

Clear Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 11 October 2017. Both days were announced. We gave the provider short notice of our inspection due to the nature of the service. This was so that the registered manager could be available to assist us with our inspection.

Clear Care Limited is registered to provide personal care to people living with a dementia, a learning disability or autistic spectrum disorder, mental health, older people, physical disability, sensory impairment and younger adults in their own homes. At the time of our inspection 22 people were in receipt of care from the service. There were other people in receipt of a service from the provider but not in receipt of personal care.

The service had 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.

At the last comprehensive inspection on 28 August 2015 the service was rated as good overall and was meeting the requirements of the regulations at that time. During this inspection the service was meeting the requirements of the current regulations and was rated as good overall.

People who used the service and relatives told us they were very happy with the care they received and felt safe. Detailed risk assessments had been completed that ensured that staff were aware of individual risks and how to reduce these, in order to protect people from harm. Medicines were safely administered. People told us they were happy with the support they received with their medicines.

Duty rotas confirmed staff allocations, that ensured people received regular and consistent visits from staff. There was a safe system for recruitment in place that ensured staff were suitable for the role for which they were employed.

People who used the service and relatives were very confident in the knowledge and skills of the staff team. Staff files demonstrated a training programme was in place that would equip staff with the skills to deliver good care. The registered manager told us and records we looked at confirmed a proactive approach to ensure staff also received up-to-date and relevant guidance regularly as part of team briefings and team meeting minutes.

It was clear that exceptional links had been developed with relevant professionals that supported a proactive approach to maintaining people's health and promoted positive outcomes for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff

demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and its relation to protecting people who used the service from unlawful restrictions. Records confirmed consent was sought for a variety of decisions in relation to the care people received. This confirmed people who used the service or their relatives had been consulted about and agreed to the care they received.

People who used the service and their relatives told us they were extremely happy with the care they received from the staff who supported them. They told us they were treated with dignity and respect at all times. Care files we looked at contained relevant individualised information about how to support people's needs, likes, wishes and choices. People were supported to access a wide variety of diverse individualised activities, such as trips out, accessing the internet, embroidery or shopping.

We saw extremely positive feedback about the service and the care that people received. Although no formal complaints had been received there were policies and procedures in place to enable staff to act on and deal with complaints appropriately.

All the people we spoke with were extremely complimentary about the leadership and management of the service. Audits, quality monitoring and feedback was obtained regularly that confirmed the quality of service being provided to people.

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 ●

People we spoke with and relatives told us they felt safe and well cared for in the home. Staff understood the procedure they needed to take, if they suspected abuse had occurred.

Medicines were managed safely. Records had been completed that confirmed medicines had been administered appropriately.

Risk assessments were in place and these reflected people's individual needs in order to keep them safe.

Is the service effective?

Good ●

There was an excellent training programme in place that supported the knowledge and skills of the staff team to deliver excellence in the care people received.

Exceptional relationships had been developed that ensured all people who used the service received appropriate and timely reviews of their care.

Records confirmed consent was sought for a variety of decisions in relation to the care people received.

Is the service caring?

Good ●

Everyone who used the service and their relatives told us they received very good quality care from all the staff team.

We saw evidence that people were treated with dignity and respect. This was confirmed by the people we spoke with.

Is the service responsive?

Good ●

Care files were comprehensive, detailed and clearly demonstrated how staff could deliver people's individual care well.

People were supported to engage in positive meaningful activities. It was clear staff supported people to live fulfilled and enriched lives.

There was a system in place to ensure complaints were dealt with appropriately. We saw very positive feedback about the service delivered to people.

Is the service well-led?

Good ●

We received extremely positive feedback about the registered manager from people who used the service, relatives, staff and professionals.

Systems were in place to ensure the quality of the service was effective and monitored regularly.

Team meetings were taking place. We saw evidence of comprehensive minutes that demonstrated the information provided to staff from the management.

Clear Care Limited

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 took place on 3 and 11 October 2017. Both days of the inspection were announced. The inspection was undertaken by one adult social care inspector and an expert-by-experience in caring for people living with a dementia and older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at information we held about the service. This included feedback and any notifications submitted by the provider. A notification is information about important events which the service is required to send us by law. We also checked if any information had been received relating to any concerns relating to the care people received.

We also looked at the Provider Information Return (PIR), which we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we undertook a number of different methods to understand the experiences of people who used the service. We spoke with five people who used the service and six family members over the telephone and with permission, we spoke with a further two people who used the service and one relative in their own homes. We also spoke with four staff members and the registered manager who was also the nominated individual and one of the directors of the company.

We looked at a number of records relating to the operation and oversight of the service. These included duty rotas, audits and surveys, three staff files, medication records and care files for four people who were in receipt of care.

Is the service safe?

Our findings

Everyone who used the service and their relatives told us they felt safe and were extremely happy with the care they received. They told us, "I trust them, absolutely. I feel safe, nothing has ever happened", "I feel quite safe and I look forward to [Staff member] coming. No nothing untoward has ever happened. I feel quite comfortable you know" and "I trust them, completely, they are angels." Relatives told us, "[Name] is safe, nothing like that has ever happened, nothing at all" and "I feel she is safe. Actually I feel she is safer here than in a home." A professional we spoke with raised no safeguarding concerns about the service or the care people received.

Staff we spoke with understood the signs of abuse and appropriate actions they would take to deal with any allegations. Staff confirmed they were aware of the whistleblowing procedure (Reporting bad practice) and were confident any concerns they raised would be acted upon and dealt with appropriately by the registered manager. They said, "I am aware of the signs of abuse; any changes would be apparent. I would report any concerns to [registered manager] and social services, if she wasn't around" and "I would check they are okay, I would speak to the service user [people who used the service] and speak with [registered manager]."

We saw there had been no safeguarding investigations since our last inspection. Systems were in place to ensure that any allegations of abuse were dealt with to keep people safe. There was an up-to-date policy and procedure in place. This would guide and support staff on how to act and deal with any allegations of abuse.

People who used the service and relatives told us they were very happy with the support people received with their medicines. They said, "There's never been problems with my tablets, I always get them when I need them", "I do my [name's] medication but they do her creams. They always put them back in the fridge afterwards" and "My [name] manages his own medication, but I feel secure because I know they check he's remembered to do it." The registered manager told us staff regularly collected people's medicines from the chemist. We saw evidence where the provider liaised with the GP to ensure one person's medicine reflected their current needs. This would ensure people received their medicines when they needed them.

There was a comprehensive and effective system in place that supported the safe administration of medicines to people who used the service. Training records and staff we spoke with all confirmed they had received the relevant and detailed medication training and that the registered manager had completed competency checks of their practice. This would ensure people were supported by a well-trained and monitored staff team to take their medicines safely. Medication Administration Records (MARs) had been completed in full and included important information in them to support their safe administration. This included, the medicines prescribed, any allergies, GP, name, and date of birth.

Separate records had been completed in relation to the administration of creams. These included body maps for the site of application, as well as the type and amounts required. There were medication risk assessments and care plans in people's care files, which provided important information to staff about how

to support them with their medicines safely. We saw agreements had been signed where people required support from staff with taking their medicines. This would ensure people understood what support was being provided and the reasons for this.

Detailed risk assessments had been completed for each person who used the service. These included individual and environmental risks that staff would need to be aware of during their visits to people's homes. Risk assessments we looked at provided relevant information about the support each person required, the level of risk and how staff could support the person to reduce each risk. These included; moving and handling, the environment, medication and infection control.

We saw the service had safe recruitment systems in place, which ensured staff appointed were suitable for their role. Staff records we checked included completed application forms, relevant references and proof of identity. We also saw Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with those who use care and support services. All staff we spoke with told us they had completed an induction on commencement of their role and we saw evidence in staff files, which confirmed this. The registered manager told us, "All staff are taken to meet new clients and shadow the registered manager to learn about requirements, methods, likes and dislikes, the layout of the home etc." This would ensure safe delivery of care was maintained for all people who used the service, regardless of which staff member undertook the visit.

Duty rotas we checked confirmed regular staff were allocated to each person's visit. The registered manager told us, "Staff consistently call on the same service users [people who used the service], so they know who to expect." This promoted consistency and continuity in the care people received. The registered manager told us all packages of care were a minimum of one hour for each visit and staff were provided with travel time between each call. She told us this would allow for quality unrushed care to be delivered to people. The registered manager said, "The implementation of one hour minimum call time enables staff to form and maintain relationships and provide much needed companionship, friendship and knowledge of the many service users who live alone, in some cases with no relatives nearby." She said the length of time for each visit also allowed for meaningful tasks with people to be completed properly.

Staff told us about the benefits of the rota system and the time allocated to each call. Comments included, "The one hour call really makes a difference. People are really well cared for. We need that time with them", "We get travelling time in between each call. I notify [registered manager] if I am going to be delayed" and "It is a lot more personal here. I would not want to do any less than a one hour visit. We have the chance to support people and provide a fresh meal. I get the same people to visit each week." The registered manager told us about their commitment to ensure people received all their visits as planned. She said during inclement weather they used four by four cars to transport staff to visits. They also said they had never cancelled or failed to provide a full service for a client [people who used the service].

People who used the service and relatives told us about the excellent support and continuity of the staff team who delivered their care. They said, "They are absolutely fabulous I have the same carer [staff member] every day. I can set my clock for when she arrives", "[Name] has two carers who are absolutely brilliant", "It is usually the same person. On occasion they're a bit late, but only due to traffic or if there's been a problem, but not by a lot" and "It is usually the same lovely person. They are spot on, on time. On the odd occasion they will phone if they are going to be late but it is very rare."

Is the service effective?

Our findings

All of the people who used the service and their relatives told us they were extremely confident with the knowledge and skills of the staff team and how this supported effective delivery of the care they received. They said, "I am sure they are trained. When someone is introduced to my [name], [registered manager] comes with them and goes through the routine. She is very meticulous", "I think they are very competent. They do a proper job" and "They are competent and efficient staff. They [Staff] all know what they are doing. They all have their own strengths."

Staff told us they received regular, detailed and relevant training that enabled them to deliver excellent care to people who used the service. They said, "We do all the training we need. The training is online" and "The training is fine. We have the information we need to undertake our role." Staff files and training records we looked at confirmed staff had undertaken an excellent programme of regular training that supported them to ensure people received exceptional care from the service. The training staff received included, assessing people's needs, care planning, communicating effectively, continence promotion, first aid awareness, record keeping and health and safety.

The registered manager told us that the service had introduced the care certificate training for all new staff recruited to the service. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training for new care workers. Evidence of regular, detailed and comprehensive supervision was taking place between the registered manager and staff. This ensured staff were supported and fulfilled in their roles to deliver effective care.

Team minutes identified the proactive approach that the registered manager had developed to ensure that staff had up-to-date information and guidance of individual conditions, such as Diabetes and Parkinson's disease. The registered manager told us all meeting minutes were emailed to all staff members. This ensured they had access to the relevant guidance to improve their knowledge and skills to meet people's needs effectively. Staff confirmed they received regular updates and found them to be very beneficial and increased their knowledge on conditions relevant to people who used the service.

We saw the registered manager had developed an effective approach to providing relevant information and knowledge to the staff team. This was because there was a training file, which had a wide range of information and guidance on topics relevant to the delivery of care for people who used the service. These included, care certificate presentations, medication guidance, nutrition and hydration guidance, how to use eye drops and adult basic life support. The registered manager told us staff were supported to complete a nationally recognised qualification that would increase their knowledge and skills to deliver excellent effective care to people who used the service.

Professionals told us they had developed very positive working relationship with the service. They said, "Staff have relayed any concerns to [registered manager] and in turn she has contacted us." Care files we looked at confirmed excellent relationships that had been developed with the relevant professionals in

people's care. These included the General Practitioner and district nurses amongst others.

Care records we looked at contained detailed and comprehensive information about people's individual health needs. This would guide staff about how to support people's specific conditions, their medical needs as well as promoting positive outcomes for their individual health and wellbeing. People who used the service were supported to access appropriate services to maintain their health, which demonstrated the positive impacts on their quality of life and health. This was because the registered manager demonstrated joint working with professionals and the positive impact these relationship had on people's health outcomes. They told us of situations where visits were amended to ensure people were able to access hospital appointments, as well as liaising with professionals to ensure appropriate equipment was available to support people's mobility. Where people required emergency treatment the registered manager told us staff responded immediately to ensure symptoms were reviewed and assessed by appropriate health professionals. This would ensure people remained safe and supported to optimise their individual health needs.

Examples of the systems that ensured people had positive outcomes on their health and well-being was seen. One example was where staff facilitated a review for one person, whose physical health was deteriorating. This enabled them to receive prompt treatment for their symptoms. This proactive approach was confirmed by people who told us staff had acted appropriately to ensure they received timely reviews. They said, "[Staff member] noted that [name] had a chesty cough. She was concerned and phoned me because she wanted to phone the doctor", "The carer noticed there was [a problem], and she quietly made me aware and called an ambulance. [Name] had to go into hospital" and "A time when he was unwell, they rang an ambulance. They are on the ball and very caring and always follow up to make sure he is ok."

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. Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff we spoke with demonstrated their understanding of the MCA and how this related to protecting the rights of people who used the service from unlawful restrictions. One staff member told us, "We should always assume people have the capacity and right to choose unless we are told otherwise." Training records we looked at confirmed staff had undertaken detailed and relevant training which included the MCA. This would ensure staff had the knowledge and skills to protect and support people to live their lives without unlawful restrictions. Care files we looked at were detailed and comprehensive and included relevant documentation to protect people's rights.

Effective systems had been developed by the service to ensure records reflected that consent had been sought for a wide range of decisions relating to people's care and the support they required. Staff told us they always sought permission from people before undertaking any care or activity. We saw evidence of permission being sought during our visits to people's homes. This would ensure people were aware of the care being delivered and confirmed they had agreed to it.

People who used the service and their relatives told us the staff always consulted them about their care and they had agreed to the care they received. They said, "They always ask me first what I want them to do and

they do as I ask", "They always come in and ask me what wants doing; they know the routine by now", "They talk to my [relative] before they do anything. I have heard them say things like, would you like to have your wash now and do you want to wear this" and "They always ask her every morning what she wants, for example hair washing, cream putting on etc."

Where people required support with meals, preparation and cooking we saw this was reflected in their care records, which also confirmed people's likes, dislikes, choices of meals and how staff could deliver their individual care and support. This would ensure staff had up to date information that supported people's own choices. The registered manager told us people were supported in a wide range of activities in relation to their meals. These included meals out and shopping trips.

Is the service caring?

Our findings

People who used the service and their relatives were very complementary about the care received. Comments included, "They are excellent, my [name] loves them actually", "They treat [name] very well, are very respectful and seem to be able to communicate with her and when I feel cheesed off they are very understanding and sympathetic", "They are brilliant, I am quite happy, they are lovely", "I couldn't wish for better, they really try and will go the extra mile" and "[Name] has two carers and they are absolutely brilliant both in the sense of providing good care and going the extra mile. You feel as if you are getting a personal service looking after my needs as well. [Registered manager] is always willing to talk about issues and has offered good advice on things I would not have thought of."

Professionals told us about the quality of the person centred care delivered by the staff. Comments included, "I have never had any issues around the care provided. This company are small and limited to the area they cover but provide an excellent service." The registered manager told us about their commitment to ensuring people received good quality care. Where people were nearing the end of their life, emotional support was also provided to family members. The registered manager added, "The company ethos is person centred and recognises the importance of social and emotional needs, as well as physical and health needs."

All the staff we spoke with understood the importance of delivering good quality care to people who used the service. They said, "It is a very good company. [Registered manager] always keeps us up to date with all people's needs. The care records are very easy to understand and clear on how to look after people, what is expected at each call and the information about people."

During our visits to people's homes it was very clear from the relaxed atmosphere and the chatter that the registered manager had developed very good relationships with people and their relatives and clearly understood people's needs well. The registered manager undertook all the assessments for people who used the service. The registered manager told us that they supported a 'person centred culture where people who used the service came first.' They said information on how to support people's individual needs was relayed to all staff responsible for the delivery of people's care, in team meetings, team briefings and during staff inductions. We saw evidence that all new staff were introduced to all the people who used the service on commencement of their roles. This provided staff with up to date information to ensure all people received good quality care that was tailored to their needs, likes, choices and wishes.

It was very clear from the feedback we received from people who used the service and relatives that staff treated people with dignity and respect at all times. People told us, "When I get washed they wait outside the bathroom and I call them when I need help", "She [carer] makes me feel comfortable [when I am in the shower] and puts me at ease. She says nice things to me and compliments me. I am not embarrassed" and "At first they called mum [name] but she told her to call her by her first name. Very respectful."

Care files we looked at recognised the importance of ensuring people's dignity and respect was maintained and individual requirements in relation to their diverse needs had been identified. For example, if people

required hearing aids or glasses to support their individual communication needs. Personal profiles in people's care records reflected their choices in relation to religious and cultural requirements. This enabled staff to support people's individual and personalised requirements, where required. The registered manager told us they utilised alternative ways of communicating with people who required it. For example, staff read poetry and sang with two people, one who had sight difficulties and another who was living with a dementia. They also said staff supported another person to complete crossword puzzles who was partially sighted. This enabled them to lead a fulfilled and enriched life of their choice.

Up to date policies and guidance was available to support staff in ensuring people's equality, diversity and human rights were respected. The service user's guide provided to each person who used the service demonstrated the organisations commitment to recognising the needs of people in relation to equality, diversity, dignity and respect.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they had been involved in the development and reviews of their care files. They told us the care plans reflected their current needs and were regularly reviewed and updated by the registered manager. Comments included, "My [name] and I were involved in the review after 12 months. [Registered manager] phoned up and came out to go through things, we spent about an hour", "[Registered manager] regularly comes to see me to see if there is anything else I need, all is ok", "We are satisfied the care covers everything he needs. We have regular updates with the registered manager and if anything needed changing we can change it. We have a good relationship; I speak to [registered manager] about once a week", "[Registered manager] sits and listens to what you want; it's not what they want. We have had a review every nine to ten weeks" and "I was involved in the initial assessment and care plan, also we have updated it since [name] came out of hospital and has improved." The registered manager told us that a comprehensive system was in place, which ensured regular, consistent and timely reviews took place for all the care files. During our inspection we saw the registered manager discussing a recent review and updating a care plan with one person who used the service.

All the care plans we looked at were very detailed and comprehensive. They provided staff with the relevant information to support them in the delivery of individualised care. Care plans recorded people's likes, dislikes, choices and the support they required along with clear guidance on how staff could achieve people's desired outcomes. Where risks had been identified we saw that care records supported staff in ensuring any risks were reduced to protect people from unnecessary harm. Staff we spoke with confirmed they used the care files to gain information about how to support people's individual needs and that their content was detailed and comprehensive. The registered manager told us that additional support was provided, as people's needs changed. This ensured the support people received was individualised and met their current and changing needs.

All the care records we looked at had a profile of people's individual needs. These included, 'what is important to them', 'what we can do for them' and 'how people like to be supported'. Records included, who was responsible for undertaking each task, as well as what was expected of staff delivering people's care during each visit. This helped to ensure care delivered to people met their individual needs, choices and expectations.

The registered manager and staff we spoke with told us about the support they offered to people to enable them to live a fulfilled and enriched life. We were told about a number of examples where staff supported people to undertake activities of their choosing. This included trips to local shops and days out. The registered manager discussed how they identified people's likes and personal interests and how they supported them to continue their interests. An example of this was where one person, who had an interest in a small household pet and the registered manager had bought a soft toy and night clothes depicting this animal for their birthday. They told us and a family member confirmed this action had had a very positive outcome on the sleeping patterns for them. Other examples which demonstrated the excellent approach by staff to engage people in meaningful activities were seen. One was where a staff member supported one person to use a computer that enabled them to maintain relationships with their family member who lived

abroad.

The registered manager told us they purchased cards and small gifts for all people who used the service to celebrate their birthdays. They also told us about the commitment of staff to ensure people felt engaged and supported by them. They said staff regularly posted letters for people, took fish and chips for tea, and brought cakes, home grown fruit and bird feed to people who used the service. Another example was where one person who used the service was delighted when a staff member took miniature horses to their home. This supported positive meaningful relationships between staff and people who used the service.

Care files we looked at had detailed information about people's lifestyles, choices, hobbies and interests. This would support staff to engage people who used the service in meaningful activities of their choosing. People and relatives told us they were supported to undertake activities of their choosing. Comments included, "They are very nice. I treat them like friends. They take me shopping and we go for a coffee, I enjoy the outings and look forward to them."

All of the people we spoke with told us they were very happy with the service they received and were confident that any concerns would be dealt with appropriately by the management team. Comments included, "I have no reason to complain but I would have no problem telling [registered manager]. She is friendly and I am sure she would sort it out whatever the problem", "[Registered manager] is very approachable and friendly. She is a very nice lady." Any concerns "I would raise it with the person involved if there was a problem. If no satisfaction, with [registered manager] and if I was still not happy with the County Council." Whilst we saw no formal complaints had been received since our last inspection there was an effective system in place to guide staff on how to deal appropriately with any concerns or complaints. Staff we spoke demonstrated their understanding of how to deal with any complaints and told us that they would be confident that the registered manager would deal with these appropriately.

We saw the service had received extremely positive feedback about the care people experienced in the form of surveys, feedback, thanks you cards and emails. Examples seen were, "I look forward to [staff names] arrival and her immediate response to my problems. Nothing is too much trouble. A ray of sunshine", "I would not hesitate to recommend Clear Care. They are always trustworthy", "Delighted to have the assistance of high quality care from such as superb carers as [name] a truly dedicated carer" and "We felt we had to put it in writing how very grateful we are for the totally professional way our dear [name] was looked after by yourselves personally and the ladies who came daily."

Is the service well-led?

Our findings

We received extremely positive feedback about the registered manager from people who used the service and relatives. They told us, "I would highly recommend them to others. She [registered manager] has got her fingers on the pulse and knows everyone and everything that is going on. She is very good at her job" and "[Registered manager] is meticulous, well organised. I feel lucky to have the service." A professional told us, "I personally have never heard any complaints relating to staff or the management. [Registered manager] has always helped if possible and she is hands on if they are down on staff. She is a knowledgeable and courteous manager."

All of the staff we spoke with were very complimentary about the management of the service and the excellent support they received from the registered manager. Comments included, "I love it, I love my job [registered manager] has set it up well. She keeps you updated, she is a good manager I could go to her with any concerns", "[Registered manager] always keeps you up to date, she is a good manager, supportive" and "[Registered manager] she is lovely, very honest and open, easy to talk to and supportive."

We asked staff about team meetings. They all told us team meetings were taking place regularly and records we looked at confirmed this. Minutes were very detailed and demonstrated a variety of topics were discussed at the team meetings. Areas covered included, business updates, staff recruitment, medicines, good practice and reflective practice and the duties responsibilities of the job. This ensured all staff were kept informed and up-to-date about changes or updates relevant to the service.

We saw the registered manager had developed a proactive approach to ensure staff had up to date guidance. This would support their role and ensure people received relevant and excellent care delivery. This was because minutes from staff meetings also included any updates and guidance on conditions relevant to people currently using the service. One example seen was an internet link to Parkinson's guidance to support the staff knowledge about this condition. We also saw the registered manager had developed briefing notes. The registered manager told us these were circulated to all staff with updates in-between the formal team meetings.

Systems to ensure people received a high quality service were in place. The registered manager told us that all changes to people's conditions would be shared with staff immediately to ensure the care delivered to people remained consistent and in line with their individual needs. Where feedback had been obtained from people who used the service during reviews with the registered manager we saw these comments were shared with all the staff team as part of minutes or briefing notes.

Systems to obtain feedback about the service and the care people received were in place and these demonstrated the very positive impact the service had on people's lives. People who used the service and relatives confirmed they had received questionnaires asking for their opinion. It was clear the registered manager routinely monitored the service through surveys, over the telephone or during face to face meetings. We saw evidence of completed and regular surveys taking place. Topics included; your care and support, our visits, and how you rate us. The comments received as part of the surveys confirmed people

were extremely happy with the care they received. Examples seen were, "I am extremely happy with [names] care. Everything runs like clockwork enabling me to relax and know that [name] is being well cared for. [Registered managers] eye for detail is excellent", "You are amazing and I don't know what we would do without your help" and "I am able to pursue my independent lifestyle in my own home despite my deteriorating ability because of my trust in the service."

There was an effective auditing system in place to ensure the service was monitored and reviewed by the leadership and management of the service. The registered manager told us and records we looked at confirmed regular audits were taking place on documentation relating the delivery of care to people. Areas covered included medicines administration, risk assessments, and care plans. We saw that records confirmed the results of the audits as well as the appropriate actions taken as a result of their findings. Where incidents and accidents had occurred we saw these had been reviewed and any required actions had been taken to mitigate any future risk to protect people who used the service.

The registered manager had demonstrated an excellent proactive approach in preparation for their inspection. We saw files had been developed with detailed evidence to support the requirements of the regulation in them. Relevant certificates were on display in the office for example, employer's liability, certificate of registration and a certificate of their ratings from their last inspection. This demonstrated the quality of the service that was provided to people. The registered manager told us about their involvement in services that supported their local links in the community for the benefit of people in the delivery of their care. These included, a dementia friendly champion and a trustee of the disability advice West Lancashire where knowledge and advice on benefits could be accessed to support people who used the service where required.

To support staff to deliver safe care to people who used the service a range of up to date policies and procedures were in place and we saw a planned date for review of the policies that would ensure they reflected relevant and current legislation and guidance.