

Windmill Hill Consultants Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place between 7 November 2017 and 13 November 2017. The information in this report relates to the service provided from 19b Twatling Road. The provider had recently moved to the new premises and the registration process to add the new location had not been fully completed at the time of this inspection visit. Since then the process had been completed.

This was the first inspection of the service and it was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. The service was providing care to seven people in receipt of personal care at the time of our inspection.

A registered manager who was also the provider was in post at the time of our inspection. 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 was run.

People were positive about the care staff took to promote their safety and told us staff assisted them to use the equipment they needed to remain safe. Staff took action to reduce the risk of people experiencing infections and knew what action to take if they had any concerns for people's safety. People and their relatives told us they could rely on staff providing the care people wanted at the time and in the ways agreed. People, their relatives and health professionals highlighted people received care from staff who knew their safety and care needs well.

Some people received support to manage their medicines safely. In most of these instances, people required prompting to have the medicines they needed to stay well and safe. We found there were occasions when one person needed their medicines to be administered. We have made a recommendation about the management of some medicines, so there is a clear record people have been prompted to take their medicines and have received them as prescribed.

The views of people were taken into account when their care needs were assessed, and people were involved in deciding what care they wanted. Staff took action to involve people's relatives and to incorporate health professionals' advice when assessing the people's care, when this was appropriate. People's assessments took into account any additional help they needed to access other services.

People, their relatives and health professionals were complimentary about the ways staff used their skills and experience to sensitively support people. Staff had received training which matched the needs of the people using the service and incorporated their experience and skills to ensure people had the care they needed. This included caring for people so they were supported to attend routine health appointments and to have enough to eat and drink. As a result of this, people were supported to have the nutrition and care

they needed, based on their preferences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. This included involving people in decisions about their day to day care. Staff knew which people may need help to make some key decisions about their lives and understood what action to take so people received the support they needed in these circumstances.

All the people and the relatives we spoke with were complimentary about the staff that provided support and told us staff were kind, cheerful and happy to assist them. The registered manager and staff spoke warmly about the people they cared for. People, their relatives and health care professionals told us the way their care was organised meant they were able to build trusting relationships with staff who knew them well. People and their relatives gave us examples of the way staff encouraged them to request any variations they wanted in their day to day care. Staff supported people by using their preferred communication methods, so their wishes and preferences would be identified. Staff took action to support people so their rights to dignity, independence and privacy were maintained.

People and their relatives had been involved in planning the care they wanted and this was regularly reviewed, so the registered manager could be assured people were benefiting from a service which met their individual needs. No one had made any complaints about the service provided. We saw there were processes in place to manage any complaints or concerns received. We also saw people had been encouraged to let staff know what they thought of the care they received, and that people's comments had been very positive.

People and their relatives were positive about the way senior staff communicated with them. The registered manager and senior staff understood what notifications needed to be sent to The Care Quality Commission, (CQC). There had been a delay of approximately two weeks owing to technical problems in the registered manager advising CQC of their recent change of location. The registered manager subsequently ensured the necessary notification was sent to us without delay. The registered manager undertook checks on the quality of care provided, so they could be assured people were receiving good care. People, their relatives and staff told us the registered manager took action based on any suggestions they had made to develop the service and people's care further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were supported by staff who understood risks to their safety, and who knew what action to take if people were subject to abuse. There was enough staff to care for people. Staff knew what actions to take to reduce the risks of people experiencing infections. Systems were in place to manage and learn from any safety incidents. People were supported to have the medicines they needed to remain safe and well. We have made a recommendation to further develop the recording of medicines occasionally administered to people.

Good 

Is the service effective?

The service was effective.

People's needs were assessed and care provided taking their needs and current regulations into account. People were supported to use the equipment they needed to remain safe and well. Staff received training which matched the needs of the people they cared for. People were supported to have enough to eat and drink, and to access health care. Staff understood people's rights to make their own decisions about the care they received and knew what processes to follow if people needed help to make some decisions.

Good 

Is the service caring?

The service was caring.

People benefited from receiving care from regular care staff, who knew them well. People had built trusting relationships with the staff that cared for them. Staff encouraged people and their relatives to ask for additional assistance and people looked forward to their care visits. Staff took action to support people with dignity and recognised and responded to their right to independence.

Good 

Is the service responsive?

The service was responsive.

Good 

People received care based on their individual preferences and needs so they enjoyed a good quality of life. Staff encouraged people and their relatives to make any suggestions to improve their care further and to identify any additional help they needed. People benefited from receiving care from staff who took action if their needs changed. People were confident staff would take action to address any complaints or concerns they may have.

Is the service well-led?

The service was well-led.

People and their relatives were positive about the way the service was managed. Staff were supported to understand how they were expected to care for people. People, their relatives and staff were encouraged to make suggestions for developing the service further, and their suggestions were acted on. The registered manager checked the care provided to people so they could be assured the service developed in line with their needs.

Good ●

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

Not everyone using Windmill Hill Consultants receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 7 November 2017 and ended on 13 November 2017. It included sampling people's care records talking with people and their relatives about the care provided and finding out the views of other health and social care professionals about the quality of the service. We visited the office location on 7 November 2017 to see the manager and office staff; and to review care records and policies and procedures. We spoke with people and their relatives up to 13 November 2017, to find out what they thought about the care provided.

The inspection was carried out by one inspector.

We checked the feedback provided to us by people using the service. We requested information about the service from two health professionals, who told us they would be happy for us to report on the information

they supplied. We requested information about the service from the local authority. The local authority has responsibility for funding people some people who use domiciliary care services and monitoring their safety and quality.

We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the provider and the service. This included notifications which are reportable events which happened at the service which the provider is required to tell us about. We used this information to help plan this inspection.

During the inspection we spoke with one person who uses the service and three relatives by telephone. We talked with the registered manager, a provider's representative and one staff member.

We looked at a range of documents and written record. These included six people's care records, one staff recruitment file and key policies and procedures, such as how people's rights were promoted and how the staff would respond to any complaints made.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service further. This included questionnaires completed by people who used the service.

Is the service safe?

Our findings

People told us staff understood their safety needs and cared for them taking their individual safety needs into account. One person told us, "They [staff] always provide me with reassurance and watch out for my safety." One relative explained their family member needed support in order to reduce the risk of them experiencing falls. The family member told us, "[Staff member's name] helps them to walk and does not rush them."

Staff we spoke with knew what action to take to support people if they felt they were at risk of harm or abuse. This included escalating any concerns they had to the registered manager and external organisations with responsibility for promoting people's safety. Staff were confident if they raised any concerns the registered manager would take action to help to protect people. Staff told us they had been given information about promoting people's safety when they commenced their employment with Windmill Care Consultants Limited. We saw there were written policies and procedures in place to promote people's safety.

People and their relatives had been asked about their safety and support needs before staff started to care for them. We saw this information was used to plan people's care, so risks to their safety were reduced. As part of this, people's communication needs were considered and plans put in place. By doing this, the risk of people becoming isolated was reduced. For example, we saw staff had been given clear guidance on how to support one person who had hearing loss, so they would remain as safe as possible and be included in decisions about their care.

People told us staff talked to them about their safety. One person said staff checked at each visit how they would like their home secured before they left. The person said, "They [staff] always check I have my mobile 'phone and anything else I need, especially at night". We found staff understood how people with specific needs liked to be supported to remain safe. For example, one relative told us, "They [staff] always check [person's name] uses their frame." By doing this, risks to people's safety were reduced when they moved around their homes.

The registered manager and staff supported people to remain as safe as possible. Staff gave us examples of the ways they gently encouraged people to reduce risks to their safety by advising them to go at their own pace and to manage and use the assistance and aids available to them.

Relatives we spoke with told us staff communicated any concerns for their family member's changing safety needs to them. This included if their family members' were experiencing illness or not eating or drinking well, so arrangement would be made to support their family members.

People and their relatives told us staff always consulted with them and respected their decisions when suggesting ways to care for them safely. One person told us, "They [staff] don't force you, it's up to me." Staff gave us examples of how they supported people who could not always make all of their own decisions about their safety. A staff member explained they offered one person care in different ways and at different

times. By doing this, the person was able to make their own choices about the care they received, and risks to their skin health were reduced. The registered manager gave us an example of safety concerns for one person had been communicated to their relative, and action taken to promote their safety and well-being.

We saw people's safety needs were regularly reviewed, and people's care plans reflected the care they needed to remain as safe and well as possible. Staff gave us examples of actions they took to reduce risks arising from the use of equipment and checks they made on people's home environment to ensure risks to people were reduced.

People told us they could rely on staff arriving to provide the care they needed at the time agreed. One person told us staff, "Always have time for a chat and will alter times to suite me. They don't rush off at the end of a call." All of the relatives we spoke with told us they could rely on staff providing the care agreed, so their family member's needs were met. Staff we spoke with were very positive about the time allocated to provide care to people.

The registered manager explained they made sure there was enough staff with the right skills to care for people. The registered manager told us they achieved this by responding to people's individual needs through careful recruitment of experienced staff and on-going training. We saw the registered manager had obtained references and checked with the Disclosure and Barring Service, [DBS], before staff started to work with people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who need care.

Most people managed their own medicines, or with support from their family members. People and their relatives told us where staff had prompted people to have their medicines staff consistently recorded this. The registered manager told us, "We don't administer medication, but we would ring their [people who used the service] GPs if they needed more support." The registered manager had systems in place to check staff competency and that people had been promoted to have the medicines they needed to remain well. However, we found there were occasions when one person was administered their medication, rather than prompted to take it. The provider needed to further strengthen their processes to reflect the full support they provided and to reduce possible risks to people.

We recommended that the provider consider current guidance on administering medication. The registered manager agreed to do this without delay. This will help to reduce potential risk to people who are administered medication by the staff.

People's care plans recorded if they needed prompting to take their medication and detailed which medicines people needed. Staff had assessed risks to people in relation to managing their medicines and had received training in prompting and recording medication support provided. Staff understood people's rights to manage their own medicines safely.

People and their relatives told us staff took action to ensure the risk of them becoming infected was reduced. One person said, "They [staff] always wear gloves and aprons when needed, and always tidy up after them." Staff knew what actions to take to reduce the risk of possible infection. This included disposing of items appropriately, such as food and waste. The registered manager conducted unannounced checks to make sure staff were taking appropriate action to reduce the risk of the spread of infection.

People and their relatives told us they had not needed to raise any concerns regarding safety, prior to our inspection. Staff told us they had regular contact with the registered manager so any concerns for people's safety and well-being would be addressed promptly. The registered manager had processes in place to

review any incidents if these happened, so lessons could be learnt.

Is the service effective?

Our findings

People and their relatives told us staff met with them before their care started, so people could explain about what was important to them, and how they wanted their care delivered. A healthcare professional told us they had referred two people to the service. The healthcare professional explained the people they had referred lived with dementia, and staff at the service had taken action to ensure they were supported by a consistent staff team, so their needs would be met.

Staff gave us examples of how they supported people to use the equipment available to them, so they would remain as independent as possible. This included use of pendant alarms, lifts and wheelchairs. One staff member told us how they supported one person with short term memory care needs. The staff member explained they left notes and set up an alarm clock, so they could be sure the person would be prompted to eat their meals and remain well.

We saw people's assessments, care plans and reviews considered both their physical and emotional care needs. Staff had checked and taken action to involve people's representatives, if people were not able to make all of their own day to day decisions about their care, or fully contribute to their care assessments.

People and their relatives were positive about the way staff used their skills to provide care in the ways they preferred. One person said, "I'm confident in the skill they have". A relative told us, "They [staff] are very good at monitoring [person's name] health and recognise their increasing fragility. They do a brilliant job, they don't do anything badly." Another relative told us, "They [staff] are very good at getting [person's name] up and dressed." A further relative said, "They are very good at interpersonal skills, they inspire confidence and they are very competent."

Staff told us they had been supported well when they commenced their employment and thereafter. One staff member explained they had received initial training so they would know how they were expected to care for people. The staff member told us they had undertaken additional training since joining the organisation. The registered manager had arranged this training so they could be assured the staff member was caring for people safely when they assisted them to move.

Staff we spoke with were confident if they requested any additional training this would be arranged, so people's needs would be met. The registered manager had recently attended additional training so they could be sure they were providing care to people based on best practice principles. This included training to promote people's rights and their equality needs. One staff member explained they regularly met with the registered manager to discuss any support they needed to provide good care to people. The staff member said this also gave them the opportunity to discuss any adjustments required in people's care.

The registered manager explained how they checked prospective employees' skills and experience as part of their recruitment processes. Records we saw showed us staff had received training which matched the needs of the people they cared for.

People told us they chose what meals they wanted prepared and staff respected their decisions. One person said, "Staff always leave me a hot drink, and a cold drink in my bedroom and close by me before they leave." One staff member gave us an example of how they had ensured people had enough to eat. As a result of this, a shopping service had been introduced. By doing this, staff were assured people had the foods they liked ready to hand. The registered manager explained by doing this people's food preferences were met, and they were more inclined to eat. The registered manager gave us an example of one person who had gained the weight they needed to remain well as a result of the care they were provided with.

Some people using the service needed support from other organisations. One person told us staff had worked with their local pharmacist, so they would have easy access to the medicines they needed. The person told us this helped them to remain as independent as possible. Staff gave us examples of work they had undertaken with other professionals so people's needs would be met. This included working with one person's housing provider so one person would be supported to manage exiting their home safely. The registered manager illustrated how they had worked with health care professionals and used the information they had provided. By doing this, the registered manager could be sure the care offered would meet people's needs.

Most people managed their own health care appointments, or with help from their relatives. People told us staff encouraged them to seek assistance from health care professionals if they were ill. Staff gave us examples of the care they provided to some people to ensure they could undertake routine health care appointments, such as dialysis, so their underlying health needs would be met. One staff member explained they had supported one person in an emergency situation. The staff member explained the registered manager set clear expectations for the staff member to contact the emergency services on behalf of the person, so they would obtain the help they needed as quickly as possible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of our inspection the service had not needed to make any applications to the Court of Protection.

People told us staff always asked if they wanted the care offered. People told us staff respected their right to make their own decisions about their care. One person said, "They go with whatever I want." One relative explained their family members needed support to make some of their own decisions. The relative gave us examples of the way staff encouraged their family members to make their own day to day decisions. The relative said, "I hear them [staff] asking what clothes they want to wear."

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). Staff gave us examples of the different ways they communicated with people, so they would have the best chance to make their own decisions. We saw systems were in place to identify if people needed support to make particular decisions. People's care plans recorded if they were supported by named individuals with the legal power to make some decisions on their behalf.

Is the service caring?

Our findings

People were very positive about the staff that cared for them. One person said, "They [staff] are very caring, and always say there's plenty of time for a chat and reassurance." People's relatives were complimentary about the kind approach of staff supporting their family members. One relative said, "They are very caring and professional, and it's about relationships, about befriending [person's name], not just doing a job." Another relative told us, "[Registered manager's name] genuinely seems to mind about people, and relates well to them". A further relative highlighted how supportive staff were to their family member, particularly when they had not been available to provide day to day support for them. The relative told us staff had willingly offered to provide additional support and checks on their relative during this period. The relative commented staff were always supportive and, "Always cheerful."

People and their relatives explained they got to meet staff before they started to provide their care. One person told us, "[Registered manager's name] came for the first two or three weeks, then [staff member's name] came. I was introduced to [staff member's name], first." One staff member told us, "I met with clients and did shadow shifts. This makes a big difference, if you have been introduced."

The registered manger had highlighted in the PIR they returned to us, "Continuity [of staff] is considered as a priority [to ensure] the service is caring." People and their relatives consistently told us they were cared for by regular staff who knew them well. One person said, "They [staff] are reliable and I have the same carers, and this gives me confidence". One relative explained their family member's underlying health conditions meant they did not easily form bonds with staff. The relative said the staff had sensitively supported their family member, had found out what was important to them, and gently offered care and assistance over an extended period of time. As a result of this, their family member had developed rapport with the staff that cared for them, and now looked forward to their visits.

One staff member explained the way people's calls were organised meant there was time to get to know people well. The staff member told us, "Our calls are for a minimum of an hour. I know the clients because I see them every day." The staff member gave us an example of the difference this made to one person, who was living with dementia. The staff member said, "They know my name, [because] you become part of their life and their family's [life]." The staff member explained "It's about being kind, chatting to them about their jobs and getting to know them." The staff member told us this helped them to identify things which may benefit the people they cared for. The staff member told us, "It means you can and offer to do things for them."

The registered manager and staff spoke warmly about the people they cared for and knew people's histories, their preferences and what was important to them. Staff described how they used this knowledge so people felt valued. One staff member explained how the registered manager and staff celebrated significant events with people. This included people's birthdays, so people would understand how much staff appreciated them and the relationships they had built with them.

People told us they drove decisions about their day to day care. One person explained they usually liked

their care to be provided in the same way, but said, "They [staff] always check with me. Things I have asked them to do, they just do." The person gave us an example of some of the decisions staff encouraged them to make. This included if they wanted any shopping or newspapers brought in by staff. The person told us they very much valued being offered this extra support.

One relative highlighted because of their family member's underlying health conditions they required specific support with communication, so they would be able to make their own choices and day to day decisions. The relative explained staff took time to support their family member and to show them items so they could make their own choices. We saw staff had been given clear guidance on the best way to communicate with people, so their sensory needs would be met. The registered manager told us they had not yet needed to provide information to people or relatives in alternate formats. The registered manager provided assurance these would be developed to respond to people's changing needs.

One person gave us an example of the support they had received from staff to get in touch with other organisations. The person explained this had helped them to continue to manage their medicines independently. Staff gave us examples of suggestions they had made so people would be able to benefit from advice provided from external organisations. These included from organisations with responsibilities for helping people to remain safe. We saw records which showed staff provided information to people and their relatives about other organisations which may provide further assistance. This included the Local Government Ombudsman and The Care Quality Commission. The Local Government Ombudsman investigates complaints about council, all adult social care providers and some other organisation providing local public services.

People told us staff understood their rights to be treated with dignity and respect. One person said, "They close the blinds and always cover me up when I am getting dressed." One relative told us, "I've noticed staff always thank [relatives' names] before they leave. This shows a lot of respect." People and their relatives were complimentary about the actions staff took to support people in ways which recognised their need for independence. One relative said, "I hear staff asking what clothes [relatives names] want to wear." One staff member told us how they adapted the way they provided care to people, to reflect their dignity and independence needs. The staff member told us, "Some people like to be very independent and put their own clothes on. Others like you to offer to do more for them."

Is the service responsive?

Our findings

People and their relatives told us they were involved in deciding what care they wanted and how this was planned. One person said as a result of the way staff had considered their needs and planned their care, "They [staff] know what I want. I felt this after a few weeks." One relative told us, "They [staff] involved me in the assessment and care plan. This was done thoroughly." The relative told us this had been done sensitively, so any potential distress to their family members had been minimised. Staff we spoke with understood the importance of involving people with legal powers to support people, when plans were made to care for them.

People told us their care had been planned taking their preferences into account. One person told us, "I like to have more mature staff, and they make sure this happens." One relative said their family member's preferred to be supported and encouraged through gentle humour. The relative said, "Staff understand this."

One person told us, "[Registered manager's name] has a care plan, and I have one here. I have my say, they ask me if I want to make any suggestions, and if I did I know they would do it." Staff understood it was important for people's care plans to reflect their preferences and needs, so they would receive the care they wanted in the ways they preferred. One staff member told us, "I think the care plans here are brilliant, because they let me know their likes and dislikes and what they need."

One relative explained staff had carefully discussed their family member's health needs so plans could be put in place to make sure they had the help they required as their needs developed. The relative said, "Staff have changed what they are doing as they see changes." The relative explained this meant their family member continued to get the care they required as their needs and risks changed. A further relative told us staff planned meetings with them about the care planned for their family member. The relative explained this meant both the person, their family and the staff were working together to find ways to increase their family member's independence.

People and their relatives highlighted staff were flexible in the way they provided care. One person said, "They [staff] are very flexible, and will start at a time to suit me." Relatives gave us example of the way staff varied how they supported their family members, based on their day to day needs and wishes. Staff we spoke with were confident if they highlighted any long term changes in people's needs their care plans would be updated. One staff member gave us an example of changes which were being introduced for one person. The staff member explained this was as a result of concerns they had that one person may be experiencing isolation. The staff member explained how they had involved the person and their relatives, and the registered manager in proposals to change the care provided to the person. As a result of this, plans were being made for the person to spend time doing things they enjoyed in the local community, such as shopping and going for meals out.

Staff we spoke with understood how some people's day to day preferences and wishes were linked to their cultural, religion and values. We saw people's care plans considered their physical, emotional and spiritual

needs. People's care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had regularly been reviewed and their views on the care they received had been sought.

People and their relatives told us they had not needed to make any complaints about the care provided. They told us this was because the care received was good. One person said, "I would let them know if there was anything, and I am confident they would take any comments on board." People and their relatives had been provided with information on how to make a complaint, and told us they would be confident to raise any complaints they may have. We saw systems were in place for the provider to manage any complaints or concerns received. One relative gave us an example of a concern they had raised and advised us the registered manager had provided reassurance in respect of this.

Is the service well-led?

Our findings

People and their relatives were complimentary about the way the service was managed. One person told us, "I don't know what I would do without them [staff]. The whole package is so good, I am really pleased." Relatives we spoke with highlighted how confident they were with the way their family member's care was organised. One relative told us they had recently had an extended trip away from their family home. The relative said, "[Person's name] was looked after really well. They [staff] are reliable and [person's name] likes them." Another relative said because of the way the service was managed, "It's absolutely wonderful, and very reliable."

A further relative told us, "They [staff] are very open and upfront." The registered manager told us, "You have to be honest about if you have the skills and capacity to care to care for people safely."

One person told us the culture of the staff was to ensure that staff engaged well with them and were motivated to provide good care. The person said, "Staff are very interested in their jobs." The registered manager told us their approach was to ensure people were cared for well and continued to enjoy as much independence as possible in their own homes. The registered manager said they wanted the service to remain small, so they could be assured people would be supported by staff who knew them well. The registered manager explained they assured themselves this was being achieved through inviting people's comments on the service provided and through undertaking checks on the way staff provided care to people.

Staff told us the way they were managed meant they knew what was expected of them. One staff member explained about the regular opportunities they had to meet with the registered manager, to communicate information about people's changing needs, and for their own support. The staff member told us the meetings also gave them the opportunity to make suggestions about how the service was developed. The staff member said as a result of this, "This is the best job I have had. I really enjoy coming to work."

We saw staff were supported to understand how they were expected to care for people through a range of policies and procedures. These included policies and procedures to promote people's safety and so staff would know what action to take to promote people's rights. Staff informed us they had been given copies of the key policies when they first commenced work with Windmill Hill Consultants, so they would know what action to take to support people.

People and their relatives said the registered manager had met with them before they started to receive care, and provided on-going support. One person said as a result of this, "They do what I need them to do, and I am very pleased." One relative told us, "[Registered manager's name] is very competent. She looks at people's preferences and relates well to people." Another relative told us they had been encouraged to contact the registered manager if they had any concerns, or if they wanted any additional care for their family member. The relative said, "They are always offering support, and [registered manager's name] said to ring at any time. I am quite sure they would help."

Staff gave us an example of the practical action the registered manager took to ensure people were well supported. This included offering additional support to one person with drying their laundry, so their environment remained clutter free, and organising shopping for people when they were not able to do this directly, so people would have enough to eat and drink.

People and their relatives told us they were able to contact senior staff without delay. One person and two relatives highlighted communication from the registered manager was good. This included letting people and their relatives know about the planned relocation of the office. There had been a minor delay in advising The Care Quality Commission, (CQC) about this move. The registered manager ensured this was immediately rectified. The registered manager had not needed to notify CQC about any other important events, but understood what type of notifications would need to be made.

The registered manager gave us examples of how they had driven service developments to meet people's needs, sensitively. This extended to preserving people's privacy though having a "no uniforms" policy, so neighbours would not automatically know people were in receipt of care. The registered manager said, "It's about dignity and privacy for people." We saw people's personal and confidential information was securely stored.

People and their relatives told us they had regular opportunities to comment on the quality of the care they received. This was done through regular reviews of their care with the registered manager. The registered manager explained they varied the questions asked at reviews, so they could gather a wide range of feedback on people's experience of the care provided. We saw people and their relatives' comments had been positive. This included their views on the way staff engaged with people and how committed staff were to providing good care. One relative highlighted they had made a suggestion about staff recruitment. The relative explained their suggestion had been acted upon by the registered manager. As a result, their family member had benefited from being supported by a staff member who met their preferences and knew them well.

We saw the registered manager assured themselves people received good care. This was done through discussion with people their relatives and staff and by reviewing records of the care provided. In addition, the registered manager undertook unannounced checks on the competency of staff providing care. Staff told us they were given immediate feedback on the quality of the care they provided, so any lessons would be learnt.