

Blossoms Care Services Limited

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### Inspection report

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26 January 2016

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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

The inspection was carried out on 19 and 26 January 2016. We gave short notice of the inspection because the registered manager was often out of the office supporting staff and some of the people using the service were often out at their daily activities. We needed to be sure that they would be available to speak with us.

Blossoms Care Services provides a domiciliary care service which provides personal care and support to people who are living in their own home. At the time of the inspection the service was providing support to 57 people, in the Isle of Sheppey, Sittingbourne, Faversham and the Swale area. The service is able to provide a range of visits to people, from one to two hours per week, up to several visits per day. Support is primarily given to older people, people with learning disabilities, people with sensory impairment, and people with mental health difficulties. Blossoms Care Services provides supported living services to people in their own home. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge. At the time of the inspection the service was providing support to 22 people, in a range of supported living houses. The support provided aims to enable people to live as independently as possible. Blossoms Care Services also provides a day service currently for 12 people.

The service provided care and support to people enabling them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to reach their potential and live independent lives. People and their relatives were overwhelmingly positive about the service they received. Comments included, "Staff are caring individuals, they care for the person they are looking after and it is genuine", and "I would recommend this service, the staff are very caring".

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

The service had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. Staff were confident that they could raise any matters of concern with the provider, the registered manager, the managers of services or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as a fire, or if the person collapsed) to protect people from harm.

Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow and knew who to contact, if they felt a person's normal freedoms and rights were being significantly restricted.

The registered manager and managers of the services involved people in planning their care by assessing their needs on their first visit to the person, and then by asking people if they were happy with the care they received. There was a strong emphasis on person centred care. People were supported to plan their support

and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs. People were able to express their opinions and views and they were encouraged and supported to have their voices heard within their local and wider community.

The registered manager and managers of the services carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the service and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the registered manager or managers of the services to any identified health needs so that their doctor or nurse could be informed.

Staff enabled people to use assistive technology to support people to be as independent as possible. They had initiated and led projects to help people move from residential services, where they had previously required constant staff supervision, to allow them more privacy and independence in their own homes or supported living services. Staff were available and easily accessible nearby. Staff and managers had an excellent understanding of managing risks and had supported people that had previously challenged services to reach their full potential.

People had positive relationships with the support staff who knew them well and used their shared interests to help people live interesting lives. There were enough staff available to meet people's needs and people were busy and engaged with their communities. They were supported to make and maintain friendships and relationships that were important to them.

The service had robust recruitment practices in place. Applicants for post were assessed as suitable for their job roles. All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding people and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own. Refresher training was provided at regular intervals. Staff had been trained to administer medicines safely.

Staff followed an up to date medicines policy issued by the provider and they were checked against this by the training manager. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People said that they knew they could contact the registered manager or managers of services at any time, and they felt confident about raising any concerns or other issues. The registered manager and managers of the services carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the managers of the services.

The service had processes in place to monitor the delivery of the service. As well as talking to the registered manager and managers of the services at spot checks, people could phone the office at any time, or speak to the senior person on duty for out of hours calls. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs.

Incidents and accidents were recorded and checked by the provider or registered manager to see what

steps could be taken to prevent these happening again. Risks were assessed and the steps taken to minimise them were understood by staff. Managers of services ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met.

People felt that the service was well led. The provider and registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the range of services provided. Staff were motivated and proud of the service. The service had developed and sustained effective links with organisations that helped them develop best practice in the service. The registered manager used effective systems to continually monitor the quality of the service and ongoing plans for improving the services people received.

## 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 were supported to take positive risks, enabling them to lead independent lives.

Staffing levels were flexible and determined by people's needs. Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

People were supported to manage their medicines safety.

### Is the service effective?

Good ●

The service was effective.

Staff received on-going training and supervision, and studied for formal qualifications. Staff were supported through individual one to one meetings and appraisals.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health.

People were supported to stay healthy, active and well.

### Is the service caring?

Good ●

The service was caring.

The registered manager and managers of services staff were committed to a strong person centred culture.

People had positive relationships with staff that were based on respect and shared interests.

People and their relatives felt staff often went the extra mile to provide compassionate and enabling care.

### **Is the service responsive?**

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

**Good** ●

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

The service was well-led.

There was an open and positive culture which focused on people. The registered manager and managers sought people and staff's feedback.

The provider and registered manager maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

**Good** ●

# Blossoms Care Services Ltd

## DCA

### **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 26 January 2016, was announced, and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with eight people about their experience of the service and four relatives of people. We spoke with one of the providers, the registered manager, the training manager, a manager of two of the supported living services and six support staff to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at ten people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 3 June 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

## Is the service safe?

### Our findings

People said they felt safe receiving care from the staff at the service. People who used services said that they felt safe with their support staff and had no cause for concern regarding their safety or the manner in which they were treated by staff. One relative said, "He is very pleased with his regular support staff, and knows them well", and "The staff are reliable". People described and we observed a service that was safe.

The service had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that can provide advice and support. Staff had received training in safeguarding and managers had checked their understanding of the policy at regular audits of the service. Staff we spoke with understood what action they needed to take to keep people safe. Staff told us they were confident to report abuse to management or outside agencies, if this was needed. People who used services were given a card with a freephone safeguarding helpline number that they could use if they had any concerns about any form of abuse. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation. This meant that people were protected from the risks of harm and abuse.

Safeguards were in place around people's finances. Managers of services made regular checks to ensure that, where staff were helping people manage their money, the correct procedures had been followed to safeguard their funds. One person said, "The staff help them to pay their bills on time".

Before any support package was commenced, the registered manager or managers of services carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, outside if there were any steps to negotiate to enter the property, and whether there was any outside lighting. Risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property. They included checks of gas and electrical appliances, and safe storage of cleaning materials.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely. The registered provider had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived nearby people's homes were made available to cover if required.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The provider and registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Staffing levels were provided in line with the support hours agreed with the local authority. The staffing levels were determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls and staffing numbers were planned in accordance with people's needs. Some people had staff in their homes at all times, and additional staff at certain times of the day, for example, to support them to access the community. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased as required. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of key policies, such as maintaining confidentiality, security of people's homes, emergency procedures and safeguarding. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

People were supported to manage their medicines safely and at the time they needed them. Checks were carried out to ensure that medicines were stored appropriately, and support staff signed medicines administration records for any item when they assisted people. Each person had an assessment of the support they would need to manage their medicines themselves. This varied from people who were able to manage the whole process independently to those who required full assistance. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time. The registered manager had arranged for people to be supplied with secure storage for keeping their medicines in their own homes.

## Is the service effective?

### Our findings

People said that they thought the staff were well-trained and attentive to their needs. Feedback from people was very positive, and relatives comments included, "My daughter has regular carers, and she knows them and gets on well with them", and "We can always contact the office and discuss our relatives care with one of the managers". People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

All new staff completed an induction when they started in their role. Learning and development included face to face training courses, eLearning, on the job coaching and workbook assessments. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff were given other relevant training, such as behaviours that challenge, autism awareness and personality disorders. One member of staff who was working with a person who communicated by signing, was attending a course at the end of March, to support her in being able to better communicate with this person. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff had or were undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. Staff did not work alone until they had been assessed as competent to do so. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us that additional training was provided quickly in response to people's changing needs. Training had been provided to staff in using a PEG (artificial feeding system). This meant the individual had continued to receive their care package without having to change provider. Staff told us their training was continuous.

Staff told us they were supported through individual supervision and appraisal. Records seen supported this. Spot checks of staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care support. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that care staff could learn from any mistakes, and receive encouragement and feedback about their work.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensure people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, advocates or their friends and family were involved.

The service had a policy in relation to restraint. Managers had completed a Level 4 course in restraint and restriction, and staff that worked with people whose behaviour challenged had received training. Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other, for example, people with similar interest of hobbies. The registered manager or managers of services introduced staff to people, and explained how many staff were allocated to them. People got to know the same staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. People were encouraged to be as independent as possible in preparing their meals. They told us that they liked to help cook and that they chose all their own meals. This meant that people were supported to maintain a healthy diet and to enjoy socialising around their meals.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the registered manager or managers of services, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. Each person had a health action plan that set out their specific health needs. People were supported to lead healthy and active lives regardless of their age or physical ability. People enjoyed cycling and swimming and other people were supported to go out for walks.

## Is the service caring?

### Our findings

People told us, "The staff are always helpful, cheery, nice and like a joke", "Very good service, the girls (staff) are very kind", "I am very happy and get on well with the staff that take me out", and "I have regular support, I could not manage without it".

Staff had developed positive relationships with people. The staff were organised to ensure that people received support from a small number of staff that knew them well. Staff and their mix of skills were used to give them the time to develop positive and meaningful relationships with people. For example, staff had been found and worked with a person to support them with their interests in archery and fishing. This showed that the provider and registered manager took care to deploy staff that would meet people's individual needs.

People valued their relationships with the staff team. They spoke highly of individual staff members. Staff listened to people and respected their wishes. There was clear information for staff to follow for example, facial expressions and body language, when people were distressed and needed comfort. Staff told us this was especially useful where people did not use verbal communication. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. This showed that staff provided caring and considerate support.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, morning routines were clearly written in the care plan records, and included the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the registered manager or managers of services, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff encouraged and supported people to prepare their meals, doing domestic tasks, and accessing the community, as developing skills, promoted people's independence. Assistive technology was sourced, supplied and used to help people retain or develop their independence. Activity sessions were carefully planned and carried out to enable people to try new things and develop new skills. For some people this meant that they were able to further develop their independence, for example working towards going out into the local area on their own. One person was currently trialling technology equipment that supported them to access the local area on their own. Other people had been supported to move into their own home, and over a period of time the support hours had reduced. People had been supported and could now stay on their own overnight and they managed their own medicines. This meant that people were encouraged to be as independent as possible.

Staff respected people's privacy. Staff were discreet when discussing people's needs, moving to quiet areas of the office as required. Staff communicated effectively with each person using the service, no matter how

complex their needs. For some people this meant using alternative or supportive communication methods such as computer apps and picture boards to assist them in speaking out. The registered manager had produced easy read information guides and policies for people. Staff had worked with the speech and language team to develop visual storyboards. The speech and language team had provided training for staff which meant that staff were able to develop visual storyboards for the people they supported.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

## Is the service responsive?

### Our findings

People described their staff as being 'supportive' and 'caring'. One person said "They (staff) help me to do the things I want to do". Relatives said they know that they can always contact the office and speak to the person in charge.

People received personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met. People's care and support was set out in a written plan that described what staff need to do to make sure personalised care was provided. People's plans were reviewed on a regular basis or sooner if their needs changed and they were provided with support that met their needs and preferences.

Staff said they were informed about the people they supported as the person centred care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans also included details of people's religious and cultural needs. The registered manager or managers of services matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The service was flexible and responsive to people's individual needs and preferences. Relatives told us that the service was flexible and had regularly provided additional support to respond to urgent changes in need. A health and social care professional told us, the staff had shown good initiative in working alongside professionals to develop a sensory programme for a person.

Staff recognised the importance of social contact and companionship. They supported people to develop and maintain friendships and relationships. People were supported to use the telephone and email to stay in contact with families and friends. Staff helped people to arrange visits for dinner or a social catch up.

Some people were supported into employment if they wished. One person was employed in the service, another person had two paid jobs in the local area, and other people had voluntary placements in the workplace. People had been supported whilst attending college. One person was supported by staff in the classroom until they were able to attend college unsupported. People were given the support they needed to follow the education and career path they wished to.

People were supported to be involved in a range of activities in the local area, including swimming, bowling, social clubs, going to the cinema, eating out and drinks at the pub. One person told us they had one to one support which meant they were able to go out and do their shopping. Another person was supported to attend a disco. Staff told us that one person had been supported to continue horse riding which they really enjoyed. Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full.

The registered provider had given people clear information about how to make a complaint. There was a written and pictorial procedure and staff discussed people's satisfaction with the service at regular meetings with them and the key members of their team. In addition to the formal complaints procedure the registered manager and managers of services spoke with people and asked if they were happy with the service as part of their quality monitoring checks. Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint.

The service kept a log of any missed calls. Missed calls were taken very seriously and records showed that once alerted, action had been taken to cover any missed call.

## Is the service well-led?

### Our findings

People and their relatives were consistently positive about the service they received. People spoke highly of the registered manager and managers of services. The four relatives we spoke with all said they would have no hesitation in recommending the service to other people.

The management team included the provider, the registered manager, the managers of services, and the training manager. The provider was familiar with his responsibilities and conditions of registration. The provider or registered manager kept CQC informed of formal notifications and other changes.

The provider and registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff were asked to do an employee evaluation of supervision sessions, and also asked to provide feedback at regular intervals through surveys. Staff said they felt they could speak with the provider, registered manager or managers of services if they had any concerns. Staff said they liked working for the service. Our discussions with people, their relatives, the provider, registered manager, managers of services and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that the provider and registered manager were supportive of them. Staff told us that the provider and registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff.

The provider and registered manager had clear vision and values that were person centred and focussed on people have the opportunity to be active citizens in their local communities. These values were owned by people and staff and underpinned practice. Staff consistently provided person centred care and support. The registered manager and managers of services provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of managers working in the services alongside staff to role model. Observation of practice was used at regular intervals. Staff spoke highly of their managers and said that they were accessible and approachable. Managers at all levels had meetings within the organisation to share good practice ideas and problem solve. The open and progressive culture of the service meant that people received continually improving support.

Organisational values were discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the service was running, and expressed their confidence in the leadership. The registered manager and managers of services worked directly with people receiving support. They said that this enabled them to keep up to date with how people were progressing. Staff said it gave them confidence to see that the management had the skills and knowledge to deliver care and support.

People were invited to share their views about the service through regular meetings, and included phone calls from the managers of services; care reviews with the registered manager or managers of services; and spot checks for the staff who supported them. This process was agreed when the support was set up, and people were pleased to know that someone would be coming in to check that staff carried out their job correctly. The managers of services conducted spot checks and these monitored staff behaviours and

ensured they displayed the values of the agency. This had the added benefit of enabling people to get to know the managers of services, as well as their usual staff. The management team ensured the staff values and behaviours were maintained through these regular spot checks.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by the registered manager and managers of services on a regular basis. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

Policies and procedures had been updated to make sure they reflected current research and guidance. Policies and procedures were available for staff. The provider's system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The registered manager and training manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

Staff knew they were accountable to the provider and registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

People were invited to share their views about the service through quality assurance processes, which included phone calls, care reviews and spot checks for the staff who supported people. These spot checks monitored staff behaviours and ensured they displayed the values of the service. Questionnaires were sent out to people who used services, relatives and staff. Responses included, "Very happy with the support she receives", "Really happy with service, he gets to go out and do activities", and "Staff member X is amazing, he is a good carer".