Prestbury Care Providers Ltd

Prestbury Care Providers

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?	Requires Improvement

Summary of findings

Overall summary

This was an announced inspection that began on 30 October 2018 and finished on 1 November 2018.

Prestbury Care provides personal care to people in their own homes. It provides care to older people. At the time of inspection 20 people were receiving care from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People receive safe care from Prestbury Care. Staff had knowledge of how to keep people safe and there were checks in place to reduce the risk of employing staff that were not suitable to work in the service.

Staff received a comprehensive induction including training and shadowing more experienced staff. There were regular checks to ensure staff were competent to carry out their role. Staff were supported in supervisions and staff meetings.

Staff were trained in the administration of medicines and could describe how to do this safely. We reviewed the records of medicines and the auditing and found that while people are given their medicines safely, auditing systems need to be improved. The provider has since reviewed their auditing of medicines.

Care plans were detailed and risks to people were identified and assessed. An electronic system enabled staff to have easy access to care plans so that they had the information that they required to support people appropriately.

There was a positive culture within the organisation, with good communication that promoted positive team working and a desire to continually improve the quality of care. Staff worked well together to meet people's care needs.

People were supported to access other healthcare services and the service worked well with other professionals.

People were supported to eat and drink. Staff completed food hygiene training and details of allergies and specific requirements were made clear in the care plans.

Staff were kind and caring and treated people with dignity and respect. There was an ethos of promoting people's independence and encouraging people to be involved in their local community. People were supported to follow their interests and hobbies.

Staff told us that they have time to support people in a person-centred way and chatted to people while they were delivering care to get to know them better. People were happy with the service and there had not been any complaints. People told us they knew how to raise concerns if they needed to, and felt that these would be addressed.

The registered manager and the board share a clear vision for the service to focus on quality rather than quantity. This vision was understood by both staff and people using the service, all of whom spoke highly of the management.

The service contacts people using the service monthly to get feedback and review care plans. They have plans to carry out surveys with people and staff before the end of their first year of operation to contribute to improvement. The service listened to feedback and used this, along with their own audits, to inform the future development of the service and to improve systems and processes. The service has regular board meetings where progress of key areas of the service are monitored. All this information feeds into a quality improvement plan.

We found that some of the systems are not yet sufficiently robust to cope with future growth. At the moment the service is small enough that the managers know individuals, understand people's care needs and are able to respond and make changes when necessary. This will not be the case as the number of people using the service increases. The service has already taken steps to address this and created a new position of client relations manager, as well as investing in new software systems to support quality control. They also reviewed some of their systems following our visit to make them more robust.

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.

Staff had knowledge of how to identify and report abuse.

Risks to people had been assessed and staff knew how to manage them.

A robust recruitment process was in place and there were enough staff to meet people's needs and the service had a robust rostering system in place to reduce the risk of missed or late calls.

People were administered their medication safely.

Staff followed procedures and used equipment to reduce the risk of the spread of infection.

Is the service effective?

Good

The service was effective.

Care plans were detailed and gave enough information for staff to deliver care according to people's needs and preferences. Staff received training and support to enable them to carry out their role, and their competency was checked by the manager.

People were supported with their health care needs and the service worked well with other professionals.

People using the service all had capacity to make decisions for themselves.

Is the service caring?

Good

The service was caring

Staff were kind, caring and compassionate and treated people with dignity and respect.

People were supported to be as independent as possible and people's views were listened to.

Is the service responsive?

Good

The service was responsive

People were provided with person centred care. Individual needs had been assessed including, life history, hobbies and interests.

There were procedures in place for people to make complaints, but at the time of inspection the service had received no complaints.

The service has plans to train all staff in end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service was not consistently well led.

There was a positive and open culture in the organisation and people spoke highly of the registered manager and other managers.

The service had systems and processes to monitor the quality of care and drive improvement. However, these were not always sufficiently robust and relied on it being a small service where the registered manager has individual knowledge of people. Systems need to be made more robust to accommodate growth in the service in the future.

Prestbury Care Providers

Detailed findings

Background to this inspection

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

The inspection took place on 30, 31 October and 1 November 2018, and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by an inspector and an inspection manager. The inspectors visited the office location on 31 October. On 30 October and 1 November, we spoke with staff and people using the service over the telephone.

Before the inspection we reviewed the information, we held about the service including the assessment and recommendations from the registration process as this was the first inspection of the service. We also received feedback from other professionals who had been in contact with the service including the CCG.

We gathered feedback from four people who were using the service and two relatives. We also spoke with four staff whose primary role was to deliver care to people in their homes. We looked at documentation in relation to five people and we looked at three staff files. When we visited the office, we spoke to the registered manager, the quality manager, the client relations manager and one of the directors. We also reviewed information relating to how the quality and safety of care was monitored by the registered manager.

Good

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe whilst receiving care and support from the staff at Prestbury Care. One person told us, "I think they are all excellent." A person's relative told us that the carer had called for an ambulance when they had arrived at a call and found their relative was not well.

Staff we spoke with confirmed that they had received training online in safeguarding people. They could tell us the different types of abuse and how to report concerns. This included reporting concerns outside of the service if they felt this was appropriate. There had not been any safeguarding incidents but the registered manager was aware of their responsibilities to report and investigate any allegations of abuse. They had an up to date safeguarding policy which had been adapted to local conditions including the phone numbers of professionals to contact. The registered manager told us that they planned to have further classroom based safeguarding training next year.

Risks to people's safety had been monitored and assessed. This included environmental risks within the home, risks related to health conditions, moving and handling, pressure areas, assisting with daily living task and domestic duties. Risks associated with getting to the house for staff were also assessed, including things such as mobile phone signal and lighting,

There were procedures in place to help protect against employing staff who were unsuitable to work in the service. This included ensuring references and a Disclosure and Barring Service (DBS) check had been received prior to a member of staff starting in post. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. The registered manager told us that they were keen to make sure that they explored any gaps in employment history. We could see this from the records. People were asked about their skills and experience as well as their values which included questions like 'If I were a service user in the agency I would like,' and 'I believe that the purpose of care from a care agency is.'

The service had recruited enough staff to support their clients safely. People told us that the carers arrived on time and did not miss calls. They use an electronic roster system which ensured that all calls were covered. It also enabled them to allow for travel time so that they could maximise the amount of time staff were spending with people. The registered manager told us how they used software linked to google maps to calculate travel time and then added time to allow for delays so that carers arrived on time. Staff had access to the roster system via their mobile telephones and staff told us that the system highlighted when there were any changes which helped to make sure that calls were not missed.

The service supported some people with their medicines. Staff told us that they had received training on the administration of medicines. Staff described how they checked on the medicine administration record (MAR) charts for the medicine and the dose and did not sign the chart until the person had taken their medicine. One member of staff said, "I normally double check twice to make sure." We looked at the MAR charts of three people and we also checked the audit record. Where there were gaps in the signatures on the MAR chart the registered manager had found these, and spoken to the staff who had been giving

support on that day. There was one situation where there had been an error in administration. This was because the service was producing their own MAR charts as the community pharmacy did not provide them. In transcribing the prescription to the MAR chart, the lunch time dose for a person's medicine had been missed. This meant that the person was only receiving their medicine twice a day instead of three times. The error was picked up by a carer after 17 days. The registered manager took immediate action to rectify the MAR chart. They contacted the GP who confirmed that because it was a low dose and the person had received the correct dose twice a day there was no harm caused. Following this incident, the registered manager changed the procedure for transcribing MAR charts to make sure that two people were checking the MAR chart before it was put into someone's home. They also designed a quiz session for their next staff meeting to make sure that staff understood the importance of recording accurately on MAR charts and checking the MAR chart for gaps so that they could be brought to the attention of the registered manager more quickly.

We also found inconsistency in the information in the care plan regarding the dose of someone's thickener that they required in their fluids to prevent them choking. The MAR chart recorded the dose of 1.5 scoops. However, the dose was also in the care plan overview and was not clear due to a typing error it was written as 1/12. It was also incorrectly transcribed to the emergency grab sheet as two scoops. The person was receiving the correct dose, but we discussed the anomaly in the records with the registered manager. The registered manager told us that they would amend the plan to make it consistent, as well as review everyone's care plans to check for similar inconsistencies.

People told us that staff always wore protective equipment to prevent the spread of infection. Staff were aware of things that they should do and told us that they had received training on personal hygiene and food hygiene. One member of staff told us they use, "Gloves, aprons, hand gels and sanitisers and had training on personal hygiene and food hygiene."

Staff knew what to do in an emergency which was to make sure that people using the service and the situation was safe and if necessary call for ambulance. They said that they would always call the registered manager for advice and described situations where they had done this and then written what happened up in the log book. This meant that other staff would know what had happened and would know if there was any change in care needs as a result. Staff told us that they always checked the log book on their visits.

The registered manager had also introduced a winter check list with information for staff and people using the service. This included things such as making sure staff have the correct equipment in their cars like torches, warm blankets and jacket, high visibility vests, de-icer and scrapers, making sure that people had stocks of personal care items, food and fuel. They had also arranged with a local heating firm to respond quickly if anyone had problems with their heating.

There was a system in place for recording and monitoring incidents and accidents. We saw that records showed the action that was taken to prevent the incident occurring again in the future. For example, where an incident had been categorised as a fall the action for the future stated to review the falls risk assessment. However, there was no falls risk assessments in the care plan. We discussed this with the registered manager they said that they included this in moving and positioning assessments, and the incident was an isolated incident. We suggested that this could be something that would be good to introduce not just for this client but for all clients who might be at risk of falls either now or in the future.

We also noted that there had been an incident where the carer arrived to find a person sitting on the floor. The person said that they had felt weak and sat themselves down on the floor. Appropriate action had been taken and it was recorded in the person's file but it was not recorded in the service incident record. This

meant that while information was shared for people providing care and support so that they knew what had happened, the information about the incident would not have been part of wider lessons learned for the future in the service. Following the inspection visit the registered manager provided evidence to reassure us that this incident was now recorded in the service incident log.

Good

Is the service effective?

Our findings

People told us that staff understood their needs. One person told us that the carers, "Know us and know the routine…they are lovely." Another said, "We have a system for doing what we have to do and the girls know what they're doing and they've done a good job." The registered manager or the quality manager carried out assessments before handing over to staff. We could see from the care plans that people's needs had been thoroughly assessed covering areas such as 'This is me' with personal history, family, hobbies and interests, an overview of support needs including choking risks, personal care needs, medicines and equipment. Picture guides were given for equipment such as hoists as well as details of the loops to be used for slings. There was clear guidance for staff on the routine for each call, as well as a plan of the house with key information such as where medicines were kept, where to find the do not resuscitate decision (DNACPR) if there was one, as well as which rooms staff should go in to.

Staff told us that the care plans were good. They told us that they could access care plans electronically from their phone so that they could read about a person before they arrived. The app had security features to maintain confidentiality and data protection. One member of staff said, "It's not often you have to ask for more information. It's all either on the app or in the log book."

People told us that staff were good and understood their roles. People told us that they had regular carers and received a roster each week telling them which carers would be coming. A relative told us, "They get to know them and chat."

All the staff we spoke with told us that they had received enough training to give them the skills and knowledge to provide people with effective care. Staff told us, and we could see from staff files, that they had training in how to use equipment such as hoists, food hygiene, infection control, handling medicines, fire safety. Training was a combination of e-learning with practical sessions in the office for tasks such as using hoists and moving and positioning. One person told us, "They use the hoist, they are very good at it." The quality manager had been trained as a trainer in some areas so was able to deliver training internally.

As it is a new service, staff were all new and many were still in their probationary period. They told us that the induction process was good. They had all shadowed a more experienced member of staff until they felt competent in their role. The length of time for shadowing varied according to the experience of the staff member. A member of staff who had been working in care for many years shadowed the quality manager for a week, other staff who were new to care underwent several weeks of shadowing until they felt comfortable to carry out the role independently. All staff were expected to complete the Care Certificate when they started. This is an industry recognising training programme for staff working in health and social care. Staff could complete their training online and the registered manager could monitor their progress through the online system. This meant that staff had regular feedback on their progress. The system also allowed the registered manager to link their answers to observations of their practical delivery of care and support.

Where people needed specialist care such as an enteral feeding regime there was clear guidance in the care plan with pictures as well as contact numbers for specialist nurses. The service had arranged for the

specialist nurse to deliver a training session for staff in the office, to check that they were competent. The nurse told us that the registered manager and quality manager then carried out observations of staff following the training before signing them off as competent.

Staff told us that the registered manager and quality manager carried out 'spot checks' on their competency. We saw records of this in staff files. One person told us, "[registered manager] does come to see how the girls are working. If he's not happy he will tell them…very amicable, he seems to know them [the staff] well." Staff told us that they had supervision meetings with the registered manager. For many of the staff these were reviews of probation. The registered manager told us that once staff were signed off from their probationary period they would have four supervisions a year. Staff also told us that they attended a monthly staff meeting. At these meetings the registered manager used quizzes to refresh staff on areas such as signs of abuse, medicines and first aid. The registered manager told us that he selected the area for the quiz based on issues that had arisen through his own audits and competency checks. Staff told us that they found the supervisions and staff meetings useful. They said that the feedback they got from the registered manager was helpful for improving their delivery of care. They said that they also got feedback when there had been compliments from people using the service or where the registered manager felt they had done something well. One member of staff said, "He [registered manager] works with us to check we are compliant. Always gives praise where it is due and if there is a problem will outline it and show you how to correct it."

Some people told us that the staff supported them to eat and drink. Staff had completed food hygiene training so that they knew how to prepare food safely. A member of staff told us that when they prepared food they always, "Check the temperature and make sure they are not allergic to anything…it will say on the front [of the care plan] what they are allergic to." We saw people had sent cards saying, "I'm really grateful for all the support I've had with food preparation and cooking over recent weeks so could you give my thanks to everyone involved."

Both staff and people using the service told us that the staff worked well together as a team. A member of staff said, "Everyone works together, definitely a good team." They also worked with other professionals, for example a district nurse said that carers are, "Approachable and always willing to learn, and to highlight any issues, or changes that need to be addressed." One member of staff described how they worked with the district nurse who went to one of their clients who had pressure ulcers.
Each person had a 'grab sheet' in their file which included all the basic information that someone would need when transferring to another service. For example, if someone had to go into hospital in an emergency. Referrals were made to other services where needs changed, or these were highlighted with individuals so that they could make the referral themselves. One relative told us, "When they are doing their job if there are spots [marks on the body] they let us know so that we can contact the district nurse." In one file we found a discharge letter from hospital referring to a splint that the person should wear to prevent their hand becoming deformed. However, there was no reference to this in the care plan. When we spoke to the registered manager about this they told us that the person refused to wear the splint. This decision had not been recorded in the care plan which meant it was not clear why the person was not being supported to wear the splint. The registered manager told us that they would make sure that this was recorded for the future.

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.

We checked whether the service was working within the principles of the MCA. Staff had completed e-learning training in the MCA and most had a basic understanding of the principles although knowledge was variable. At the time of inspection Prestbury Care Providers were providing care and support to people who had the capacity to make their own decisions in relation to the service they received. When asked about the MCA staff told us that the people they supported could make their own choices. They told us that if people did have difficulty making decisions, that they should not force their own preferences on people, and that they should talk through the options with people. Some staff felt that this was an area where they would need more training if they were supporting people that did not have capacity.

People told us that staff always asked for consent before carrying out care tasks. One person's relative told us that staff let their relative know what they are doing and that their relative would said if they were uncomfortable.

Good

Is the service caring?

Our findings

People told us that the carers were kind. People had regular carers which enabled them to build relationships. "Just like family." one person told us. One person said, "I get on really well with them…we can have a giggle about something.'" One person told us that their relative had a list with photos of the carers as she did not remember all of them and if there were new carers they always introduced them first. Care plans included information about people's life history as well as their hobbies and interests. Staff told us that this helped them to chat to people. One member of staff said, "If I finish and there's plenty of time we sit talking." People told us that on occasions they had requested carers come for extra time and that the service was flexible in responding to this. One person told us that even with extra calls the service still managed to get a carer that their relative knew.

Staff told us how they adapted communication depending on the needs of the person, one staff member described how a person they supported who had a stroke found talking difficult when they had first come from hospital. A staff member told us that they made up hand signs with them to enable them to understand and communicate.

People were involved in their care. They told us that at the start of the service the registered manager or the quality manager came out to do the assessment and arranged the calls at the time that they asked, as far as the roster allowed. If the times needed to change slightly to fit with the rotas they would discuss this with people. One person said that, "They come earlier and fit in with us." Another person told us that the times had to alter slightly to enable two people to attend for support but that they had discussed this with their relative.

Staff told us that they always asked for consent before carrying out tasks. One person told us staff, "Listen to my opinion." Another person said that they involved their relative, by addressing them by their name and talking to them when they were delivering care.

Staff encouraged people to be independent. One member of staff said, "Sometimes they say they can't do things but you try to encourage them." Another staff member said that they had supported someone after they came out of hospital encouraging them to gradually become more independent, starting with small things, they said, "So I might say can you wash your face today or can you do your buttons up." A person told us, "I can't do a lot but they are helping with independence." One relative told us that carers, "Encourage their relative to do things for themselves."

Staff knew how to respect people's privacy and dignity. They told us that they made sure doors and, or curtains were closed and that they used a towel to keep people covered up and kept talking to people to make them feel comfortable. Staff told us that they did not favour particular people and treated everyone in the same way according to their needs. Care plans included plans of the house and which rooms that people would be in, as well as any rooms that carers should not go into in the house showing respect for privacy. A professional told us they had been at the house for assessments and seen that, staff, "Have identified care needs, discussed them with the client in an empathetic way, showing compassion and

treating the clients with dignity. They encourage the clients to be as independent as possible within the boundaries of their health problems."

Good

Is the service responsive?

Our findings

People told us that the service was very responsive. Care plans were regularly reviewed with people using the service. The registered manager said that one of the directors carried out reviews of care plans monthly by speaking to people to make sure that everything is okay. This was confirmed by staff and people using the service.

People's care was reviewed in a holistic way. This included care needs, such as working with professionals to ensure that they had the correct equipment such as a shower seat or arranging for a hoist when someone was finding it difficult to use their stand aid. It also included supporting people with interests. For example, they arranged for a person's aerial to be mended which enabled them to continue with their hobby of Morse code. Another person was supported to attend a group in the community. Staff told us how they supported people in their individual choices such as what to wear, or what to eat. One person told us that when the carers prepared food for their relative they made a list of the food available in the fridge and asked them what they like so they were involved. A carer told us that they had been caring for someone who was also cared for by their partner. Then their partner's health had deteriorated so they were unable to care for them. The service had arranged for the person to move the bed downstairs as they were unable to continue to use the stairs. For another person they had built a step to enable a person to get out with their wife and see their beautiful garden. They had arranged a birthday party for one person whose wife had been taken into hospital. They had arranged to face time the call so that his wife could be involved in the birthday party. In the compliments folder that someone had written, "We count ourselves very lucky to have found these carers. They are very competent and their timekeeping is extremely reliable….ready to go that little extra, particularly during the cold spell when the heating stopped due to a frozen pipe.'

Staff told us that they had enough information before they started delivering care, through the care plan as well as support from the managers.

The service had a complaints policy and procedure and all clients had a service user guide which told them how they could make a complaint if the wished to. There had not been any complaints at the time of the inspection, but when we spoke with people they confirmed that they knew how to raise concerns and felt confident that they would be dealt with.

At the time of inspection, the service was not delivering any support to anyone at the end of their life. One member of staff told us that they had personally supported someone at the end of their life prior to working at the service. Since working at the service, they had been asked to support someone for a couple of days at the end of their life. They told us that they cared for the person as well as supporting family members. They told us that the registered manager was arranging training in palliative care. The registered manager confirmed that he had found an accredited course for staff to do, and this was in their future plans.

Requires Improvement

Is the service well-led?

Our findings

At this inspection we found that there were governance systems in place to monitor quality and drive improvement. However, we found that these were not yet robust enough and required improvement. The registered manager had reviewed their procedures for transcribing MAR charts following the medicines error. They regularly audited the medicine records for gaps and investigated with staff why the gaps occurred, but systems were still not sufficiently robust as they did not always record the reason for the gaps. Moving and handling assessments were in place but there were no risk assessments for people at risk of falling.

It is important that the service is able to learn from mistakes and incidents to prevent them from happening in the future. Incidents were logged in care plans and appropriate action taken, but there were inconsistencies in recording incidents in the service incident log where the recording of one incident had been missed. This meant that incidents not on the incident log would not be part of the strategic overview of incidents which important for organisational learning and the management of risk. Action was taken by the registered manager to improve recording in this area following our visit.

The registered manager had not identified inconsistencies in people's care plans. It is important that information is recorded clearly and consistently. Where the amount of thickener that someone required was not recorded consistently this could result in an incorrect dose which could place the person at risk of choking. The registered manager agreed to review all care plans for inconsistencies and typing errors after we highlighted this.

The service was not consistently recording where people refused particular treatments that were recommended. It is important that decisions to refuse treatment are recorded so that it is clear why support is not given in a particular area. This is especially important if the refusal could have a detrimental impact on someone's health. The registered manager put systems in place to record decisions to refuse treatment in the future.

We discussed these concerns with the registered manager and they agreed to make changes. Following the inspection visit as part of their continual improvement programme they reviewed many of their systems including medicines and incident reporting. We stressed the importance of making processes robust, as well as checking for typing or spelling mistakes and making sure that if information was duplicated in care plans it was consistent. This was essential if the service was to grow safely in the future.

Staff received feedback from the registered manager on their work and staff told us that this was done in a constructive way which helped them to improve. Where poor practice was identified through audits or competence checks, the registered manager fed this back to staff both on an individual basis as well as introducing quizzes and coaching sessions to improve staff knowledge at staff meetings.

The registered manager was clear about the events that they were required to notify the Care Quality Commission about.

There was a clear vision for the development of the service. The management team included the registered manager and a quality manager, who were both also board members. There were three other board members who were closely involved in the service. Currently the registered manager is also the nominated individual.

There were regular board meetings where actual progress was monitored against the business plan. The registered manager told us that they recognised that they could grow more quickly but they wanted to stay within the capacity of the team. They recognised that as they grew the managers would be doing too much care. To manage this, they had recently recruited to a new role of client relationship manager whose role will be to do assessments and make sure that the care plans are right. This person was being supported by the quality manager to develop the role. The registered manager told us that as they expanded they will recruit a second client relationship manager.

The registered manager said that the directors were keen to be involved in the community. They said that, 'care is about regulated activity' but should also 'be about social inclusion, people not being on their own.' As well as supporting people to be involved in the community they also did a lot to integrate in the community. They held a coffee morning once a month in the local town hall with the profits going to a different charity each month. They also volunteered in the local dementia café.

Everyone spoke very highly of the registered manager and the quality manager saying that they were very responsive and supportive. Staff said that they could call them any time, 'It's easy to get hold of someone, if it's out of hours you get redirected.' One member of staff said, 'They've given me all the support I need' and another said, 'Communication is good, he's always there on the phone.' Staff told us that they felt valued and morale was good. People using the service said, 'They are very responsive and approachable. Do not hesitate to get in touch if we need to.' People said that they would recommend the service to other people.

Staff told us that they felt involved with the organisation. They could raise concerns and these were addressed. We could see from the records of staff meetings that staff received updates on the business plans. One member of staff told us, 'They want quality not quantity, don't want to get too big too quick.'

At the time of the inspection the service had not yet been running for a full year. Views of people using the service had been obtained through monthly care reviews by the directors. However, the registered manager told us that they intended to complete surveys of both staff and people using the service on an annual basis and that this would be happening for the first time in the next couple of months.

Development of staff to improve the quality of care was a priority for the service. When the registered manager found issues either through competency checks or through audits, these issues were taken back to staff meetings to address and, or additional training was put in place for staff to drive improvement. Staff were told when they did things well and compliments from people using the service was fed back to staff in supervisions and staff meetings. The service used electronic systems to monitor both care and training and used these systems to help drive improvement. For example, when care needs changed, staff were informed via an app on their phone where they can access their rota and care plans. The system used to support staff training enabled the registered manager to view staff's progress and comment on their answers to questions and relate them to their care practice and observations.

Quality was also monitored at regular board meetings. We saw records of board meetings that showed reporting on issues that the registered manager was auditing such as safeguarding, compliments, complaints, accidents/incidents, medication errors, missed visits, staff disciplinary and staff training progress as well as actual progress of the business against the projections. This information along with the

audits was used to develop a quality improvement plan. The quality improvement plan included the creation of the client relations manager post, starting a newsletter and 'creation of a missed signature tracker to sit alongside audits which would enable them to see trends and therefore enabling them to provide supervision where needed.'

The service worked well with other organisations. We received positive feedback from professionals working with the service. One person told us they had, 'Systems and processes in place and a great desire to deliver high quality and safe care,' another said, 'I found the carers approachable and always willing to learn.'