

RV Care Limited

RV Care Limited (Somerset)

Inspection report

Avonpark Village
Winsley Hill, Limpley Stoke
Bath
Avon
BA2 7FF

Tel: 01205830309

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13 April 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

This inspection took place on 7 and 13 April 2016. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the manager, or someone who could act on their behalf would be available to support our inspection.

RV Care Limited (Somerset) is a small domiciliary care agency, which provides care and support to people in their own homes on a short and long term basis. The agency currently supports people in Avonpark Village in Limpole Stoke and within Bath and the surrounding villages.

The agency 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. The registered manager was present throughout the inspection.

People were complimentary about the service they received. They said they had developed a good rapport with staff and felt safe, as staff knew them well. They said they were never worried about the possibility of their visit being missed and staff arrived on time, unless in very heavy traffic. In such cases, the office always notified them of the delay. People told us they never felt rushed and enjoyed their time with staff. They said staff promoted their privacy and dignity and supported them in a caring manner. People were aware of how to make a complaint and would confidently raise any issue of concern or abuse, if required. They were regularly asked their opinion of the service and were fully involved in the development of their care plan. People told us the service was responsive to their needs and their visit took place at a time, which was convenient to them. They said the office staff were flexible and able to change their visit at short notice, if needed.

Staff told us the consistency of visits enabled them to develop relationships and know people's likes and dislikes. They said they were given sufficient time to travel from one person to another and had adequate time within each visit, to support people effectively. They said this meant they were rarely needing to rush or running late. Staff told us they had the required training to do their job effectively but could ask for additional support, if they were not sure about a particular topic. Staff told us they were very well supported and received regular informal and formal support from the management team.

The service was well managed with clear leadership. The registered manager had developed a range of systems since their appointment and was committed to improving the service further. This including slightly increasing the agency's size and developing specialisms such as end of life care. There were enough staff to support people effectively with focused recruitment taking place, to accommodate new care packages. People were given consistency through the allocation of their visits. Regular audits and telephone interviews or visits to people, were effectively monitoring service provision. However, whilst people did not generally

require staff support with their medicines, the medicines policy was in need of review. This was because the descriptions of whether staff prompted, assisted or administered medicines were not fully accurate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us the service was reliable and there were no issues with late or missed visits.

Individual risks to people's safety were appropriately identified and acted on to enhance people's safety.

There were enough staff to effectively meet people's needs.

Organised recruitment practices ensured all new staff were suitable for their role.

Is the service effective?

Good ●

The service was effective.

People received support from a small team of staff who knew them well.

Staff felt valued and were well supported. Staff received a range of training to help them do their job effectively.

People were happy with the support they received from staff to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were positive about the staff and the service they provided.

The consistency of visits enabled relationships between people and staff to be developed. This enhanced the quality of interactions and people's confidence.

Staff promoted people's rights to privacy, dignity, choice and independence.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs, which enabled individuals to live in their own home and follow their preferred interests.

Each person had a care plan, which identified the tasks to be completed although the information did not show a person centre approach.

People received regular reviews to ensure their care remained appropriate and no changes were required.

People knew how to raise a concern but did not feel the need to do so.

Is the service well-led?

The service was well-led.

The registered manager provided clear leadership and was committed to the development of the service.

A range of audits were being used to assess, monitor and improve the safety and quality of the service.

People were encouraged to give feedback about the service.

Good ●

RV Care Limited (Somerset)

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 was announced and took place on 7 and 13 April 2016. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with nine people who used the service and one relative on the telephone. We met with three people who used the service in their own homes. We spoke with seven staff in the office, including a care co-ordinator, an administrator, three support workers, the registered manager and a senior manager. We looked at people's paper records and documentation in relation to the management of the agency. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We asked the provider to complete a Provider Information Return (PIR). This 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. The PIR was completed and returned to us on time.

Is the service safe?

Our findings

People told us they managed their medicines independently. Staff confirmed this. They told us people were encouraged to manage their own medicines, as this promoted their independence and control. Staff told us it was a stipulation of the agency that people's medicines had to be in a monitored dosage system (MDS), which had been professionally filled and sealed. This was to minimise the risk of error. A monitored dosage system is a storage system, designed to simplify the administration of solid, oral dose medicines. Staff told us they "sometimes" reminded people to take their medicines or on "very rare" occasions, had helped take medicines from the MDS. This was due to the limited dexterity of some people's fingers, when doing this, themselves. They told us however, this was not a regular occurrence.

The agency's medicine policy stated staff were to "prompt" people to take their medicines from the MDS or "assist" by giving verbal reminders or physical help. The policy stated staff should not "administer" medicines, as they were not trained nurses. However, the description of these terms within the policy was misleading and not reflective of practice. For example, if staff were directing and taking responsibility for making sure the person took their medicines, they were in fact "administering" them. Alternatively, if the person was taking control, the member of staff would be "prompting" or "assisting". These definitions did not match the agency's policy. The registered manager told us they would discuss this fully with senior managers, as they were in the process of organising a full review of the agency's policies and procedures. Whilst current practice was safe, the registered manager told us in the future, they would ensure the correct terminology, would be clearly identified in care plans for those people who needed support, with their medicines.

People told us they felt safe. They said this was because of a number of reasons. One person told us "well, it's the staff that make me feel safe. I could put a £5 note on the table and know they wouldn't touch it. I trust them one hundred per cent". Another person said "I definitely feel safe when she [staff] is here looking after me because she understands me probably better than I understand myself these days". Another person told us "I now use a bath board to help get in and out of the bath and I didn't realise how much easier this makes it, until my carer started using it. I feel so much safer and just wish I'd heard about it years ago". One person told us "I feel safe as I know they're keeping an eye on me. If I was unwell, they'd notice. It's someone looking in on you. It gives you peace of mind".

The registered manager and staff told us there were currently enough staff to support people effectively. At times of staff sickness or annual leave, the existing staff team provided cover. The registered manager told us as staff were not asked to cover additional shifts very often, they were happy to do so, when required. The registered manager told us staff were "very good" and as they normally supported the same people, there were no difficulties in ensuring all visits were allocated effectively. The registered manager and staff told us there were never any missed calls. If staff were running late, they would call the office to inform them. This information would then be passed on to the person concerned. Staff told us they received travel time and were given enough time to support people effectively. This meant they were rarely running late. Staff told us this was on the occasional basis of a person's support "running over" due to ill health or extensive traffic. They said being late, was not a usual occurrence.

People told us they had never experienced a "missed" visit, where a member of staff had not arrived to support them. They said staff could "occasionally" be a little late but this was rare and not a problem. People said the reason for lateness was generally traffic, which could not be helped. If staff were running very late, people told us staff or the office would inform them, so they did not worry. One person told us "they usually arrive on the dot. I never worry about them not coming, as I know they will. They're so reliable, you can usually tell the time by them". Another person told us "I never give any thought to them being late or not turning up. It's not something I've experienced".

People were confident they would inform the registered manager or the office, if they experienced any poor practice or were mistreated. One person told us "I can't imagine it happening but I wouldn't tolerate it. I would say". Another person told us "what is lovely about this service is that I know all staff coming across my door will treat me properly. I have never had any cause to think, I'm not sure about her. They're all very charming. If it did arise, I'd sort it. I'd ring the office and ask them not to send them again but I can't imagine that would ever happen". Another person said "if someone mistreated me, I would be straight on the phone to the office to complain about it. I certainly wouldn't put up with that sort of behaviour from anybody, let alone a carer".

Staff told us they had received updated training about keeping people safe. They said they would immediately raise any suspicion or allegation of abuse, with the registered manager. One member of staff told us "I'd have no hesitation in speaking up". Another member of staff told us "all of the managers, including the senior managers are approachable so you could go to any of them, to raise a concern. It wouldn't matter which one you went to". Staff were confident any issue would be properly investigated, in line with local safeguarding procedures.

The registered manager was clear of their responsibility to report any suspicion or allegation of abuse. They said safeguarding procedures and contact details for reporting purposes were readily available for reference, if required. They said all staff were given a copy of local safeguarding procedures, within the staff handbook, when they started employment with the agency. Assessments in relation to potential risks to people and staff had been undertaken. These covered aspects such as environmental hazards and lone working. Staff told us if they came across a hazard in relation to a person's support or their property, they would inform the office. They were confident any issues would be properly addressed.

The registered manager told us they were looking to recruit new staff, so they were properly prepared to accept new care packages when the time arose. They told us they had strict criteria and would only accept applicants, which were right for the role. This included having the right attitude, being open to "grow and develop" and show loyalty to the service. The registered manager told us they would be involved in all interviews of prospective new staff. Records showed the agency's recruitment policy had been properly followed. Each applicant had completed an application form, provided evidence of their identity and had supplied details of two people, who were able to comment on their character and work performance. A Disclosure and Barring Service check (DBS) had been undertaken to ensure they were suitable to work with vulnerable people. Records showed details of the person's interview and details of their appointment.

Is the service effective?

Our findings

There was a team of nine staff who supported people in the community. There was a care coordinator and an administrator who were based in the office. The registered manager told us the size of the agency, enabled people to be supported by the same staff to ensure consistency of care. They said staff always met people using the service, at the start of their employment. This ensured people had no surprises, if other staff had to provide support in the event of staff sickness. Office staff told us they also met people who received a service, in person. This enabled people to relate to staff when calling the office.

Staff told us they always supported the same people and if a new care package was introduced, they would meet the person before assisting them. They said this ensured consistency and enabled positive relationship to be built. Staff told us due to visiting people regularly they knew people well and knew where things were. They said they did not have to keep asking for things, which could be frustrating for the person. Staff told us in addition, they became familiar with people's likes, dislikes and personal preferences. One member of staff told us "it's good, as I visited X when they started using us and continued until the end of their life, so I saw them right through". Another member of staff told us consistency made interactions, particularly during intimate personal care, less stressful for them and the person.

People told us they felt staff were well trained. One person said "as far as I see, the carers are well trained. I've been very well looked after by them since I've been with them". Another person told us "they seem to have all the skills that I need for the jobs they are doing for me". One person told us "I can't really comment on the training staff have, as I don't know but they certainly know what they're doing. They get on with things and don't need to be told what to do".

Staff told us they had regular training, which enabled them to do their job effectively. One member of staff told us "training, we are always training. There's one course after another. We do training related to people's needs such as peg feeding and swallowing difficulties, as well as mandatory training like manual handling and infection control". Another member of staff told us "I've been pleasantly surprised with the level of training I've been given. It's all been very relevant and helpful to me". Another member of staff told us "they keep us up to date with what we need. You can always ask as well, if you think there's something you'd benefit from and they always provide training if we have a new person, with different needs such as a stoma or catheter".

Staff told us the training they undertook was a mixture of e-learning, workbooks, discussions and classroom based sessions. They said this was useful, as different learning styles were catered for. One member of staff told us additional support was always given if a particular topic was difficult to understand. They told us one of the trainers the agency used was excellent. The member of staff told us this was because the trainer was "supportive, spoke to staff on the right level and used scenarios to explain things". Staff told us these sessions enabled them to discuss people's needs, to ensure a better service. This included what staff should do, if a person started slipping when getting up from their bed, as they did not have the equipment available to them, as they would do in a care home.

There was a record which showed the training staff had completed "at a glance". All staff had undertaken the training, which the provider had deemed, as mandatory. This included topics such as fire safety, infection control, medicine administration, safeguarding people from harm and moving people safely. However, the required frequency of these training courses was different to the agency's training policy. The registered manager told us this had been noted and discussions were being held with senior managers to gain clarity. They said they were happy with the training staff received although would be looking to develop it further in the future.

Staff told us when they started employment at the agency they completed a classroom induction, undertaken by an external company. They said this was thorough and helped them understand the ethos of the agency, as well as completing training in subjects such as moving people safely. Staff told us they were then allocated a mentor who took them through their induction. As part of this, all new staff worked with more experienced staff for a number of shifts, dependent on their needs. Records showed one member of staff had undertaken four shadow shifts. Another member of staff had completed eight. Staff confirmed they only worked on their own when they felt competent to do so. The registered manager told us they were looking to develop "in house" training more fully. To do this, they had arranged for some rooms in the office building to be redecorated and turned into training rooms. The registered manager told us all training would then be undertaken "in house" rather than requiring staff to travel further afield.

Staff told us they felt valued and very well supported. They told us they regularly met with their manager to discuss their work and any concerns they had. In addition, they said they visited the office when they had time, to have a cup of tea and a chat. The registered manager told us this informal practice was important, as it provided support but also enhanced teamwork. There were records that demonstrated discussions, which had been held within the formal supervision process. One record showed a member of staff wanted to gain more confidence, in working with people who presented behaviour, which challenged. Records showed a training course had been sourced to achieve this.

As part of the staff support and supervision process, spot checks of staff's practice were undertaken. One such check identified a staff member needed additional training in the use of the hoist. This was undertaken without delay. The registered manager told us they felt it was important to ensure staff were undertaking their role effectively but also wanted to support and value staff. As part of this support, they said they tried to be as accommodating as possible and ensure staff had regular breaks so they did not become too tired. In addition, they said they regularly thanked individuals for their work and wanted them to feel appreciated.

People told us staff supported them well with their meals. One person told us "they always ask me what I would like to eat. They cook it well. I've got no complaints". Some people who lived in the retirement village told us they were supplied meals from the central restaurant. They said staff delivered the meals on a tray to their flat or they could eat in the main dining room, if they wanted to. People told us they could have a three course meal, which they chose from a menu, the previous day. Two people told us whilst they did not wish to complain, they felt cooking for such large numbers within Avonpark, sometimes impacted on the quality of the food provided. The registered manager told us they would ensure this information reached the correct channels although were not able, in their role, to make changes to the kitchen arrangements. Staff told us they had undertaken food hygiene training to enable them to prepare food safely. They said they always asked people what they wanted to eat, based on the food and time available. If there were any concerns about people's food intake, staff told us they would inform the office.

Is the service caring?

Our findings

People were very positive about the staff who provided their support. One person told us "they are now like members of the family. I couldn't ask for anyone who is more caring and they never mind going the extra mile, particularly if I'm not feeling well. They have brought me in fresh fruit, soup or anything really that I wanted to help make me feel better. I have really appreciated that". Another person told us "my carer will always ask me how I am when she first comes in in the morning and she wants to know if I'm ready to get started or whether I'd like a cup of tea while she organises things first". Other comments were "I don't think I'd be afraid to ask my carer to do anything for me. They are more like friends now" and "I have to admit they are all very nice, friendly and helpful". Another person told us "they are nothing but caring. They have tact, they're sensitive but more than anything, they're all the same. There isn't one of them I don't like or that I don't get on with. The agency has certainly trained them well or they look for a certain calibre of staff to join them, so they get it right. I wouldn't be able to single anyone out that I'm not keen on".

People were confident they could ask the member of staff who supported them, to do anything they needed. One person told us "if I need something doing, then I'll definitely ask my carer to do it for me. They are all very good and never mind doing an extra couple of jobs for me". Another person told us "I like the fact that they are all very friendly and approachable and that they never mind what it is, I need doing". One person told us "I just like the fact that we can have a conversation. I know it sounds silly but when you live on your own, you really look forward to having somebody with you even if you're only talking about the weather". Another person told us "they're all very caring and good at what they do. I always look forward to them coming".

The registered manager told us they always informed staff that they should treat people "as their own", with dignity and care. Staff confirmed this. One member of staff said "I think about people, as members of my family. I treat people, as I would want them to be treated". Another member of staff told us "it's all about the person, what they want and treating them, as I would want to be treated". Staff were confident when asked about promoting people's rights. They said the agency promoted people's independence and always enabled individuals to do as much as possible, for themselves. They said they had established a good rapport with people and promoted their privacy and dignity. One member of staff told us "I always knock and call out when entering but if the person is in the bathroom, I will leave, wait a bit and then return. I would never enter the bathroom, as this would be a real intrusion". Another member of staff told us one person they supported did not like the word "carer" but preferred "support worker". They said using the right terminology, ensured the person would let them into their property.

Staff told us they felt it was important for people to see a familiar face. They said they never rushed people and always encouraged individuals to take their time. Staff told us they had time to talk to people and never felt the need to rush to the next person. All staff were given travelling time so they reached the next person they were to support, on time and without pressure. One member of staff told us this and the consistency of visits, made their visits successful. They told us they had built good relationships with people. This included joking with one person when they raised concerns about getting old. They told us they often used humour when supporting people.

People confirmed staff promoted their privacy and dignity. One person told us "they treat me with the upmost respect. They also respect my home and my belongings. I'm very happy with all of them". Another person told us "my carers are usually better at spotting when my clothes are dirty better than I do these days. One carer in particular loves to tell me that she won't have me sitting in dirty clothes. I do appreciate that they think about it in this way, because they are right. There is nothing worse than wearing clothes that have stains on them already".

Is the service responsive?

Our findings

Each person had a plan of their care in their home and a copy was kept in the office. The information informed staff of the person's needs and the support they required. The tasks, which the person wanted to be completed, were broken down into steps so they could be followed more easily by staff. This included what staff needed to do and take into account, when supporting a person to have a bath or a shower. The information was clear and informative although there was little detail about what was important to the person or what was individual to them. This made the plans very task orientated, rather than person centred. The registered manager told us they were in the process of reviewing the format of the care plans. They said they would discuss making the care plans more person centred, with the staff team. One person had recently started using the agency after using another service. Their care plan had not been updated to reflect the changes and there was information which was not relevant. This was brought to the attention of the registered manager who addressed it without delay.

People told us they were happy with their care and staff were responsive to their needs. One person told us "the carers are all lovely and they certainly do things the way I like them to be done even though I can be quite fussy in my old-age". Another person told us "my carers will always ask me if there is anything particular that I need doing when they first come in so that they will make time to do it, before they go. Sometimes, I may need my washing sorted out or perhaps my bed needs changing". Another person told us "I would really struggle without them. They know what I need but will always ask me, what I want them to do. If I don't feel up to something, it doesn't matter, we'll do it the next time they come". Other comments were "I look forward to them coming. It's really nice, as we talk about their children and what they've been up to" and "they know me, so we've got into a really good routine. It works well. I've got no complaints at all".

People told us the times of their visits were convenient and enabled them to follow their interests during the day. One person told us "I asked for my visits to happen at the times they do, so that I could still enjoy doing the limited things I can still do during the day. Sometimes it's only a coffee morning, but having an early morning call allows me to do that". Another person told us "I told them what time I wanted them to come and that's the time they arrive. They certainly make you feel you're at the centre of things. They fit in with me, not the other way around". Another person told us "they come at the time you want them to and by doing that, you're ready for them and can get things ready if you want to. If not, it doesn't matter. They'll do it for you".

People told us the service was flexible and able to accommodate any changes required. One person told us "I will ring the office, if I need to change a visit time. They are always very good. I had to change last week because I had a GP appointment at the last minute, but my carer came early and got me ready, so it wasn't a problem at all". Another person told us "I recently had an "old girls" reunion, which meant two of my visits had to be changed on the one day. I phoned the office and they were lovely. They made no bother about changing it and in fact my regular carer could do the alternative times, which made it easier still".

The registered manager told us people were fully involved in directing their care. They said people were

asked what they wanted to achieve, what they wanted staff to do and at what time. During the inspection, a member of staff supported one person to work on their care plan. They returned shortly afterwards, saying the person was tired so they would return at a later date to complete further information. The member of staff wrote up the information they had initially gained. They said it would be checked with the person to ensure it was accurate, before being formalised. The registered manager told us they were looking at ways, with people's consent, to enable families to be more involved in the care planning process. One member of staff told us they felt this would be useful, as it would promote a more consistent approach to the person's overall care.

People told us they knew how to make a complaint but they did not feel the need to do so. One person told us "I certainly know how to make a complaint. All the contact details are in the folder that I have here with me, but I've never had to make a complaint. I would hope if I did, they would listen to my concerns and do something about it". Another person told us "I know how to make a complaint but I think I would ask my daughter to handle that for me, as she deals with all of the paperwork and the talking to the office". Another person told us "I can always ring the office and ask to speak with Karen [the manager]. It's never been a problem". Staff felt it was important for people to be able to comfortably raise their concerns. Records showed there had not been any recent formal complaints. The registered manager told us any concern would be used to develop the service and to learn, so it would not happen again. They said a copy of the complaint procedure was given to people when they first started using the service. The procedure described how the agency wanted to make it easy for people to raise a concern, if they needed to.

Is the service well-led?

Our findings

The registered manager began employment at the agency approximately nine months ago. They told us they had previously managed a large domiciliary care agency and were enjoying the differences this gave. Since their appointment, the registered manager told us with the support from the staff team, they had developed various systems to enhance the agency's operation. This included formalising staff supervision, defining roles, introducing new paperwork and sending schedules to people, to inform them of their visits for the following week. They said they had a clear action plan in terms of further developments they wanted to make. This included developing specialist teams of staff to be trained in an area of expertise. They said end of life care was an area of specialism, to be given initial focus. The registered manager told us they were passionate about staff training and the effects this had on practice. They told us "good staff are trained staff".

The registered manager told us they wanted the agency to reach its full potential by slightly increasing its size. They said this would only be achieved if they were able to recruit sufficient staff of the "right calibre". The registered manager told us they wanted staff to be loyal, stay with the company and make it their career rather than "just a job". The registered manager was very clear of the agency's limitations and said they would not compromise current practice, in any way. They said they would be ensuring and maintaining strong foundations, before expanding the agency further. This included not accepting more complex care packages at present, such as "live in" care or "double up" visits. A "double up" visit is where a person needs two members of staff to assist them. The registered manager said this was because they did not feel they currently had enough staff to provide such services, safely and successfully. They said they would look at these care packages again in the future.

The registered manager told us the ethos of the service was to consistently provide high quality care, which shaped the agency's reputation. They said "quality comes first". The registered manager told us they were confident this was effectively in place and portrayed by the whole staff team. They said the agency's ethos was promoted through good communication with staff on a formal and informal basis. This included staff meetings and supervision sessions as well as discussions over lunch. One member of staff told us a newsletter had recently been introduced, which enhanced communication. They said this was particularly important, as staff were generally working on their own, without regular discussions with others.

The registered manager told us they regularly met with senior managers to discuss the service and agree the way forward. They were required to provide a monthly report to the Board of Directors, to show an updated portrayal of the service. In addition, the report was used a monitoring tool, to identify potential challenges or areas for further development. The registered manager told us senior managers were in the process of updating the agency's policies and procedures. They said an external company was being used to do this, although all information would be "bespoke" to the agency.

The registered manager told us they did not "micro manage" but wanted staff to contribute to new ideas and develop their work. They said staff were currently being asked their views on developing a staff tool kit. They said each member of staff's contribution was seen as important, as they would be using the items. A

member of staff told us the kit so far included a torch and a personal alarm. They said the registered manager was looking to ask the Board of Directors to authorise high visibility jackets, to use when working at night. Staff told us management were supportive of their needs. One member of staff said they were struggling with their disposable gloves due to an allergy. They were immediately offered an alternative and asked to say, if they were not suitable. The member of staff was told further alternatives would then be sourced.

Staff were complimentary about the registered manager and their management style. One member of staff told us "she is excellent. She's like a breath of fresh air. She's brought a lot to the agency. Things are much more organized and things get done quickly". Another member of staff told us "the manager's really good. She has a "hands on" approach and a "get stuck in" and "we can do it" attitude. She's very supportive and motivating and knows what's going on with people".

There were a range of audits, which assessed the quality of the service. People were visited or telephoned on a regular basis to ensure their care continued to meet their needs. Records showed people had been asked to give their views about potential developments to the service. In addition to verbal discussions, surveys were sent to people to gain further feedback. People were positive about the opportunity to raise their views. However, one person told us "I must admit I get fed up with filling in surveys these days. It wouldn't be too bad, but I never hear about what has happened to all the information that has been sent in. For all I know they could've just thrown mine in the bin". Another person gave a similar view. They said "I regularly get asked to fill in a questionnaire, which I always do, then I send it back. I never get to hear the results of it though or if any changes have been made, as a result". The registered manager told us they would ensure people received feedback, as a matter of routine, when the next surveys were completed.

People told us they regularly met the registered manager to discuss their care and the service provided. One person told us "Karen [the manager] is quite new but very nice, very approachable. She's often around so we get to see her regularly". Another person told us "the manager is very visible. She will come out occasionally with the carer to make sure everything is correct. She always checks the records to see what the carers have been writing". Other comments were "Karen will occasionally come out with one of her carers to see how things are and to check that everything is being done correctly. I have even had her cover for a couple of my visits when a regular carer has been off ill. She always appears to be knowledgeable" and "I have met Karen who I think is the Manager. She has visited me to do a review and also has brought new carers for me to meet. She is very friendly and approachable".