

The Homecare People Limited

# The Homecare People Ltd - Wokingham

## Inspection report

The Overhangs  
59 Peach Street  
Wokingham  
Berkshire  
RG40 1XP

Tel: 01189977499

Website: [www.thehomecarepeople.co.uk](http://www.thehomecarepeople.co.uk)

Date of inspection visit:

13 November 2018

14 November 2018

Date of publication:

31 December 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 November 2018 and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

The Homecare People - Wokingham is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to older adults, people living with dementia, physical and learning disabilities and sensory impairments. The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to 17 people.

The service had a registered manager in place. 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 last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe while supported by the staff team who made them feel reassured. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager had the knowledge to identify safeguarding concerns and acted on these appropriately.

People were treated with respect, and their privacy and dignity were promoted. People felt the staff supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and maintain their independence with personal care.

People and relatives were very complimentary of the staff and the support and care they provided. People received support that was individualised to their specific needs which was kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and respected. Staff were aware of their responsibilities to ensure people's rights were promoted.

The staff monitored people's health and wellbeing and took appropriate action when required to address concerns. People felt confident they would be looked after well. The service assessed risks to people's personal safety, as well as staff and visitors, and plans were in place to minimise those risks. There were safe

medicines administration systems in place and people received their medicines when required.

Where possible, the registered manager scheduled visits so the same staff went to see people to maintain continuity of care and support. People were informed about the changes to their visits as necessary.

The service had an appropriate recruitment procedure that they followed before new staff were employed to work with people. This included ensuring staff were of good character and suitable for their role. Staff training records indicated which training was considered mandatory. The staff were up-to-date with their training. The registered manager and senior staff had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff had ongoing support supervision and appraisals. They felt supported by the registered manager and senior staff, and maintained good team work.

Staff felt the registered manager was approachable. They had good communication, worked well together and supported each other, which benefitted the people who use the service. The registered manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. The registered manager and the senior team were able to identify issues and improvements necessary and took actions promptly to address these. They praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.

Further information is in the detailed findings below.

## 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 remained safe.

Good ●

### Is the service effective?

The service remained effective.

Good ●

### Is the service caring?

The service remained caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well-led.

Good ●

# The Homecare People Ltd - Wokingham

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 November 2018. It was carried out by one inspector and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. An expert by experience made telephone calls to interview people or their relatives. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted six community professionals for feedback. We received feedback from two of these professionals.

During the inspection we spoke with six people who use the service. In addition we spoke with the registered manager and received feedback from four staff. We looked at records relating to the management of the service including five people's care plans and associated records. We reviewed eight recruitment records, staff training records, incident and accident records, quality assurance records, the compliments/complaints and policies relating to running of the service.

## Is the service safe?

### Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. They said, "I feel very safe with them, they keep such a good check on me - I feel safe in their hands. They are lovely and understanding", "I feel extremely safe. We have all got to know each other. I am in a wheelchair and they have to use a hoist to help me in and out of the chair and bed. I feel very safe and confident and comfortable with all the carers using the hoist and they always make me comfortable in the sling" and "I do feel safe, for example, I have a key safe and the carers always let themselves in and out. They call out to me as they come in which is reassuring and there has never been a problem with the key. They all know what they are doing and I feel that if I needed help with anything they would know what to do." Staff knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management. They were aware of the provider's whistle blowing procedure, and happy to follow this should the need arise. The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.

People's support plans had detailed guidelines to ensure staff were able to support them appropriately to achieve their wishes and goals, such as to remain independent in their own home. As part of the support plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity. The registered manager assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk management plans could have been more detailed to ensure staff had guidance to mitigate the risks. For example, some people's care records identified which equipment should be used when moving them. However, it did not always give specific guidance on how staff should do this safely at all times. We discussed the risk assessments, prevention measures and support plans with the registered manager who agreed with our feedback regarding their files. They said they would review and rearrange the information to ensure relevant and important guidance was easy to find so that people continued to receive safe and effective support. We received information after the inspection regarding improved support plans and guidance for staff.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. They included a health check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We found some discrepancies with employment history and evidence of conduct. The registered manager promptly rectified the errors and sent us information after the inspection. They also provided further information of the review and adjustment of their recruitment process to ensure all the necessary information was gathered in a timely manner.

The registered manager determined the number of care packages according to the needs of the people using the service and staff numbers. The registered manager allocated the same staff to the same people as much as possible to ensure there was continuity in meeting people's needs. It also helped in building stronger relationships between people and staff. They also maintained staff in the same area rather

travelling across the area the service was covering which helped staff arrive and leave on time for each visit. This helped to ensure people's care was not affected and staff would not have to rush. If the staff were late to visit a person or a different staff had to cover the visit, then people were informed about it and they confirmed it. They said, "They are very accurate in coming here on time and although there are a few different carers that come to me they are all very good and so it is not a problem", "There are two carers who come on each visit. They are on time generally and they arrive together - one will wait for the other outside so they come in together. Sometimes by the end of the day they may be a few minutes late, only 5-10 minutes but they always let me know if they are going to be late. I have the same group of carers who come each day. Any new people come out and shadow the two carers here" and ""They always arrive at the time agreed and I have fairly regular carers. I have no complaints at all." The staff confirmed they had time to visit and support people and helped each other to cover absences. There were no missed visits and staff stayed the right amount of time to support people. People confirmed staff took time to support and care for them appropriately. They said, "I feel very safe - they are professional and I never feel rushed by them", "They are generally on time. It's not always the same person who comes. I may have the same one for a week or so but then they change them around. It's fine with me as they are all so good" and "They help me to get up and showered. Technically they are due between 7am-8am and they are very punctual. I have two regular female carers and they are lovely".

The registered manager ensured medicine was managed safely. Staff did not administer medicines to people unless they were trained to do so. Staff helped people order their medicine and prompted them to take it according to the support plan. People did not have any problems with the way staff helped them take their medicine. Some said the staff checked that they had taken their medicine. People said, "They just check that I have taken my medication. There have been no problems", "They do help me with my medication. It comes in blister packs and is directly from the chemist who order and deliver it. The carers will get me my tablets and stand with me as I take them. It all works fine" and "There have been no problems. They check I've had my tablets every morning and afternoon and I think they put it [a record] on their phones". The registered manager reviewed medicine record information for any errors. They explained they started using an online recording system. Since then, this improved staff recording information regarding medicine administered. The registered manager said there were no medicine errors since the online system was introduced. In order to complete the record of the visit, staff recorded tasks carried out including medicine administration. The registered manager explained they received an alert if there was an error with any of the tasks including medicine. We looked at the system and where a medicine alert was raised, staff recorded explanation for it, such as it was a medicine administered as required (PRN). Therefore, at that visit, the person did not need it. This was also picked up in medicine audits with similar information to explain the error message such as PRN medicine. If there was an error, the registered manager promptly addressed it with staff to find out the reason for recording error. The registered manager explained how they would take action to support people and investigate the matter. If necessary, the registered manager would book staff to attend medicine management training.

There was a system for recording accidents and incidents. The registered manager explained how they would address it and the support that would be provided to the people who use the service. They would also discuss this with the team for ideas of improvements or if things could have been done differently. We also saw staff recorded some reflections on what has happened and what they could have done differently. The service had continuity plans to ensure the staff team could continue in the event of an emergency. There was information for staff about who to contact such as on-call staff should they need help and advice and staff confirmed this.

Staff were provided with and used personal protective equipment to prevent the spread of infection. People confirmed this and said this was happening while the staff supported them. They said, "They wear a uniform

with their name on it. They wear aprons and gloves which they change every time" and "They wear gloves and an apron which they bring with them and they wash their hands. They wear an identity badge on a string around the neck".

## Is the service effective?

### Our findings

People spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people about the support they valued most. They said, "I have been diagnosed with [condition] since I've lived here. Yes, I do feel they understand and I think they have been looking it up and reading about it. I think that they are well trained. They all know how to move me safely using the hoist", "I've heard the girls say that they have got training that afternoon. I think they get regular training" and "They all seem well trained and knowledgeable." Staff ensured the personal care people received was effective and resulted in a good quality of life.

People stated they felt the staff had the skills to support them. We reviewed the latest training matrix provided to us which recorded mandatory training. Where training was out of date, the registered manager would book staff to complete refresher training. The registered manager said one of the senior staff delivered moving and handling medicine training to staff. However, they did not have an up to date certification to be able to train the staff. Immediately the registered manager sought and booked training for the senior staff to attend so they could continue providing the training to the rest of the team.

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. Staff felt they could contact the registered manager or other senior staff at any time to discuss various topics or ask for advice. The registered manager and staff regularly kept in touch with each other which helped them work well as a team. They felt their good communication ensured people received excellent care and support at all times. The registered manager took appropriate disciplinary action if they needed to address poor performance.

When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. Staff completed the Care Certificate as part of their role. This is a set of 15 standards that new health and social care workers need to complete during their induction period. Staff felt they received enough training to help them carry out their roles effectively but in-depth training for dementia would also be useful.

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 agreed staff respected people's wishes. Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. Staff said, "I always talk to the person about what I am going to do, and I ask them if that is ok", "Consent is gained from service users before the package starts, but we always ask them before we do anything i.e. washing" and "I apply it [MCA] everyday as all my clients have the capacity to make their own decisions and choices. Therefore, I will respect their wishes so long as they are safe and not cause them or others harm".

The registered manager demonstrated a good understanding of mental capacity considerations ensuring people could make their own decisions. It was evident people were involved in their care and support. However, we noted to the registered manager some consent forms were signed by the family members and it was not clear if they had a legal right to do that. We discussed this with the registered manager. They agreed this had to be changed to evidence people's consent was sought and recorded in line with the MCA legal framework.

Some people needed support with eating and drinking as part of their care package. The level of support each person needed was identified in their support plan. For example, if someone needed help with eating or encouragement with drinking and having a balanced diet, there was guidance available for staff. One person confirmed, "They do get me my breakfast and a sandwich for later. I go to the day centre for my lunch. They always ask me what I want and they get me a drink and clear up after I have finished. They leave me with a drink."

Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet. Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the registered manager, reporting any changes or issues. If needed, health or social care professionals were involved. Each person had an individual needs assessment that identified their health and care needs. We saw in the records the staff team were prompt to pick up any issues or concerns so they could prevent health and wellbeing deterioration. People were checked to make sure they were supported effectively and changes were identified quickly. They said, "I have had to have the doctor two or three times since I've been here and the carers have phoned for me, always stay with me until the doctor has come and gone and make me comfortable".

## Is the service caring?

### Our findings

People felt they were treated with compassion and kindness by the staff team and the registered manager. People praised staff's effort and care when supporting people. They delivered care and support that was caring and person-centred and which had a positive effect on people. People said, "They are marvellous. They are understanding about any problems that I have. They are always good humoured and put me in a good mood if I am feeling a bit fed up. I can't praise them enough. We started as strangers but now we are friends. They spend a lot of time chatting to me", "So far so good - the carers have been courteous, nice and caring, and there is nothing that could be improved" and "I couldn't do without these carers. They are excellent – they know what I can and can't do. Some are instinctive and know exactly what to do and can anticipate what I may need. They always ask me if I want certain things doing. I never feel rushed or hurried by the carers...they are very good and when they have finished all the jobs, they will often stay for a few minutes and chat with me. They are very considerate". People agreed staff respected their dignity and privacy at all times.

The service also tried to go 'the extra mile' for the people they support to ensure they felt not only supported but also that they mattered to all the staff. For example, throughout December the service would use "The Kindness Elves" as an opportunity to do something for the people or staff each day of the month that would make a difference. So far, the service helped one person to put up their Christmas decorations as they were unable to do it themselves. The person was so happy and emotional and said the staff "always go above and beyond to help out". One of the staff took another person to listen to Christmas carols in their own time as they were not able to do it without someone's help. They were so happy to be able to join in and enjoy themselves. One of the people could not go out to purchase any presents so the staff offered to do in their own time. It removed a lot of stress and worry for the person as they were ready for Christmas. The service also took small presents to all the people they support to show they mattered to the staff team and ensure they did not feel lonely during the festive season. During Easter, the staff took Easter eggs to all the people they support to ensure they also got involved in celebrations. As many people did not have families around, the small gesture like this made them feel really special. One person said, "It is so nice that you do things like this for us". On another occasion, the staff noticed one person was feeling low. They decided to help the person with their favourite hobby not only to get involved to make them feel better but also help tidy up their balcony. It was clear this simple but important activity helped lift the person's mood and they felt a lot happier being able to do their hobby. This way the support provided had a positive effect on people. This also demonstrated the registered manager had established a strong and visible person-centred culture. The service was particularly sensitive to times when people needed caring and compassionate support.

The registered manager placed importance on ensuring continuous support to people from regular staff. People and staff knew each other well and had well established relationships. The registered manager and senior staff regularly checked people were happy with their support and listened to any issues or questions. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns. People said, "I never feel rushed by the carers – they are so patient. They know how tired I get as I have [a condition] and so they know I can't do much for myself. They wash me gently and keep me covered and close the curtains. When they are with me, they always chat with me, not just to each other and we chat

about all sorts of things including what's going on in the world" and "I am very pleased with them. The girls are all very kind and professional. They help me with a shower, tidy up my bathroom and make me a cup of tea. They are very respectful for example when I am washing. .they stand behind the curtain and give me privacy. They give me time to do what I can for myself. It's all done very efficiently. I find them very cheerful and we can have a little laugh. They never discuss any other people they visit - they are not allowed to discuss other people".

Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. Staff ensured people were fully involved with their care, promoting independence whenever possible. Staff understood people's independence was an important aspect of their lives, for example, taking part in their own personal care or helping with some activities. They said, "If they are able to get dressed themselves then I let them do it themselves but gently assist when either they ask or when I can see that they are struggling" and "We encourage people to do as much for themselves that is safe". Staff were aware when to help if someone needed assistance. One person said, "Both of my carers are very caring, considerate and want to do things to help me. They do help me to be independent and I get my own breakfast rather than them doing it because I can manage it. I make choices over everything. They don't dictate to me - they might offer advice but they never tell me what to do. It's a good mix [of staff] and I'm very happy. They are very discreet and when helping me wash...they are both very professional."

The registered manager was complimentary of the staff's conduct towards people. They said, "Yes, they really care and want to make a difference to people". Staff were able to give examples of how dignity and privacy was respected. They understood the importance of treating people respectfully. They said, "Respect their choices, wishes; treat them well, be courteous and polite", "Treat clients how you would like to be treated; treat them as an individual and speak to them in a calm and respectful manor" and "I like to treat people the way I would like to be treated, and I call them by their [preferred] name". People's care was not rushed, enabling staff to spend quality time with them. People felt staff took their time to complete all the tasks and provide the support that was needed.

Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission.

## Is the service responsive?

### Our findings

People continued to have their needs assessed before they started using the service. Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support. The registered manager and senior staff used national guidance when going to assess and arrange care and support for people. They said it helped both parties to make the informed decision. People received individualised care and support they needed which supported their cultural identities and preferences at the time specified in the support plan. People were informed when the visits were late or changes had to be made regarding staff attending the visit. One person said, "There might be a blip now and again and that's because someone is off sick but they always get somebody here even if they are a bit late and the office will ring to let me know or the girls will ring and say they are stuck in traffic. It's not always the same person who comes... it's fine with me as they are all so good".

Each person had an individual support plan which included practical information on maintaining the person's health and wellbeing, emotional support, and their daily routines. Staff said, "We ensure that the client is at the centre of the care, to make sure it is carried out how they would like it and not their family", "I get to know what the client likes and how they like things done" and "[We provide person centred care] by allowing the client to take part in the decisions about their care and letting them make choices". The care and support provided at each visit was recorded and people and relatives confirmed this. They said, "They come out and go through the plan with me and I think they then write it all up and the girls always write after every visit", "They put everything on their phone - it's all on there what they have to do and they read it all. They also click in and out with their phones" and "I've got a big tome which gives me all about their ethics and contains the care plan - it's all professional. They do come to check the care plan". The support plans and daily notes had information about people's physical health, emotional wellbeing and support provided. This also helped staff monitor people's health and welfare, responding to any changes and enabling them to make timely referrals to appropriate professionals. People and relatives were involved in the care planning process.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand. For example, when staff speak to the person to ensure they speak slowly and clearly, or ensure face to face communication. The registered manager said they would review people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive and understand.

There had been one complaint in the last 12 months. The registered manager took complaints and concerns seriously and would use it as an opportunity to improve the service. We saw the registered manager address issues and concerns promptly to ensure people were happy and safe. They encouraged people, their relatives and staff to always share any issues or concerns so it would be addressed in a timely manner.

to avoid further negative impact. People felt they had not had a cause to make an official complaint about anything. People said they could contact the office staff or the registered manager should they needed to complain and it would be taken seriously. People said, "I'd phone the office if there was a problem - they would sort it out but it's never happened", "If I had any concerns, I would speak to [senior staff member] ...I have never had any concerns but if I did I know they would help" and "A few months ago I had to phone the office as I was getting different carers every few hours on each visit. They listened to my concerns and I now get more regular girls who know me. I have no complaints at all about my girls or the agency but would feel comfortable to complain if I ever needed to". Staff knew how to report concerns or issues to the registered manager to be addressed and keeping people informed of action taken.

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and this was met. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. If they identified any issues, they took actions promptly to make improvements. Any feedback was discussed with staff to ensure the best outcomes for people who use the service. The registered manager also completed audits of the staff and people's files and medicine records. Once these were done, the registered manager and senior staff would put together an action plan to make improvements where necessary and set dates for completion. The registered manager said they changed the frequency of these audits to bi-monthly to ensure compliance in these areas. This way the registered manager felt they would have an effective system in place to give an accurate picture of the service, the quality and the improvements needed.

The registered manager continued to carry out visits to people, staff performance checks and supervisions to monitor the service quality. Any issues or gaps picked up were analysed and addressed with the staff. The online system helped monitor scheduled visits and respond quicker if there was a problem with it. The registered manager said since new online system was introduced, they did not have any missed calls. As part of the quality assurance, the provider undertook a piece of work to look at key lines of enquiries (Kloes) and how it fitted in to the aspects of the service provided identifying any changes required. The general overview from this work indicated the provider did not need to make any major changes. The registered manager used it as an exercise to review the service and its quality. The service worked with health and social care professionals to achieve the best care for people they supported.

People felt the service was well led and most people knew of senior staff who they found very friendly and helpful. People felt that there was generally a good supportive culture in the service. They said, "It is always very easy to get through to the office staff. Somebody is always there to answer the phone. They are always very helpful and get back to you if necessary. There are two staff who are so friendly and couldn't be nicer. They always ask how things are going and check that I am happy and do occasionally come out to see me to see how I am getting on", "The office have their own phone and a mobile. It's always possible to get hold of somebody. I think they have an office manager and a deputy who are both very nice and kind" and "I do feel that the carers are content and happy in their work. The only things which annoy or frustrate them are things beyond the control of the organisation such as heavy traffic which delays them. They hate being late".

The provider carried out an annual survey of people who use the service and their relatives at the beginning of 2018. We looked at the analysis of the survey and the responses were positive. Where people or relatives made additional comments regarding their care, the registered manager looked into these further and took action to rectify it. For example, when people had specific conditions, they ensured staff were well informed about it and information was available to read up on it. This help staff to familiarise with certain conditions

better so they were supporting people in a more effective way. The service continued to provide care to people that promoted a positive, inclusive culture. People were involved in care decisions and the vision of the service moving forward. The registered manager promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive. They said, "Yes, I think it is a great team. We try to deliver a high standard of care in everything we do" and "We genuinely care for our clients and are bothered about how they are and how they are feeling. It's not just providing a service but combating loneliness".

Staff shared any information about people with each other and the registered manager on a need to know basis. This helped them take prompt actions that would help manage risks associated with people's care and support. Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. The management team also had meetings to review the service, discuss improvements and any other related items to ensure effective running of the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team to provide people with the support and care they wanted. Staff understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to by the registered manager or senior staff when they approached them. They said, "Yes, I believe we have a great team that all get on very well" and "Since I have been working at [the service], I have never felt so supported in my role, and had managers that are accommodating to changing personal needs and being a listening ear. It is a pleasure to be part of their team". The registered manager encouraged open and transparent communication in the service. They valued how staff worked well together as a team. They said, "Our staff is a wonderful and committed team. They work together well and they get on well. We try to ensure our staff so they know they can come and talk to us".