The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Rugby

Inspection report

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Tel: 01788440012

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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

We inspected this service on 7 September 2016. The inspection visit was announced.

The service delivers personal care to people in their own homes. At the time of our inspection, 162 people were receiving the service.

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. On the day of the inspection visit, the provider's compliance manager supported the registered manager to explain how the service operated and was managed.

People told us they felt safe with the staff that came to their home. Staff were trained in safeguarding and understood the signs of abuse and their responsibilities to keep people safe. The provider's policies for keeping people safe included pre-employment checks, to make sure staff were suitable to deliver care in people's own homes.

Risks to people's health and wellbeing were identified at the initial assessment of care and their care plans included the actions staff should take to minimise the risks. Staff understood people's needs and abilities because they read their care plans and shadowed experienced staff, so they could get to know people well before working with them independently.

The manager assessed risks in each person's home, so staff knew the actions they should take to minimise the risks. All staff were trained in medicines management, to ensure they knew how to support people to take their medicines and to keep accurate records.

Staff received the training and support they needed to meet people's needs effectively. Staff had regular opportunities to reflect on their practice, to attend training in subjects that interested them and to consider their personal development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People made their own decisions about their care and support. Staff understood they could only care for and support people who consented to receive care from them.

People were supported to eat meals of their choice and staff understood the importance of people having sufficient to drink. Staff referred people to healthcare professionals for advice and support when their health needs changed.

Staff had regular care calls so they got to know people well. People told us staff were kind and respected their privacy, dignity and independence. Care staff were thoughtful and recognised and respected people's cultural values and preferences.

People were confident any complaints would be listened to and action taken to resolve them. When people raised issues, the registered manager resolved them immediately, through face-to-face meetings with people.

The provider's quality monitoring system included asking people for their views about the quality of the service through telephone conversations, visits by a supervisor and regular questionnaires.

The manager checked people received the care they needed by monitoring the time staff arrived for scheduled calls, reviewing care plans and daily records, and through feedback from supervisors.
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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 understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were assessed and actions agreed to minimise the risks. The provider checked that staff were suitable to deliver care and support to people in their own homes. Risks to people's safety in relation to medicines were minimised through training and regular checks of staff's practice.

Is the service effective?

Good

The service was effective. Staff had training and skills that matched people's needs and were supported to consider their personal development. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to make their own decisions. Staff referred people to healthcare professionals to support them to maintain their health.

Is the service caring?

Good

The service was caring. Staff worked with the same people regularly so they were able to get to know them well. Staff understood people's likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were kind, respected their privacy and dignity and encouraged them to maintain their independence.

Is the service responsive?

Good

The service was responsive. People's needs and abilities were assessed and people received a service that was based on their personal preferences. Care plans were regularly reviewed and staff were kept up to date about changes in people's care. People and staff were confident that complaints would be dealt with promptly and resolved to their satisfaction.

Is the service well-led?

Good

The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Staff received the support and supervision they needed to carry out their work safely and felt confident to

raise any concerns with the management team. The provider regularly reviewed the quality of the service and made improvements to how the service was delivered.

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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 was 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 office visit took place on 7 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to meet with us. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

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 we held about the service. We looked at information received from relatives, from the local authority commissioners and in the statutory notifications we had received during the previous 12 months. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Before the office visit, we sent surveys to 50 people who used the service and 50 relatives and friends of people who used the service, to obtain their views of the care and support. Surveys were returned from 17 people and two relatives. We also spoke with eight people who used the service and three relatives by telephone. During our inspection visit, we spoke with the registered manager, the compliance manager, a compliance officer and an office administrator. After our visit, we spoke with seven care staff by telephone.

We reviewed seven people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All the people and relatives who responded to our survey, and all people we spoke with, told us they felt safe with the staff. One person told us, "I do feel very safe with my carers. I'd put my life in their hands" and a relative said, "[Name] is in safe hands, which means that I can get on with my work in the house without worrying."

The provider's policies and procedures to protect people from harm included training for staff in safeguarding and a whistleblowing policy. The whistleblowing policy meant staff knew they could share any concerns about other staff's practice, in confidence and without fear of repercussions. Staff understood their responsibilities to protect people from the risks of harm or abuse and were confident any concerns would be acted on. Staff told us signs of abuse could be unexplained bruising or a person appearing worried about something. Staff told us, "I have no concerns about people being at risk of abuse" and "I would report to the manager if I did". One member of staff told us when they shared their concerns, the registered manager had contacted the appropriate agency and action had been taken to protect the person from harm. The registered manager notified us when they made referrals to the local safeguarding authority, in line with the regulations.

The provider had implemented systems and processes to minimise risks to people's health and wellbeing and to staff's safety. The registered manager or supervisors visited people in their own homes to ask them about their care and support needs. They assessed risks relevant to people's needs and abilities, and the environmental risks related to each individual's home. The registered manager told us, "We ask about pets because they might be a trip hazard or an allergen for the person or staff. The care plan is written to minimise risks." People's care plans included the actions staff should take to minimise the identified risks. For example, for people at risk of falls, staff were directed to make sure people's mobility aids, helpline pendants and drinks were close to hand and the kettle was filled, before leaving the premises.

People told us they felt safe when staff supported them, because staff understood their needs and abilities, and how best to support them. Staff told us they regularly worked with the same people, so they got to know them well. They told us there was always a care plan to read when they went to a person's house for the first time. The registered manager told us they sent messages to staff's mobile phones when they needed to support a new person and the supervisors took printed copies of the care plans out to people's homes. People told us, and daily records showed, that staff delivered the care and support described in the care plans.

There were enough staff to deliver the care and support people needed. Both relatives that responded to our survey said staff arrived on time, stayed for the expected time and completed all of the care that was needed. In our survey one person had commented, "During the week I normally have the same carer and I know what time they will be arriving." One person told us, "They usually phone to say if running late" and a relative said, "They have never not turned up." Care staff told us they always had enough time to deliver all the care and support people needed. They told us, "I have enough time to get round. I have plenty of time for each call and for the travel in between" and "No-one is rushed. There is enough time factored in."

People told us they appreciated their regular staff because they were predictable in their arrival and departure times, but found the relief staff did not always arrive at the same time as their regular care staff. People told us it felt like relief staff were 'late', even when they arrived within the agreed timescale of up to half an hour either way and the variation in arrival times was more noticeable at weekends. A member of staff told us, "Sometimes I am later than people like, but they do not know about road works and tea-time traffic." An administrator showed us their electronic call monitoring system, which updated continuously to show where staff were. They told us if staff did not log in at an address at the time they were expected, the administrator phoned them to check where they were, and the reason for any delay. They told us the policy was to phone and advise people if staff were likely to arrive more than half an hour later than planned. One person told us, "They usually phone to say if running late."

The provider had arranged for 'responders', regular staff who were on duty from 7:00am until 2:00pm, to deliver support as and when required. This was to ensure there were always enough staff on duty to cover all the calls in the event of staff sickness or other emergency. Staff told us the system worked, for example, if they needed to stay with someone in an emergency, they called the office to make sure people were advised they had been delayed, or to advise people that another member of staff would be allocated to their calls.

Records showed the provider minimised risks to people's safety through their recruitment process. The provider checked staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they did not work independently with people until all the suitability checks were completed satisfactorily.

Some people told us they managed their own medicines and some people told us staff supported them to take their medicines. A relative told us staff 'popped the blister pack', for their relation and 'wrote it down' in their daily records. Staff told us they were trained in medicines administration, and were confident they knew what to do. Records showed staff were guided and directed about how and when individual people should take their medicines by a medicines administration record (MAR). The MARs explained the times and amount of medicines people needed. The MARs we looked at were signed and dated by staff when medicines were administered. Staff kept a daily running total of each medicine to make sure there were no errors or omissions in administering medicines.

Supervisors checked the MARs when they were brought back to the office, to check staff kept accurate records. During our inspection visit, the registered manager explained the process for checking the records, highlighting any gaps and recording follow up actions. Where gaps were identified staff were asked to confirm whether the medicines had been administered and were reminded of the importance of keeping accurate records.

Good

Is the service effective?

Our findings

Over 90 per cent of the people we surveyed said staff had the right skills and knowledge to give them the care and support they needed. Both relatives who responded to the survey said staff had the right skills and knowledge to support their relations effectively. People and relatives we spoke with told us staff were effective and they were supported according to their needs. People said, "I think they are well trained. Most of them seem to know what they are doing", "I think they get proper training and go in tandem when they are new" and "The girls are very nice and competent at their job."

Staff told us their induction to the service included learning about the provider's policies and procedures, shadowing experienced staff and training. The induction programme included face-to- face and on-line training in, for example, moving and handling, health and safety, person centred care, the principles of care and dementia awareness. The induction assessment booklet followed the principles laid down in the Care Certificate, and staff's written answers were assessed by a trained Care Certificate assessor. All staff completed the full Care Certificate within the first 12 weeks of their employment with the service. A member of staff told us, "We all have the same training, so care is consistent."

Staff told us they felt prepared at the end of their induction programme. They told us, "With the training and shadowing and double up calls, I felt prepared" and "It was useful to put the training into practice in a safe environment." Staff told us the training was good because it was relevant to people's needs and gave them confidence in their practice. They told us, "The trainer was really good. I learnt a lot" and "I understood how to use the hoist and wheelchairs. I know what to do and how to use the MARs. I felt ready to go." Staff were supported to develop their skills and experience and to achieve nationally recognised qualifications in health and social care, to improve the quality of care for people.

Staff's skills, competence and behaviours were continually assessed, because supervisors observed their practice at regular 'spot checks'. An electronic monitoring system alerted the manager when staff supervision (observation and feedback meetings) were due. Care staff told us, "At the spot check, they check everything. They check the records and MARs, speak with the person and give us feedback about our practice" and "They need to see you care, by adhering to the standards of care."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider told us they had not needed to apply for DoLS because no one had a care plan that restricted their

liberty, rights or choices. The provider understood their responsibilities under the Act and provided training for staff about the MCA and DoLS and about obtaining people's consent to receive care.

People told us staff respected their right to make decisions and they always obtained their consent for care. One relative told us, "The usual carers are great. They ask [Name] if they would 'like to do that' before doing anything." Care staff understood the principles of the Act. They told us they understood people could make their own decisions, or, if they lacked capacity, they had a close relative or an advocate to make decisions in their best interests. Staff told us, "Sometimes people just don't want to get up. I try to persuade them and look for ways to make things easier for them"" and "If I was concerned about their decisions, I would phone my line manager." Staff were confident the manager would address their concerns by assessing the person's capacity to understand the risks and benefits of their decisions, and would involve other health professionals if decisions needed to be made in people's best interests.

People were supported to eat and drink regularly to maintain their nutritional needs. Some people told us staff prepared meals for them. Many people were supported to heat ready-prepared meals of their choice to ensure a hot meal was available when they wanted one. One person told us, "They (staff) get my meals and they give me a choice of two or three and I pick which one I fancy." The registered manager assessed risks to people's nutrition and their care plans explained whether people were able to make themselves hot drinks or whether staff should make them. The guidance for staff included people's preferred drinks, for staff to ensure people were encouraged to drink sufficient for their needs.

People were supported to maintain their health and staff knew which people needed on-going support from healthcare professionals with their health needs. People's care plans included their medical history and current medical conditions, so staff knew the signs to look for that might indicate a person was unwell. None of the people we spoke with could remember needing staff to contact other health professionals on their behalf. Staff told us, if a person was unwell during their call, they would ask the person if they would like to see a doctor, contact a family member and contact the office. Records showed staff made sure people were encouraged to see their GP, who could refer them to other health professionals, to make sure their health was maintained.

Good

Is the service caring?

Our findings

Almost everyone who responded to our survey said the staff were caring and kind. They all said staff always treated them with respect and dignity. People we spoke with told us, "The carers are very good I couldn't wish for better. They are kind and don't rush me about", "I look forward to them coming" and "They are always very good to me and look after me well." A member of staff told us, "You can't help but get attached. You become part of their family, part of their life. They tell you things and show you their photos and their families come over to visit."

The provider made sure people enjoyed a continuity of care because staff regularly supported the same people. This enabled staff to learn about people's needs and abilities and get to know and understand them well. We saw the call scheduler was able to revise the electronic rota to make sure regular and relief staff were only allocated if people felt comfortable with them.

Staff understood the importance of developing positive relationships with people and their families. Everyone we spoke with told us they were happier on the days their regular staff attended, because they knew their preferred routines well and did everything in the order they preferred. People told us, "The regular carers are very good, they involve [Name] in conversations even though [Name] can't communicate very well" and "I do have regular carers and they really cheer me up in the mornings." One person said, "I do get different carers but the same 'gang'. Of course you do get some better than others but that's just life."

Staff understood the importance of gaining the person's trust and friendship, in order to deliver care effectively. They told us having regular calls meant they could develop a good relationship with people. They told us, "I get to know people well. They know who is coming, so they are more comfortable with that" and "I can make a proper relationship with people and have time to chat."

Staff told us they read people's care plans before they started working with them. People's care plans included actions for staff to ensure a planned 'outcome of intervention', for example, to be 'clean, comfortable, to have a choice, to maintain their independence'. The language used in care plans, for example, 'encourage, prompt, be mindful, face the person to speak', promoted people's independence, by reminding staff to support and enable people rather than 'look after' them

The electronic staff planning tool enabled the manager to make sure staff were allocated to people according to their gender preferences and their diverse cultural values. Staff had training in equality and diversity, and people's care plans explained whether each person followed their religious or cultural traditions. Staff told us, "It is proper person centred care" and "Care is centred on the individual. I encourage them to talk about themselves, so I can get to know them, understand what makes them tick."

All of the people who responded to our survey told us staff treated them with respect and dignity. People told us, "They always make sure that they knock before they come in", "Most are quite professional" and "They do treat me with respect and seem to know about me." A relative told us, "They always treat [Name] with respect. They put a towel around her and make sure she is never left uncovered."

Care staff told us they understood the importance of closing curtains and doors and protecting people's dignity by wrapping a towel round their lap while washing their upper body. Records showed that staff's behaviour, and the way they interacted with people, was regularly observed and monitored by their supervisor to ensure people were treated with dignity and respect.

Good

Is the service responsive?

Our findings

Most of the people and relatives remembered being involved in planning their care and knew they had a copy of the plan in their 'folder'. They said that close relatives, or people who were important to them, were involved in planning their care, if they wanted them to be. People told us staff were responsive to their needs and preferences. People told us, "Some of them do suggest things that may help me, such as a different way of doing something" and "They are quite flexible with me for example if I am going to a club they come a bit earlier to help me get ready."

The registered manager told us an initial assessment of needs was carried out at the person's home, or at the hospital, and a care plan was written up to match the person's needs and abilities. They told us, "It's not a question and answer session. It's like listening to their stories. We ask about family, history, look at photos and the environment, check their memory and include a relative if they want or need. We ask, 'what do you like to do?' to start the conversation."

Care plans included an assessment of the person's abilities and dependencies for seeing, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person. For example, one care plan we looked at described, whether the person, their relatives or staff would run the bath, choose clothes, apply cream and brush hair. Care staff told us, between the care plans, the daily records and asking people, they understood people's needs, abilities and preferences for care. Staff told us, "Care plans tell me all I need to know" and "The care plan outlines everything we should be doing and I can ring their family for help or advice."

Care plans included a list of 'tasks' to be completed during each call and the desired outcome for the person. This was of particular importance for people who may not be able to explain their needs. Staff were given clear instructions about making sure people had their medicines and were comfortable and safe and had personal alarms and sufficient drinks close to hand before they left the premises. One person told us, "They are always very good to me and look after me well. They will say, 'if there is anything else you need, just let us know'."

The registered manager told us staff appreciated that people's needs varied and were responsive to changes from the 'usual and routine' calls. They told us they worked with other service provider's to ensure people were supported to use different services when they needed. They told us, for example, how they had recently worked with ambulance service, to ensure staff were at one person's home to meet them, make tea and support them to bed, when they were discharged from hospital. During our inspection visit, we heard a relative call in to say they were taking their relation out to lunch the next day. The registered manager informed staff by text immediately that the lunchtime call for the person was not needed cancelled the scheduled call and informed the administrator by email that the call had been cancelled.

The registered manager told us that administrators telephoned people two weeks after starting with the service, to check people were happy with their care, the staff and the times, to make sure any changes needed were made promptly. Risk assessments and care plans were reviewed at six and 12 months after

starting with the service and updated when people's needs changed. Records showed when one person's needs changed, for example, the registered manager had negotiated with the funding agency to ensure calls lasted for different lengths of time on different days, according to the person's needs on each day. Staff told us, the care plans and daily records informed them about any changes. Staff told us, "I always read the care plans to find out what's needed" and "As long as you read the notes you are alright."

Most of the people, who responded to our survey, and all of the people we spoke with, said staff responded well to any issues or concerns they raised. People told us they knew whom to contact and would be quite comfortable to raise any issues about their care or staff by telephone, or face to face with supervisors. The contact telephone number was in each person's care plan. People told us, "We've had a few of them (managers) come out from the office to visit us and see how we are" and "They did respond to one of the issues I mentioned about the times of my visits."

The provider's complaints policy was explained in the service user guide file that each person had in their home. Details of how to make a complaint were included at the back of people's care plans. People told us they had not made any formal complaints, because they raised issues with staff or the supervisors, when they telephoned or visited. People said, "I would be happy to complain if I needed to and I would know who to complain to if necessary" and "I have got the phone number for whom to contact if I was unhappy."

The registered manager analysed complaints to identify any trends. They told us they had only received verbal complaints, which were acted on straight away to resolve the issue. They said, "I would arrange to go and see the person, today, straight away, to resolve and offer a solution." They told us if the complaint was about 'not getting on' with a particular member of staff, they would amend the call rota system to ensure the staff did not call on them again. They said, "The complaint will be on the person's individual record, but I can see the whole picture. If it was a wider issue of staff reluctance, or misunderstanding I will have a conversation with that member of staff."

Good

Is the service well-led?

Our findings

All of the people and relatives who responded to our survey said they knew who to contact if they needed to. People told us the information they received from the staff and manager was clear and easy to understand. People told us that someone from the office visited them at home, so they had an opportunity to give verbal feedback about the service. Most people remembered being invited to complete a satisfaction survey.

The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. People were asked how the service worked for them during an initial follow-up telephone call, two weeks after starting with the service, and at three monthly 'spot check' calls. Supervisors visited people in their homes every three months to ask whether their care plan continued to meet their requirements and to check they were happy with the service. The registered manager showed us the checklist supervisors used at spot checks. It included how the staff behaved, how they spoke with people, whether people were given choices and accuracy of staff's actions to the care plan. Staff told us they had feedback from the supervisor about what they did well and where they could improve.

The provider checked whether people were happy with the quality of the service through quarterly and annual surveys. One person told us they had received a satisfaction questionnaire and said the manager had responded satisfactorily to an issue they raised about the times of visits. The questions in the survey included, 'do staff show respect and arrive at an acceptable time and are they friendly, polite and helpful?' The questions reflected the fundamental standards of care, which demonstrated the provider's ability and willingness to adopt new practices in line with changes in the Regulations.

The compliance manager showed us the results of their most recent survey of July 2016 for five people who had received the service for one year. No concerns had been identified. They told us they had seen improvements over time in the volume of people's response, the level of people's satisfaction with the service, their willingness to speak out and their confidence in staff's training. They said they believed this was a direct result of the improvements they had made in delivery of the service. For example, all staff now completed the Care Certificate and had training in the field and practical assessments. They told us, "Dissatisfactions are shared with the provider and registered manager for investigation, but no themes have been identified recently."

The registered manager told us they were working on a known issue of dissatisfaction, which was the difficulty some people had reported of getting through to the supervisor when the office was closed. They told us, "There is no mobile telephone coverage in some areas, so if supervisors are doing relief calls in those areas, they do not hear the phone ring. People do not always leave their name so supervisors cannot ring them back." They told us they were working with the local authority to identify a solution, which might include dedicated weekend office staff.

The manager understood their responsibilities and the requirements of their registration. For example, they knew which statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR), as required by the Regulations. We found the information in the PIR reflected how

the service operated.

The compliance manger had told us, during our inspection at another of the provider's services, how they ensured the service was delivered in line the latest guidance. They told us, "I check for changes in legislation and make sure policies and procedures are up to date and in line with the legislation. I have recently updated the safeguarding, whistleblowing and confidentiality policies." Care staff were given information about the provider's policies during their induction, in their handbook and could read them in full at the office. The compliance manager emailed staff to let them know when policies were updated. Staff told us they relied on the provider's policies to guide their practice and were confident they were effective. For example, all staff said they not hesitate to raise any concerns about the service under the provider's whistleblowing policy.

Managers and supervisors undertook regular checks of the quality of the service. When people's daily records were returned to the office, the supervisors checked the records matched the care plans and that people's medicines records were completed in full, to confirm people received their medicines as prescribed. When supervisors found errors or omissions in the records, care staff were reminded of the importance of accurate recording. When required, staff had to complete refresher training and undergo additional assessments in medicines administration to confirm their competency.

The registered manager used the call monitoring system to check that staff spent the time they had been allocated at each call. When records showed the call time was shorter than planned, they investigated the reasons why with the care staff concerned. This enabled them to check people received the care they needed and whether there were any changes in people's needs or abilities that should result in a care plan review.

The provider learnt from their experience and made changes to improve the quality of the service and how it was monitored. Records showed the compliance manager had made changes to the MARs sheet. The updated MARs sheets included a column for the total number of medicines left to be recorded after every visit, not just at the end of the day. The registered manager told us the change had reduced the opportunity for errors in medicines administration.

Staff told us they felt supported, because they had regular rounds, were regularly observed in practice and could ask for any training they needed. Due to feedback from staff, the provider had agreed they would support staff to undertake any training they thought would improve their practice. Staff told us they liked working for the service because the registered manager and management team were approachable and listened to them. Staff told us, "The office is really helpful, really punctual at sorting things out", "I can phone them anytime, I can go to into the office anytime" and "I've rung so many times this last few weeks, and they are always lovely about it and reassuring."

Staff told us they were happy in their work because all the staff were consistent in their behaviour, shared the same work ethic and demonstrated the provider's values. They told us, "The staff are amazing", "I look forward to going to work", "They are a good company to work for, friendly and helpful" and "I'm so lucky to have this job. I love it."

The provider told us about their plans to improve the quality of the service in the PIR. The regional manager had previously told us about their plans to improve call monitoring by replacing the telephone based call monitoring system with a custom-made GPS signal system. The provider had developed software that tracked staff's company mobile phones, which automatically recognised when staff arrived at and left a person's house. The system was being piloted at another of the provider's service's at the time of our

inspection.

The regional manager told us the GPS system of call monitoring will give absolute certainty of staff's whereabouts and will be time saving in the long term. People who receive the service will benefit from 'real time' call monitoring, because administrators will know whether staff are delayed by traffic or at another person's home. They will be able to advise people more promptly and accurately of any unanticipated delays to their calls or assign a responder to the call.