

Courtesy Care Limited

Courtesy Care Ltd

Inspection report

Kett House
Chard Street
Axminster
EX13 5DZ

Tel: 0129735985

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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

Courtesy Care Ltd is registered to provide personal care to people in their own homes who may have a physical disability or who may be living with dementia. The agency provides services to people in Axminster and Seaton and the surrounding areas. At the time of the inspection 44 people were being supported by the service. The service employed 19 care staff.

This inspection was undertaken on 7 and 9 September 2016.

We last inspected the service on the 09 July 2013. At that inspection we found the provider was meeting all of the regulations we inspected.

There was a registered manager in post. 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.

People said they were safe using the service because it was reliable, staff were well trained and caring. Comments included, "This service is ideal. The staff are extremely helpful" and "I am very fortunate to have this service. I get my regular carer who knows me very well." Relatives were also happy with the service. Comments included, "I would recommend this service. I can't fault it..." Professionals were equally complimentary. One said, "We have no concerns about the service. It is a good service overall..."

There were sufficient numbers of staff employed to provide people with their planned service. People said they had never experienced a missed visit; that staff arrived on time and stayed the expected length of time.

Staff were knowledgeable in relation to safeguarding people from abuse and they knew how to keep people safe from avoidable harm. Risks to individuals had been identified and there was guidance for staff on how to keep people safe. Where people were assisted with their medicines this was managed safely.

There was an effective recruitment and selection process in place and the necessary relevant checks had been obtained before staff started to work alone.

People were provided with the care and support they wanted by staff who had the knowledge and skills they needed to do so. People's right to make decisions for themselves was respected and staff sought consent when delivering care and support. People were supported to ensure they had a sufficient amount of food and fluid to promote their wellbeing. People received support from staff who understood and responded to their health needs.

People were very happy with the care and support they received. People said staff were kind and caring and offered support which met their needs and promoted their independence. They said this enabled them to

live in their own home. Staff demonstrated a caring and respectful attitude towards people and knew people well and how they preferred their care to be delivered.

People were able to express their views and be actively involved in making decisions about their care. Staff were friendly and approachable. They were also respectful of people's dignity and privacy.

The service was well managed by the registered manager and a director of the provider company. Staff learning and development was supported. Regular audits and surveys were used to monitor the quality of the service.

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.

Staffing arrangements ensured people's needs were met as planned. There was an effective recruitment process in place to ensure new staff were suitable to work with people in their own homes.

Staff had received training about safeguarding people from abuse. Risks to people's safety and wellbeing had been identified, with guidance for staff to reduce any identified risk.

People's medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

People's right to give consent and make decisions for themselves was supported and encouraged by all staff.

Where required, people were supported with the preparation of food and drinks. Good links had been developed with health and social care professionals, which benefited people using the service.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with staff. Staff were caring and friendly and were mindful to protect people's privacy and dignity.

Staff knew about people's preferred routines and how to support them as they wished.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good 

The service was responsive.

People received personalised care and support which was appropriate to their needs and preferences.

People's care needs were identified prior to them starting to use the service and care plans had been developed to ensure staff were aware of people's needs and preferred routines.

The provider had an effective system for handling complaints.

Is the service well-led?

Good 

The service was well-led.

There was an experienced registered manager in post. People spoke positively about how the service was managed and had confidence in the staff and management team.

The provider carried out regular audits and surveys to monitor the quality of the service.

Courtesy Care Ltd

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 undertaken on 7 and 9 September 2016. The inspection was announced twenty four hours in advance as it is a small service and we needed to ensure the registered manager was available to assist with the inspection. The inspection was completed by one Care Quality Commission adult social care inspector over two days.

We reviewed information about the service before the inspection. The provider completed 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. We reviewed the information included in the PIR along with information we held about the service. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

On the first day of the inspection we met the registered manager and senior management team, including a director of the company. During the inspection we spoke with five members of care staff. We visited two people living in their home with their permission and we spoke with a further three people on the phone. We also spoke with four relatives and two health care professionals involved in people's care. Prior to the inspection we sent out 33 questionnaires to ask people about the service they received. We received replies from 15 people. We also sent questionnaires to relatives and received a response from one person.

We reviewed four people's care records; staff training records, three staff recruitment and support files and other records which related to the management of the service.

Is the service safe?

Our findings

All people contacted said they felt safe using the service. 100% of people responding to our questionnaire confirmed they felt safe from abuse and or harm from their care staff. One person wrote that over the years they had been with Courtesy Care it had been "...like a breath of fresh air. Having come from an agency that I had to constantly complain to, I have never had reason to complain or question the standard of care... This is mostly due to the kindness and professional way [named person] is cared for. I thank everyone at Courtesy Care." Other comments included "I am very fortunate to have them coming...they are very good indeed." A relative said, "They help me a lot. They know what they are doing..." Health professional's comments included, "We have no concerns about this service. They (staff) are accommodating and friendly. I would recommend the service..." and "They (the service) are very good..."

The provider ensured sufficient staff were on duty at all times to ensure people's preferences and needs could be met safely. People said they felt safe because they were confident that staff would arrive when expected and would only be late if it could not be avoided. They said they had never experienced a missed visit and they received their visits as planned. All those contacted described the service as 'reliable'. They confirmed staff stayed for the agreed length of time. People said it was rare for staff to be late. One person said, "On a rare occasion they have been a bit late, that's because they got held up with someone who was ill. I know they would stay with me if I was unwell too so I understand occasional lateness." People said staff never rushed them but worked at their pace. One person said, "I always get my full time; they (staff) never rush me and are always willing to do any extras, such as put out the bin."

The staff planning arrangements protected people. The service used a computerised system to plan the weekly timetables. The system had features which avoided the risk of planned visits being missed. It also prevented the double booking of care staff for more than one visit at the same time. The system alerted the senior managers to any potential error or omissions.

People received their care and support from a regular group of care staff. People said this was important to them. One person said, "I never have strangers sent here. I know the girls and they know me..." This was echoed by other people using the service. A relative said, "We have nothing but good things to say. The staff are wonderful. We know them all. We wouldn't want to change anything." 93% of people responding to our questionnaire said they received care and support from familiar, consistent care and support workers.

Staff were allocated to support people within a geographical area. The registered manager explained this was to reduce travel time. Staff said they always had enough time to allow for travel between people's visits. There was an out of hours 'on call' system in place. People using the service and staff were aware of who to call should there be an emergency or should they need to change the time of their visits when the office was closed.

The provider had taken steps to ensure people were protected against the risk of harm or abuse. The safeguarding policy provided guidance to the staff on how to identify and report any concerns they had about people's safety and well-being. Staff received safeguarding training and demonstrated a good

understanding of different types of abuse, and the action to take should they have concerns about a person's welfare. They were aware of the external organisations they could report concerns to. Staff said they would be confident to report any concerns to the registered manager, who they trusted to take action. The registered manager and company director were aware of the local authority safeguarding protocols and how to report any concerns. There was a whistleblowing policy which encouraged staff to report concerns without fear of consequences for doing so.

Peoples' medicines were managed and administered safely. Staff received training about how to manage medicines safely and their competency was checked during observation visits by senior staff. Some people were able to self-administer their medicines with support and prompting from staff, while other people required staff to administer prescribed medicines. The level of support required was recorded in individual care plans. Staff recorded the support they had provided people with and what medicines people had taken during their visits. Colour coded forms were used for different medicines, for example a pink form was used where a person needed a time limited medicine, such as antibiotics. This alerted staff to the start and end date for those medicines. Where prescribed creams were used there were clear instructions for staff to follow about how and when to use the creams. Records showed medicines had been administered as prescribed. The service had an arrangement with the local pharmacist to return any unused or unwanted medicines, which ensured medicines were disposed of safely.

There had been three minor medicines errors since the last inspection, which had not resulted in harm to people. These had been reported and investigated appropriately. When necessary additional visits had been organised to monitor the person for any adverse reactions. Action was taken as a result of errors, for example, additional staff training and support was provided.

People said they were happy with the support provided and that they received their medicines as prescribed. One relative reported via our questionnaire that they were concerned about the administration of time critical medicines, such as diabetic medicines. We looked at this person's records and spoke with the person receiving care and support. They confirmed staff assisted them appropriately and that their medicines were given on time. The registered manager explained there had been some confusion about the timing of visits when the care was first set up but this had been addressed.

Risks posed to people had been identified and guidance was in place for staff follow to minimise potential risks. For example, one person was at risk of developing pressure damage to their skin. There were clear instructions for staff to ensure the person's skin was monitored and the prescribed creams and pressure relieving equipment were used. A community nurse said the service was particularly good at informing them about any changes relating to pressure damage. They added, "We have been very pleased with them..." Environmental risks had also been considered to ensure staff worked in as safe an environment as possible.

There had been no accidents or incidents in the past 12 months in relation to the delivery of care and support. However, should people have accidents, incidents or near misses there was a process in place to record and monitor these to look for developing trends. Staff were aware of the reporting processes.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. Staff files contained a completed application form and any employment gaps were investigated and explained appropriately. Suitable checks were undertaken before staff began working alone at the service. Pre-employment checks included obtaining references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. The CQC questionnaire responses showed that all people confirmed staff had the skills and knowledge to provide the care and support people required. People we spoke with also said staff were skilled and competent. Comments included, "Staff are extremely efficient and helpful..." and "They help me a lot. When I used the hoist I trusted them completely...we have nothing but praise for them." Professionals said, "I get the sense they (staff) are well trained..." and "I have never had a complaint about the staff safety, practice or skills. There have been no concerns raised during social services reviews."

Staff had access to a range of training and learning materials to develop the skills and knowledge they needed to meet people's needs. Staff said they received the training and support they needed to carry out their duties. Comments included, "This is a good place to work. We get good support and training. We can request any extra training we might like to do. The mental health training I did helped me. I have a better insight and understanding..."

Training was delivered in a number of ways, for example, face to face courses, on-line learning, DVDs and 'on the job' training. The training matrix and information in the PIR showed essential training was included, such as moving people safely, safeguarding people from abuse, first aid, food hygiene and infection control. Other training included end of life care; dementia care; diabetes awareness; and pressure area care. 94% of staff had obtained a nationally recognised qualification in health and social care. The remaining staff had been supported to access these courses.

New members of staff completed induction training at the start of their employment, which followed nationally recognised induction standards (including the Care Certificate). The induction training was designed to support each individual member of staff. It consisted of a period of 'shadowing' experienced staff to help new staff get to know the people using the service. A new member of staff said they had "worked with others for a few weeks" before being expected to work alone. They confirmed they were not expected to undertake duties or tasks they did not feel confident with and that they received "good support." They added, "They made sure I was happy and confident. This is the best job I have ever had..." Another member of staff said, "It's really good support here...it helped my confidence; they made me feel welcome. I am happy working here." Staff confirmed they received supervision on a regular basis; this was through one to one meetings and observations that were completed when senior staff accompanied them on visits. Supervision enabled staff to discuss any concerns or training and support needs. They also received feedback about their performance.

People confirmed they were always asked for their consent before care and support was provided. During home visits we observed staff involving people in decisions about the care they received. For example, what they would like to eat and drink. One person said, "They (staff) always ask me what I need or if there is anything else I need. I am very happy with the service. They look after me very well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Most of the people who used the service were able to consent to their care and support. However, the registered manager said some people's health needs meant that they did not have capacity to make all decisions about all aspects of their care. Where required, their relatives and social care professionals were involved in ensuring any decisions to provide care were in the person's best interest.

Staff had received training in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards and demonstrated a good understanding of their responsibilities. Staff were also clear about what action to take if they feel a person lacked capacity to make particular decisions for themselves. One said, "I listen to what people want. If I have any concerns or people lack capacity then I would report this to the office."

People or their relatives generally managed their access to health care services such as GPs, dentists, or to attend hospital appointments. However, there was information in people's care records to provide guidance to staff on how to ensure people had the right support and treatment if they became unwell. Care records contained details of current and past medical histories. Care records also contained the contact details of GPs and other health care professionals. This meant staff could contact health professionals if there were concerns about a person's health. People's health needs were monitored, for example where they were vulnerable to developing pressure damage. Health and social care professionals said the service always alerted them appropriately about any concerns. For example, a community nurse said they had been contacted when there had been concerns about a person's skin. They said, "They are very good at informing us of any concerns about pressure areas. Anything we ask or recommend they (staff) are happy to help."

Where people required support in relation to food and fluids, this was documented in their care records. The amount of help people required varied. Staff prepared meals and snacks for some people. During our visits to people's homes staff asked people what they wanted to eat and drink. Some people required prompting at mealtimes, which staff were aware of. Staff recorded people's food and fluid intake so it could be monitored. Staff said if they were concerned about someone's dietary intake, they would alert the registered manager or senior staff. If necessary referrals were made to professionals, such as dieticians or speech and language therapists for support and guidance. Where one person was at risk of weight loss, the service had alerted the GP. Care records instructed staff to ensure the person received extra calories by using full fat milk or cream, as suggested by the GP.

Is the service caring?

Our findings

All of the people responding to our questionnaire said they were happy with the care and support they received from this service. One person wrote, "Five star service." This was confirmed by those people and relatives we spoke with. Comments included, "I am very fortunate to have them (the service). They start my day with a smile. There are peals of laughter in the morning..." Another person said, "I can't fault them (staff) in any way. They are delightful..." During a visit to one person's home we observed staff were polite, friendly and professional. They greeted the person cheerfully and it was clear staff had developed positive relationships. Staff were consistently considerate and sensitive in their approach. The person said it was "lovely to see staff." They said "We can have a natter as it can be lonely."

People were treated with kindness and compassion. All those responding to our questionnaire confirmed staff were caring and kind. A relative wrote, "The care workers are very kind and caring. They are a pleasure to see and I know (person) is very fond of them all..." Comments from people we spoke with included, "They are all very kind and caring. Most helpful...they go out of their way to help me"; "They (staff) are lovely...very nice to me. They are friendly and cheerful..." A relative said, "(Person) is completely at ease with them (staff). They are respectful, lovely girls." People said care was not rushed enabling staff to spend quality time with them.

One person explained that when their main carer (their relative) was unable to provide their care overnight due to ill health, the service had arranged additional overnight visits to enable the person to stay at home. The person added, "They tried their best for us. The family couldn't believe how good the service was..."

People were supported by a regular team of staff who were able to develop good relationships with them over a period of time. Staff demonstrated a good understanding of people's individual needs and preferences. A relative wrote, "They (staff) are polite, helpful and certainly deserve a lot of credit. They always leave (the person's) home tidy and ensure (the person) is safe and looked after. We cannot praise the carers enough."

People said the support and care they received helped them to be as independent as they could be. People said the service enabled them to stay at home, which was very important to them. One person described how they liked to do as much for themselves as possible and that staff respected this and never rushed them. They said, "The girls help me but never take over. I know I wouldn't be able to manage without their help...but they don't make me feel useless..." Another said, "I couldn't manage to stay at home without them." A relative said, "They help me a lot..."

A relative described the improvements to their relative's general health and mobility. They described how their relative had needed specialist equipment to transfer from their bed when the service first started. However with the care, encouragement and support from staff, their relative could now move independently with the support of a walking frame. They added, "They helped with her confidence. They were very patient and caring. We are very happy with the service."

People's dignity and privacy was respected by staff. 100% of people responding to our questionnaire said staff always treated them with respect and dignity. This was echoed by others we spoke with. People confirmed the service respected their preference regarding the gender of staff providing their care and support. The service had recognised one person enjoyed the company of a male member of staff and that they preferred to shave with that staff member. The person said, "(staff name) comes a lot and does everything I need. I give him 10/10." Other comments included, "They (staff) are always very respectful, thoughtful and kind"; "They are respectful. I can't fault them in any way..." and "They look after me very well. They are respectful, polite and friendly..."

People and their relatives were given support when making decisions about their preferences for end of life care. The registered manager and senior team said they aimed to provide compassionate and appropriate care for people at the end of their life, to enable them to be at home if that was their choice. The Provider Information Return (PIR) showed 15 of 19 staff had received end of life care training, to help them understand the principles of palliative care. The service had secured additional funding for a long distance palliative care course for staff, provided by the local hospice to further improve staff's knowledge, competence and confidence. Staff had also received training, advice and support from hospice care staff when caring for people at the end of their lives who had chosen to die in their own homes. One relative was keen to describe the support they received to care for their relative at the end of their life. They explained how important it had been to have their relative at home and the service enabled them to achieve this. They said, "They were absolutely super. A lovely caring company. The whole family were very impressed with the care. They cared for us too. I would always recommend them to anyone."

People were given the information and explanations they needed, at the time they needed them. The majority of people said they were always introduced to staff before they provided care or support. People knew which staff to expect as they were sent staff rotas each week showing who would be visiting. All confirmed they had been involved in the development of their care plan and that their care plan reflected their needs and preferences. People had been provided with a 'service users' guide' when they started using the service. This gave them information about the service, including the complaints procedure. Also included was a "What to expect from your carer" letter, describing the behaviour and conduct to expect from staff. Information about the out of hour's service was also shared with people.

Is the service responsive?

Our findings

People felt the service was responsive to their health and care needs. They said the service was "flexible and reliable". One person said, "They have been very accommodating with my hospital visits and have changed times when necessary..." A relative said, "We had a problem with timings initially but it was all rearranged. We are very happy."

Unless referrals were on an urgent basis, senior staff from the service visited people prior to the service starting. If the referral was urgent and supervisors had not had an opportunity to assess people's needs, senior staff and supervisors delivered the initial care until a plan of care and risk assessments had been completed. One person explained staff had visited them in hospital; they said, "They asked us what help we needed and the time we would like our visits...they do everything I need them to. I wouldn't want to change anything..." Other people confirmed they had been asked about what sort of service they required and what their preferred routines were. Information was also obtained from the commissioners of the service where appropriate, to ensure the service had all essential information. People had a copy of their care plan in their home and they were aware of its content. The responses from our questionnaire showed care requirements had been discussed and agreed with each person at the start of the service.

People had individual care plans, which took account of their preferences and choices. Care plans included information about people's identified needs along with instructions for staff on how best to support people. Information included people's preferred name, their past medical history, health and personal care needs, and their mobility, communication, and nutritional needs. Some care plans were more detailed than others. For example some consisted of a list of tasks, for example, "assist with personal care". Other care plans contained more personalised information, such as how to wake the person, and how best to support the person with personal care. The registered manager explained that most people were able to direct their own daily care, telling care staff exactly how they wanted their personal care each day. Therefore the care plans were less prescriptive to allow for flexibility and choice. Other people, who may be living with memory loss, may not be able to direct their daily care to ensure all their assessed were met; therefore their care plans were more descriptive.

Care plans were kept up to date with any changes recorded as they occurred. Copies of the care plans were kept in the office as well as in people's homes where they could be accessed by staff to ensure care was delivered in the agreed way. Staff said care plans contained sufficient information to enable them to deliver safe care. They said communication about any changes was good. Staff received a weekly up-dated handover sheet which contained information about any changes to the person's health or usual routines. The daily care records for each visit showed the care and support delivered; any food or drink prepared and taken by the person; as well as information about any observed changes to the person and details of when staff arrived and left.

Staff we spoke with were able to confidently described peoples' needs and how they provided support to them. Everyone we contacted said staff completed all of the tasks they should do during each visit. One person told us about the additional things staff did, such as hanging their washing out and taking out the

bins. They added, "They really are wonderful. Nothing is too much for them."

People said how much they enjoyed the social aspect of the visits from the staff. Everyone commented on how friendly and polite staff were. Several people said they were able to share a joke and a laugh with staff and that their visits cheered them up. One person said, "They always make time for a chat. They are interested in me. We chat about the things happening in the local town." Another person said, "They (staff) are lovely. I enjoy their visits..." One person said staff visits made a difference as they could feel lonely. The weekly up-dated handover sheet contained reminders about important information such as when people were attending day centres. This meant people were supported to get ready to go out on time that day. It was obvious that the social isolation some people may experience was reduced by regular social interactions with the staff.

People said they were aware of how to raise complaints or concerns, although two of the 15 people responding to our questionnaire said they did not know how to make a complaint. People we visited and spoke with had been given a copy of the complaints procedure to enable them to raise concerns or make a complaint. The registered manager said they would ensure people were reminded that this information was held in their care file in their home. The complaints procedure included information about external organisations people could contact should they be unhappy with how concerns were responded to. For example the ombudsman and the CQC.

The Provider Information Return (PIR) showed no complaints had been received by the service in the past 12 months. People said they had no reason to complain about the service they received and no complaints or concerns were raised with us during this inspection. One person said if they had a request or a "little niggles" they would speak with the office staff. They added, "The office staff are always very nice..." The majority of people and their relatives told us via our questionnaire the service responded well to any concerns they may raise. A social care professional said they had received no complaints about the service and that any concerns or requests were dealt with "consistently". They added, "There have been no concerns raised during care reviews..."

People said the registered manager and staff in the office was responsive to their requests and suggestions, for example the timing of their visits. The registered manager gave an example of where one person requested a change of staff due to "personality issues" and this was acted on immediately.

Is the service well-led?

Our findings

People using the service, their relatives and professionals said they felt the service was well managed and that they would recommend the service to others. One person said, "It is well managed. Never a missed visit, no complaints. I think that shows how well they manage..." Another said, "I would give them 11/10!" A relative said, "I have the biggest respect for them and can't fault the care from beginning to end...they were truly marvellous..." Health and social care professionals' comments included, "We have no concerns about this service. There is good communication, any changes or concerns are reported to us. They are well organised" and "They provide a good service...we are very pleased with them."

The service had an experienced registered manager in post. They were one of the directors of the provider company and were supported by another director; a business support manager and two supervisors. Together they provided direction and leadership to the staff team. The leadership of the service promoted an open and approachable culture, which was willing to listen to people's views and requests in order to provide a good service. Everyone we spoke with knew who to contact at the service if they had any queries or concerns, although two people responding to our questionnaire were unsure. However, this information was contained within all care records kept at people's homes. People said there was good communication with the service and they were confident any suggests or requests would be acted on. One person said, "The staff and managers in the office couldn't be more helpful..." A relative said, "If I have any concerns about (the person) I can ring the office, things are dealt with immediately." A commissioner of the service said the registered manager and senior staff were "open and honest" and "approachable, friendly and accommodating". They added, "It is a good service overall...one I will recommend."

The provider had a quality assurance system in place and quality audits were carried out on a regular basis. These quality audits focussed on areas such as people's medicines records, which were checked a monthly; and their care plans also checked on a regular basis. The provider also carried out an annual satisfaction survey to gain feedback from people about the quality of the service. The last survey was carried out in October 2015 and the responses from people were all positive, with comments such as; "We feel very lucky to have our regulars (staff). Great quality of the relationship dad has with carers really does keep him going"; "Excellent service"; "Carer is absolutely brilliant and flexible" and "Always most helpful, on time...very pleasant ladies..." A company director explained a satisfaction survey was due to be sent in October 2016 and this will seek feedback from relatives and professionals as well as those using the service.

Regular 'spot checks' were carried out in people's homes to ensure staff arrived on time, followed the care plan and treated people with dignity and respect. Verbal feedback was also sought from people using the service during these visits. Supervisors observed staff practice and provided guidance to staff to ensure best practice was followed when delivering care and support.

Staff were clear about their roles and responsibilities and told us they enjoyed working for the service. They said the registered manager and other senior managers were approachable and they felt listened to and supported if they raised any issues. One staff member said, "I love my job! This is a good place to work. They (managers) are always available to speak to." Another, who had worked in care for many years, with several

different services said, "This is the best job I've ever had...I've had really good support..." There was no set frequency for when staff meetings were held, however staff meetings were held in both geographical patches. The minutes from a February 2016 meeting showed staff discussed issues that affected the service and ways in which the service to individuals could be improved. During the inspection several staff visited the office to see the registered manager, to discuss issues and collect supplies, such as aprons and gloves. Staff were welcomed by the senior management team and always offered refreshment, and given the time needed to discuss any issues. Communication was improved as a result of a staff survey completed in January 2016. Staff confirmed the weekly 'handover sheet' had helped to ensure all staff were aware of any changes to people's care needs.

Records were maintained, including details about each person's care and their individual needs. Care plans were reviewed and audited by the registered manager or supervisors on a regular basis. There were auditing systems in place to identify any shortfalls in records, such as medicine administration records. Action was taken to deal with these for example, meetings with staff to discuss areas for record keeping improvements.

People's information was treated confidentially. Personal records were stored securely in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

The service worked in partnership with the local authority commissioners (people responsible for purchasing the service) and health care professionals. One social care professional said the service provided was good. They added, "They work well with us. If they have queries or concerns they will request specialist support. They work in partnership." A health professional echoed this and added, "They (the service) are very good." The registered manager and supervisors gave examples of how they had liaised with local health professionals to ensure people's health needs were fully met. They had contact with the community nurses and GP's when needed. They had also established good links with the local Hospice Care nursing team.