly to monitor the quality of the service provided. People were happy to recommend the service to family and friends based on their own experiences. The provider had taken steps to ensure they were kept up to date with current legislative practices. People said the service was well run.

The registered manager was passionate about providing person centred care. The leadership within the service had improved and was strong and an open and a positive culture was promoted. Staff said there had been improvements and felt valued and listened to by the provider. Staff were confident in their roles and were aware of their responsibilities and said they had access to support and training they needed.

People felt safe in their homes with staff. Relatives were confident their family members were kept safe. Staff knew what action they would take if they thought a person was at risk of harm. Risks to people were assessed and people were supported by staff that was provided with guidance on how to manage people's specific medical conditions.

People were supported by sufficient numbers of staff that had been safely recruited. Staff were trained to support people with their medicines if needed. Staff members were equipped with sufficient personal protection equipment to reduce the risk of infection and cross contamination when supporting people with their personal care.

Staff were trained to ensure that they had the skills to support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to make decisions about how they wanted to receive support to ensure their health needs were met. Where appropriate, people that required assistance to eat and drink were effectively supported to do so by staff. Timely referrals were made to health and social care professionals when people's needs changed.

People's care and support was planned and reviewed with them and their family members to ensure their choices were followed. People were supported by caring committed staff. People's privacy and dignity were respected and upheld by the staff. People could choose to attend social events arranged by the provider to reduce the risk of social isolation. People's care plans how they wanted their care delivered and this was reviewed to reflect any changing needs. People and their family members were asked for their feedback on the quality and their experience of the service. There was a system in place to record and investigate concerns and issues were dealt with appropriately.

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 felt safe with the staff supporting them. Systems were in place to protect people from the risk of harm and staff knew how to report any suspicions of abuse. Where appropriate, investigations were conducted in partnership with other agencies.

People were safeguarded from the risk of harm because risk assessments were in place to protect them. People were supported by sufficient numbers of staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed, where required. People were protected from infection and cross contamination because staff members were provided with and used appropriate personal protective equipment.

Is the service effective?

Good

The service was effective.

People's needs were assessed and they were supported by staff that had the skills and knowledge to assist them.

People were supported to access additional medical support in a timely manner when their needs changed.

People were happy with the care provided by staff and were supported to make decisions and choices about their care.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring, kind and respectful.

People's independence was promoted as much as possible and

staff supported people to make decisions about the care they received.

People's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individualised to their needs, because staff members knew people well.

People were encouraged and given opportunities to attend social events that reduced the risk of social isolation.

People knew how to raise concerns about the service and were confident these would be addressed appropriately.

Is the service well-led?

Good

The service was well-led.

Improved quality assurance and audit processes were in place. This monitored people's feedback and experience and ensured they received a quality service.

People and their relatives were happy with the quality of the service.
Staff felt supported by the provider and involved in developing the service.

The provider worked in partnership with other services to ensure they supported people in a safe and consistent way.

Aman Care Limited

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.

The inspection took place on the 02 and 03 May 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The provider was given 48 hours' notice because we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspectors and an expert by experience. An expert by experience is someone who has had experience of working with this type of service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on health and social care providers. This helped us to plan the inspection.

The provider sent us a list of people who used the service who were happy to speak with us. We contacted people and/or their relatives by telephone on 03 May 2018 and spoke with four people and six relatives to gather their views on the service being delivered. We also spoke with the provider, the registered manager and eight care staff. We used this information to form part of our judgement.

We looked at seven people's care plans to see how their care and treatment was planned and delivered. Other records looked at included seven recruitment files to check suitable staff members were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to

deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Good

Is the service safe?

Our findings

At the last inspection in November 2016 we rated the provider as 'Requires improvement' under the key question of 'Is the service safe?' This was because we found staff were not always recruited safely and checks were not always made to ensure that staff were suitable to work with people. Although staff recognised abuse, they were not clear where the information should be recorded, with some staff saying they would record it within the daily notes. Staff had not always received training that would enable them to support people with their medical conditions. At this inspection, we found there had been an improvement and Safe was not rated as Good.

The provider's recruitment processes had improved to ensure people were being supported by staff that were suitable for their role. All staff had undergone pre-employment checks and a Disclosure and Barring check (DBS) before they started to work for the provider. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. This meant people were supported by staff with suitable experience and character.

People and relatives we spoke with all told us, without exception, they felt safe with the staff members that provided care and support in their homes. One person told us, "I am completely at ease with all the girls." A relative we spoke with said, "I am happy [person's name] is safe." One staff member explained to us if they saw unexplained bruising or if a person who was unusually low in mood and unresponsive, they would contact the office immediately. They continued to explain, "Abuse can be numerous things, physical, financial, not giving people their medication, we wouldn't write anything down in the person's book but we would raise it straightaway with the manager." Another staff member said, "Thankfully, I've never come across it where-ever I've worked but we've had our training and know what to do, the policy is in the office with all the contact details and we can always contact you (CQC)." We reviewed the provider's incidents and accidents and found that, where appropriate, external agencies had been notified and we could see the provider had worked in partnership with the agencies and families to ensure a safe and satisfactory outcome for people was achieved.

At the last inspection in November 2016, care plans did not always contain information for staff about people's medical conditions. At this inspection we found there had been an improvement. People and relatives we spoke with did not raise any concerns about how staff supported people. We looked at seven care plans and found there could be some further additional information added for some conditions. For example asthma, stroke and diabetes. However, we found the staff knowledge of people's health and symptoms that would indicate a person was unwell, were good. We saw the risk assessment process had also improved because assessments contained more detail to support staff and make sure they had the necessary knowledge required to support people safely. For example, one person's care file showed, in great detail, how staff were to support the person when they suffered a seizure. Another person's care file contained detailed information for staff to ensure the person received their nutrition safely through a tube inserted into their stomach. Each care plan also contained an environmental risk assessment that included the person's home environment. People that were supported with the use of a hoist told us staff helped to move them safely. One staff member we spoke with said, "We've all had moving and handling training so we

know how to move people safely."

Although staff we spoke with had not encountered any emergencies, they knew what action to take in the event of an emergency. For example, one staff member told us, "If we found a person on the floor, we would immediately contact the office or an ambulance and keep the person warm with a blanket, reassuring them all the time until help arrived."

People and their relatives told us they were supported by regular staff members. Staff we spoke with confirmed they visited the same people and explained there were sufficient numbers of staff to support people and confirmed they received regular hours of work with regular people to support.

No-one we spoke with raised any concerns about the timeliness of their calls. All reported that staff arrived on time and there had been no missed calls. On reviewing staff timesheets, we found that staff members were on time and on the rare occasion there had been lateness, this had been attributed to an earlier call over-running or delays in traffic. One staff member explained, "We are given time between our calls and do try not to be late but sometimes we may be a little late but we'll always let people know in advance."

Most of the people who used the service managed their own medicines or had family members to support them. For people that were supported with their medicines by staff, we found there were no concerns in medicines practice. We saw that staff had received training in the administration of medicines and their competency with managing medicines was reviewed by a member of the management team, when they completed routine checks on the staff when working within people's homes.

No concerns were raised by people or their relatives in respect of hygiene and infection control. Everyone spoken with confirmed staff always wore protective clothing when necessary. Staff we spoke with understood their responsibilities to protect people from infection. They told us they used gloves and aprons when providing personal care and there was always a plentiful supply of protective equipment from the provider.

The service recorded any incidents or accidents which occurred. We found they also looked at whether there were any trends or learning in relation to incidents which might indicate a change was required in the person's care plans. This information was shared with staff members through team meetings or supervision.

Good

Is the service effective?

Our findings

At the last inspection in November 2016 we rated the provider as 'Requires improvement' under the key question of 'Is the service effective?' This was because the provider had not ensured that people received their care and support from staff who had received adequate training. This meant staff did not always have the knowledge and skills they required to do their jobs safely and effectively. At this inspection, we found there had been an improvement under the question of Effective and the rating was now Good.

People spoken with told us they felt that staff had the correct training and knowledge to meet their needs. One person told us, "Every carer who comes really knows what they are doing and I couldn't be happier they are grand girls." Staff we spoke with told us there had been an improvement with the training they received since our last inspection. We found the provider ensured staff completed a 'mandatory' training programme that included safeguarding people from abuse, moving and handling people safely, health and safety and infection control. Comments from staff included, "The training is excellent and in-depth." "The training is much better now since [registered manager's name] came here," and, "Training is very good, in fact I've just completed some mandatory training." The registered manager explained how they had introduced 'language based workshops', in safeguarding and mental capacity awareness training for staff whose first language may not be English. The registered manager explained how this benefitted staff with their understanding. We found on speaking with staff there were no issues with their knowledge on these subject matters. We also saw from records that new staff to the service had completed their induction training and all staff had completed the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge and skills they need to provide safe and effective care to people.

At the last inspection staff had told us they did not receive sufficient supervision in their role. At this inspection, staff we spoke with confirmed they had all received regular supervision from the registered manager or their seniors. This was verified in staff records which included visual checks on individual staff members when they worked in people's homes. We saw where issues had been identified through those checks; these were discussed with staff in their supervision and good practice shared at team meetings. Since joining the provider, the registered manager had introduced 'themed' supervisions. We saw that this included an overview of different themes, for example, safeguarding, continence care and infection control. Staff members completed a written competency questionnaire that checked their understanding of the chosen theme. This ensured good practice was shared with staff and reduced the risk of the issues reoccurring.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most of the people currently using the service had the mental capacity to make their own decisions and consent to their care. Staff spoken with told us if they had any concerns about a person's capacity to make decisions they would inform the registered manager. Staff we spoke with gave us examples how they supported people to make their choices. One staff member told us, "[Person's name]

can make simple choices and they can tell you if you ask simple yes/no questions." Another staff member said, "We know people very well and you can tell by their facial expressions or the sounds they make what they like or do not like." People we spoke with told us they were supported to make decisions about the care they received. People continued to tell us that staff explained what they were doing and would seek their consent before carrying out any support with their care needs. Relatives told us that they were able to have an input into planning care provided with the person's agreement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for, who may lack the mental capacity to consent to care and treatment and their liberty may be being restricted. They are also required to notify the local authority of this, so that an application can be submitted to the Court of Protection for the authority to deprive a person of their liberty within the community in order to keep them safe. The registered manager explained to us no one was being deprived of their liberty and no applications were with the Court of Protection.

Most people were helped by family members with their dietary needs. People supported by staff told us they were satisfied with the help they were given. One relative said, "[Person's name] has a pureed diet that I usually look after but I know that if I am not able to make it to their house in time, the girls make sure they get it for me. I really trust them [staff]." Staff described how they safely supported people who received their nutrition through a tube inserted into their stomach and confirmed they had received training from a health care professional to do so. Care plans reflected what we were told by the staff and showed people had received appropriate support.

People and their relatives spoken with confirmed their care needs were assessed appropriately before they joined the service. One person told us, "When I came out of hospital the [registered] manager came to the house and we went through everything they thought I would need. We filled in my care plan and this has been reviewed since then." This information provided staff members with the knowledge and understanding of the level of support people required. People confirmed they had copies of their plans. We saw people's assessments, care plans and reviews considered both their physical and emotional care needs. Staff spoken with gave examples of how they supported people to use the equipment available to them, so people could remain as independent as possible. For example, making sure walking frames, drinks and alarms were close by.

We saw from care plans there was input from health care professionals, for example, district nurses. Referrals were made in a timely way when people's support needs had changed, for example to the local authority for people's needs to be reassessed. People and relatives we spoke with confirmed people were supported by additional healthcare professionals as appropriate. A staff member told us, "If there is a change in a person's health, we will tell the manager or the family." We saw the provider had processes in place to support staff to seek emergency help, to ensure people's health care needs continued to be met.

Good

Is the service caring?

Our findings

At the last inspection in November 2016, we rated the provider as 'Good' under the key question of 'Is the service caring?' At this inspection we found the service had remained good.

Everyone we spoke with told us staff members were caring and kind and people received the help and support they needed at the time they required. They continued to tell us that staff members were patient and always sought people's consent and explained what they were doing, before they provided any care and support. Comments from people included, "Yes they [staff] do care, nothing is too much trouble for them it's like being looked after by my friends," "All the staff really care it's not just a job to them," and "No matter which girls come, I am looked after so well by them all, angels is what they are."

All the staff we spoke with knew people well, including their personal histories and what was important to them. Staff provided examples of how they promoted people's independence and enhanced their well-being. One person explained, "I am encouraged to do what I can." A staff member explained, "We encourage people to do as much as they can for themselves, this might be washing their face, brushing their teeth." People we spoke with confirmed they were given every opportunity to make choices for themselves and had been involved in planning their care. Care plans we looked at showed that an assessment of the person's care needs and preferences was completed so the provider could be sure that they could meet the person's needs, in the way they wished. People and relatives spoken with confirmed following discussions, a care plan was produced. We saw care plans included information about people's abilities and what they could do for themselves as well as the areas they required support with. We also saw the care plans contained information about how staff members were to support people to encourage and maintain their independence as much as practicably possible.

The registered manager explained how they supported people to take part in activities and events they enjoyed. They explained they understood people's relationships and interests were important to them and they looked at ways of overcoming any obstacles to their independence. They explained how they supported people to pursue different interests and how this had made a positive impact on their wellbeing because they were participating in pastimes they enjoyed. People were invited to enjoy social events such as day trips and lunches arranged by the provider. We were told about one instance where two people who were friends but had not seen each other for a number of years, had recognised each other at one of these events and were able to renew their friendship. The registered manager demonstrated to us their passion in promoting people's independence as much as possible through these social events. They told us about a summer fete they were arranging and they were hopeful a number of people and their relatives would be able to attend.

Staff told us they always treated people with dignity and respect and ensured people were comfortable and happy with the way care was being provided. Staff were able to provide us with examples of how they achieved this. For example, one staff member said, "I make sure the person is aware of what I am doing and happy with it. I cover them up so they are not exposed and make sure doors and curtains are closed." Another member of staff said, "I always think about a person's dignity when I am caring for them. I close the

door and curtains and I always chat with the person as this puts them at ease." Although people and relatives we spoke with told us they had not been asked if they preferred a male or female staff member, everyone told us, without exception, that all the staff were excellent and there were no concerns. One person's request for a male staff member had been met. People and relatives we spoke with all told us staff never rushed their calls and always 'had a chat.' People we spoke with confirmed they had built up a 'very good' relationship with staff that supported them.

Good

Is the service responsive?

Our findings

At the last inspection in January 2017 we rated the provider as 'Good' under the key question of 'Is the service responsive?' At this inspection we found the service had remained 'Good.'

People and the relatives we spoke with confirmed they were involved in the planning and review of people's care. Each of the care files we looked at had a copy of the person's care plan, which had been or was due to, be reviewed. As part of the initial assessment process the registered manager completed all the tasks the person required in order to develop the care record. This meant the care record was reflective of a person's individual needs and contained relevant information for staff to refer to. For example, in relation to a person's mobility needs, environmental risks, dietary needs, medication, choices and preferences. People, their relatives and staff told us care plans were available in people's homes and regular reviews of these were completed by the registered manager. People and staff told us the registered manager visited them to complete checks on staff practice and to establish if any needs had changed or if there was anything else the person required. We also saw evidence to support that where people's needs required additional support, requests had been submitted to other agencies to review the levels of care being provided. This showed the provider was being responsive to people's individual support needs.

Where possible, we saw the provider had tried to match people with staff that could converse with them in the person's first language, if this was not English. We noted in one care plan that a family had requested a staff member from a specific background. This would reassure the family that the staff member would be aware of certain traditions that were important to the person. The provider had facilitated this request. Discussions with the provider and staff assured us people's diversity was respected. The care planning process included a discussion with people around their diversity and the support they needed to live their lives as they chose.

People and relatives we spoke with could not recall having made a complaint but everybody said they would feel comfortable complaining if necessary and felt that the provider would take their concerns seriously. Comments from people included, "I have no reason to complain, everything they do for me is just great, I couldn't manage without them coming in every day," and, "Yes I do know how to complain. It is in my care plan what to do but I can't ever imagine having to." People we spoke with had confirmed they had a copy of the complaints procedure and knew how to raise a complaint if they needed to. We looked at the provider's records and noted where there had been complaints, a thorough and transparent investigation had been completed and the complainant had received an apology. Where there was an occasion to review staff practice, this was shared with the staff concerned and then with the team for additional learning to reduce the risk of reoccurrence. We saw there were also processes in place to monitor for trends.

At the time of this inspection the provider was not supporting people with end of life care, therefore no end of life wishes were recorded in people's care plans. We notes that there had been an request from one person for the provider to visit them with a view to discussing what they wanted to be in place, should they be taken seriously ill. The provider also told us they would start to introduce questions to ask people what their end of life wishes were when they next reviewed their care plans.

Good

Is the service well-led?

Our findings

At the last inspection in November 2016 we rated the provider as 'Requires improvement' under the key question of 'Is the service well led?' This was because the quality monitoring systems that were in place had not identified where improvements were needed. At this inspection we found there had been an improvement under the question of Well led and this was now rated as Good.

The provider had developed and improved their monitoring systems since the last inspection. We saw there were systems in place to make sure high standards of care were delivered. For example, quality assurance arrangements were effective these included reviewing and monitoring people's care plans and daily notes. The registered manager also ensured people received their calls at the times that had been agreed and the length of call times were appropriate for the number of tasks staff were required to complete. Staff told us that sufficient travelling time was taken into account when planning calls. People told us and records showed calls took place within agreed timeframes. Observational spot checks were also completed on staff in people's homes. People told us they were always asked for their feedback about the quality of care and any issues identified were dealt with straight away. The registered manager also completed regular checks of concerns, incidents and staff training. Where improvements had been noted, the registered manager had immediately responded. We found the service delivered a quality service to all the people they supported and strived to improve the quality of the service delivered through the use of feedback and training. For example, the introduction of themed supervisions for staff to feedback on any identified issues and check staff understanding. This ensured people received care that was responsive to their needs.

The provider, registered manager and staff spoken with were proud of the improvement the service had made and how it was being developed. The registered manager said their ethos was to ensure people were at the heart of the service provided. They said, "Immense work has been put in since the last inspection and our vision is to empower people not just in relation to their care but also social inclusion and encourage people to get out of their house and take risks. Helping to make people feel their lives are worthwhile." Staff we spoke with shared this view and said people were at the heart of everything they did. The registered manager ensured staff felt valued and offered staff flexibility with their individual work life balance. Staff successes were celebrated and promoted which created an environment that encouraged staff to be the best they could be. The registered manager encouraged staff and ensured staff felt valued by other methods such as 'Employee of the month.' All the staff we spoke with told us they felt well supported by the registered manager and said they understood their roles and responsibilities. They told us staff morale within the organisation was high and every member of staff told us they worked well together as a team.

Staff we spoke with confirmed meetings took place regularly. We saw the provider had kept a record of staff meetings and minutes were available to staff. Staff we spoke with all told us since the registered manager had joined the service, things had improved 'a lot' and they would have no reservations raising concerns with them. We saw the provider had a whistleblowing policy in place to support staff. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. One staff member said, "Everything is

pretty good, the manager's really approachable, they are fair and you can talk to them straight away and will change things for you if you have a problem." Another staff member explained, "We receive facts every week, it's called fun fact Friday they're really useful and are good reminders." Another staff member told us, "From the bottom of my heart I love it here, they [the provider and registered manager] try so hard and help us with everything, there is always someone on the phone you can call in an emergency. We're [the team] here for each other, we're a good team."

The provider understood the responsibilities of their registration with us and we had received appropriate notifications about incidents and accidents they are required to tell us by law. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and, if appropriate, on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We saw the provider had displayed the ratings from their last CQC inspection on their website as required. This meant anyone visiting the website would be aware of this information and able to consider this when making any decision about using Aman Care Limited. We saw there was information about the rating in the provider's office as people would often visit.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during the inspection. People, relatives and staff spoken with confirmed they had found the provider to be open and honest with them. On reviewing the complaint and safeguarding processes, we saw the provider was open and transparent in their communication with people, relatives and professionals. After the completion of a complaint or safeguarding, we saw the registered manager would make a courtesy call to ensure the person(s) were satisfied with how the investigation was conducted and with the outcome.

The registered manager had introduced regular reviews with people that used the service and their relatives. The reviews were conducted over the telephone or face to face. People and relatives we spoke with confirmed they received contact from the registered manager and had also completed questionnaires on the quality of the service. We saw where issues had been identified in the surveys; appropriate action had been taken by the provider to resolve them. We also saw that staff received questionnaires about their views on the provider as an employer and the processes in place allowed the provider to monitor for trends that could be identified and addressed with the staff where appropriate. People knew who the registered manager was and felt the service was well led and all told us that based on their own individual experiences, they would recommend the service to others.

We could see from people's care plans there was an effective working partnership between the provider and other agencies. For example, information was shared between agencies as and when necessary to ensure people continued to receive their individualised support.

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.