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Aylsham Homecare

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

The inspection took place on 4 August 2016 and we contacted the service before we visited to announce the inspection so we could ensure that the manager would be available.

Aylsham Homecare provides a domiciliary care service to a total of fifteen older people, some of whom may be living with dementia. The service delivers care and support to people in their own homes in Aylsham and the surrounding area.

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. The registered manager was also the registered provider of the service.

People and their relatives told us that they would recommend the service. They spoke of a caring service that they could rely upon. People told us that the staff were capable in their roles and went beyond people's expectations to deliver a service; that they went 'the extra mile'. People spoke highly of the management team and described them as professional, meticulous and efficient.

Checks were completed on potential employees to ensure they were suitable to work in health and social care and that they had the skills and knowledge to deliver the service. There were enough staff to meet people's individual needs in a person-centred manner and at a time of their choosing.

People benefited from receiving care and support from staff that had been effectively trained and introduced to the role. Staff received a flexible induction and this was carried out by the management team to ensure competency in the role. Staff told us that they felt supported, received regular supervisions and had their competency for the role regularly assessed.

Staff had built trusting relationships with each other, the management team and the people who used the service. They worked well as a team and their flexible approach ensured the service was reliable. Staff understood the positive impact achieved by maintaining a person's dignity and independence. People told us they felt respected, listened to and treated as an equal.

Processes were in place to help protect people from the risk of abuse. Staff had received training in this and demonstrated that they understood how to protect, prevent, identify and report potential abuse. They were aware of the different types of abuse and the associated symptoms that may indicate a person was being abused. The registered manager had reported concerns in the past as required.

The individual risks associated with the people who used the service, and the staff, had been identified, assessed and appropriately managed. These had been regularly reviewed. Accidents and incidents had

been recorded and the management team had taken the appropriate action.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service adhered to the five principles of the MCA and the management team had a good understanding of this. Staff had received training in MCA but their knowledge was variable.

A person-centred service was being delivered and people spoke of a service that met their needs, was flexible and delivered a high quality, personal service. Care and support plans had been developed with the person and the management team had spent time building relationships in order to further enhance the service being delivered. People's care and support plans gave staff enough information to perform their role. The staff and management team knew the people who used the service well.

Staff assisted people to maintain relationships, hobbies and interests where required. The service was flexible which allowed people to follow their interests and access the community. Where needed, staff assisted people on activities outside of their home. If people required assistance to prepare meals or meet their nutritional needs, this was received.

People benefited from receiving care and support from staff who knew them and their health needs well. Staff had the knowledge to prevent and identify health deterioration. Where and when needed, staff assisted people to access healthcare services and made appointments for them as required. People and their relatives spoke of a proactive service that was attentive to people's needs.

The staff and management team were enthusiastic about the service they delivered and demonstrated that they strove to improve. Feedback from people was encouraged and via a route that was preferable to each individual. The management team had a good overview of the service being delivered and regularly visited the people who used the service to gain their feedback and make themselves available. Staff meetings were held regularly.

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.

The service had processes in place to help protect people from the risk of abuse and harm.

There were enough staff to meet people's needs in a paced manner and at the time of their choosing. Processes were in place to ensure that only those staff suitable to work in care were employed.

Staff followed good practice when prompting people to administer their own medicines.

Is the service effective?

Good 

The service was effective.

People benefited from receiving care and support from staff who felt prepared, knowledgeable, capable and supported in their roles. The service understood the benefits of well-trained staff.

The management team had knowledge of the five principles of the MCA and understood how it impacted on their work.

People received the assistance they requested in regards to accessing healthcare and meeting their nutritional needs.

Is the service caring?

Good 

The service was caring.

People spoke overwhelmingly positively about the caring, considerate, patient and respectful approach of staff.

Staff understood the positive effect maintaining a person's dignity and independence had on them and worked consistently to achieve this.

People had been fully involved in their plan of care and the service took time to discuss their needs, preferences, wishes and expectations.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in a person-centred manner that was individual to them and based on their wishes, choice and preferences.

Care plans gave staff enough information to provide care and support and they had been reviewed on a regular basis.

The service had not received any complaints but procedures were in place to address them should any arise.

Is the service well-led?

Good ●

The service was well-led.

People benefited from receiving care from a staff team that worked well together. They had developed trusting relationships that ensured a reliable service was delivered.

People spoke positively of the management team and described them, and the service, as caring, professional and flexible.

The service monitored the quality of the service via questionnaires, face to face visits and by having an open and transparent approach. This encouraged people to speak honestly about any concerns they may have.

Aylsham Homecare

Detailed findings

Background to this inspection

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

The inspection took place on 4 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The management team sometimes spends time away from the office supporting staff and the people who use the service. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. 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 also contacted the local authority safeguarding team and the local authority quality assurance team for their views on the service.

During the inspection we visited the service's office, spoke with eight people who used the service and seven relatives. We also spoke with the registered manager, the assistant manager and three care staff.

We looked at the care records for four people who used the service. We also viewed records relating to the management of the service. These included risk assessments, two staff recruitment files, training records, accidents and incidents and quality monitoring questionnaires.

Is the service safe?

Our findings

The people who used the service told us they felt safe whilst receiving care and support from the staff employed by Aylsham Homecare. One person said, "Completely safe, they make me feel safe, in everything they do really; they've got me in mind." Another person told us, "Yes, I've always felt safe, I haven't had anybody I haven't felt safe with." A third person said, "Oh yes, definitely, they let themselves in, they always call out their names and they make sure I'm safe and secure before leaving me."

People's relatives agreed and told us they had no concerns in relation to the safety of their family members. One relative told us, "Completely safe, yes, very confident. I think it's the way my [family member] talks about the helpers. They're like friends, they get on so well." Another said, "Absolutely safe, no concern about that at all."

The staff we spoke with had knowledge of how to protect, prevent, identify and report potential abuse. They could tell us the types of abuse and associated symptoms that may indicate a person was being abused. They told us they would report any concerns they may have to the management team but also had knowledge of the external agencies they could speak with. Staff had confidence that the management team would appropriately manage any concerns they reported to them.

The registered manager told us that all staff and the people who used the service were provided with leaflets that gave them the contact details of the local safeguarding team. The registered manager gave us an example of a safeguarding incident that they had managed which demonstrated that the service had processes in place to help protect people from the risk of abuse. They told us, "I'm there to protect people."

The risks to both the people who used the service and the staff had been identified, assessed, managed and regularly reviewed. These were individual to people and their homes. Risk assessments had been carried out in relation to the environment, moving and handling procedures and the needs of the people who used the service. For example, the needs assessment included any risks associated with a person's health, lifestyle, medicines and finances. We saw that these had been reviewed on a regular basis and that appropriate measures had been taken to reduce risk.

The service did not have any formal overview and analysis of accidents and incidents. However, the service had only experienced three incidents since its registration and both the registered manager and the assistant manager were aware of the circumstances around these. We saw that appropriate actions had been taken.

Procedures were in place to reduce the risk of employing people who were not suitable to work in the service. Wherever possible, both the registered and assistant manager interviewed potential staff and at least two references were requested once an offer of employment was made. In addition, a Disclosure and Barring Service (DBS) check was requested and received before potential staff started in post. A DBS check establishes whether a potential employee has a criminal record or is barred from working within the care sector. All the staff we spoke with confirmed these checks had been in place before they started in post. The

recruitment records we viewed also confirmed this.

There were enough staff to meet the needs of the people who used the service at a time of their choosing. All the people we spoke with told us that the service had never missed a visit and always supplied the care and support as agreed. One person said, "They've never missed a call and I've had them a good many years now." Another said, "Oh yes, they come at the right time, they always come, they might be a little late if someone's off sick but they call me and say sorry and tell me who is on their way." A third person said, "They're here within five minutes I would say, oh yes, I'm definitely happy."

All the relatives we spoke with agreed. One told us, "They do very well, if ever there's going to be a slightly different time, my family member is warned ahead – that's only ever happened on very few occasions. They've never missed a visit." Another said, "On the dot, no problem with time of arrival."

All the staff we spoke with told us they felt they had enough time to meet people's needs. When we spoke with the registered manager about staffing levels, they told us that their priority was the standard of care and not developing the service too quickly.

The staff did not administer people's medicines at the time of inspection. However, staff did prompt people to take their medicines and procedures were in place around this. The people we spoke with confirmed this and were clear on what was to be expected of staff in relation to medicines administration. One person said, "They always bring them [medicines] to me but I take them myself, they just bring the box to me and then put it back again. They wear disposable gloves. They always wash their hands, they're all very particular." Another person said, "I take them [medicines] myself, they do remind me when they're writing up their notes."

The relatives we spoke with had no concerns in relation to how staff assisted their family members in regards to medicines administration. They were clear on what staff could and couldn't do. One said, "[Family member] does occasionally forget to take their pills. Aylsham Homecare do check they've taken their medicines and there's a reference to that in the folder (care plan). [Family member] is not dependent on them and there is no expectation by me on them to be taking responsibility for medicines." Another relative told us, "Staff don't actually administer the medicines, they just say 'shall I get your tablets out for you' and they put them on the table."

All staff had been trained in medicines administration so they had knowledge of good practice around the prompting of medicines administration. In addition, the service had risk assessed this task for each individual. Good guidance was in place in people's care plans for staff in relation to the prompting of medicines administration. This included how the person took their medicines, how they were able to access them, where they were stored, how the person took them and what was required of the staff member. Records were then kept in relation to what assistance staff gave in this task.

Is the service effective?

Our findings

The people who used the service, and their relatives, spoke positively about the capabilities and skills of the staff. One person who used the service told us, "They [staff] know what they're doing, if not I'd tell them." Another said, "They all seem to know what they're doing. We would have a chat and I would tell them what I need." When we asked one relative if they thought their family member's needs were met by staff who knew what they were doing they told us, "Yes I do at the moment, yes I think they're all capable." Another relative said, "Yes, absolutely the right skills, they know what they're doing, mature individuals and even when they've had young staff they've been mature of attitude."

Staff received a comprehensive induction when they first started in post. This was flexible to their needs and the manager was clear that the induction process took as long as required to ensure staff were capable and confident. Staff agreed that the induction process fully prepared them for their role. One staff member told us that they did not work alone for one month following their commencement in post. They told us they had been 'very impressed' with the induction they had received. They said, "I was really ready to go out on my own." They told us they worked alongside the assistant manager until both they, and the management team, were happy with their competency to fulfil their role. At the end of an induction process, the registered manager completed at least one shift with the staff member so they could be assured they demonstrated the right skills and knowledge. The registered manager told us, "I then know my staff are 100% capable."

All staff received training appropriate to their role and this was up to date. Training was delivered in a variety of forms and staff told us they found it helpful. One staff member said, "Training was really good – lots of hands on stuff. It made me feel confident." Whilst another staff member said of the training, "You think you know everything but you always learn something new each time." From the records we viewed we saw that staff received the appropriate training and that most staff had also achieved a qualification in health and social care.

Staff told us they received support, regular supervisions, appraisals and regular competency checks to ensure their ability to complete their role and aid their development. All the staff we spoke with said they felt supported. One said, "I feel very involved and very supported." Another staff member said of the management team, "They're always there if I have any problems." Whilst a third staff member said of the registered manager, "[Registered manager] is always there for the staff – it's the little things they do for them." The records we viewed confirmed staff received appropriate support that was focused on developing their skills and knowledge.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

All the people who used Aylsham Homecare had the capacity to make their own decisions. However, all staff had received training in the MCA. When we spoke with staff, their knowledge on the MCA was variable. However, staff knew to report any concerns in relation to a person's capacity to make a decision to the management team.

When we discussed this with both the registered manager and assistant manager they demonstrated that their knowledge was good. They understood the five principles of the MCA and their responsibility in relation to it. They were able to tell us the purpose of the legislation and who it was there to protect. They understood that capacity could fluctuate and that people had to be supported in order to make decisions as much as possible. They understood the need to involve others in making best interests decisions. This demonstrated that, should the need arise, the service had the knowledge to protect people who lacked the capacity to make a particular decision.

Where required, people had staff assistance to help them prepare their meals. Both they, and their relatives, had no concerns with this. They told us that staff prepared the meals they requested and that it was to their liking. One person who used the service said, "I plan my food myself but the staff prepare and cook it for me." One relative told us, "Meals were one of the main reasons for having the help, yes, we're very happy with this. [Family member] would decide what they would like to eat and start to prepare it but generally the staff would do the food for them. Staff have sometimes done some shopping for [family member]; they're very flexible." We saw from the care plans we viewed that nutritional information was available to staff as required. For example, people's preferences and likes were recorded and any assistance that may be needed.

Staff helped people to access healthcare as required. This was individual to the person. For example, one person who used the service told us that they didn't need assistance with this while others explained how helpful staff had been in helping them to access healthcare professionals. One person told us, "[Registered manager] did once call a doctor for me. I'd picked up an infection and they noticed and got a doctor in." Another person who used the service said, "Once the staff offered to ring my relative to arrange a doctor for me." Whilst a third person said, "My hand was a bit sore and they rang for the doctor to come in and have a look."

The relatives we spoke with agreed that the assistance was there as needed and that staff were vigilant in monitoring people's health. One told us, "The staff mentioned that they felt my family member needed a chiropodist and I got it organised, so I do feel that they would be onto it straight away if there was anything more serious." Another said, "A staff member called me to tell me a doctor had been called."

Is the service caring?

Our findings

All the people we spoke with were complimentary in regards to how the staff interacted with them. They told us staff were cheerful, caring and patient when they provided care and support. People spoke of staff who were keen to ensure their individual needs were met and in a way that protected their independence and dignity. One person who used the service told us, "Staff always come here with a good attitude." Another person told us, "The staff are all caring people, I can't fault any of them, they're all very good."

The relatives we spoke with agreed. When we asked one person whether staff were kind and compassionate towards their relative, they told us, "I have met some of them so yes I do think they are. They're jolly and chatty, they chat to [family member], the sort of thing they really need." Another relative said, "I'm absolutely convinced that the staff are very attentive; they look out for [family member]."

People spoke of respectful, warm and caring relationships with the staff that supported them. They told us they had confidence in them and felt well cared for. People told us that staff felt like friends who listened to them and ensured they were well. One person said, "All the staff are just so helpful, we feel part of the family and chat with one another. It's just all so natural."

The staff we spoke with also talked of the warmth of the relationships they had with the people who used the service. One staff member told us, "I go out of my way to help the people I visit." Whilst another staff member spoke of what they had witnessed whilst job shadowing a colleague. They told us, "I saw people smile when [colleague] walked in. They were pleased to see [colleague]." This staff member went on to say, "I was very impressed by how much [colleague] cared for the people they visited." The assistant manager told us, "All the staff go beyond the call of duty. It's a company with very high standards and people receive a very personal service."

When we spoke with the registered manager they told us how important it was that the service delivered above what was expected of them. They told us the service went 'the extra mile'. They gave us a number of examples that demonstrated this. They told us that people who used the service received birthday cards and that the management team often made visits to people armed with cake. The registered manager told us this gave them the opportunity to sit down with people over a cup of tea and find out how they were and whether the service was meeting their expectations. For one person, the service had identified that they were struggling to communicate with a family member who they did not see very often via the telephone. The service arranged for this to take place while they were in attendance so staff could support the person to maintain and develop the relationship.

The service had a strong person-centred approach and staff talked of the values they worked towards not only when caring for the people who used the service but each other. They spoke with enthusiasm and demonstrated dedication in the care they provided for the people who used the service. Staff understood the benefits of a person-centred approach and the importance of sustaining that. One staff member told us, "People need love, kindness and patience. A smile is welcoming to them and puts them at ease." Another staff member told us about an occasion where they enhanced a person's confidence by helping them to buy

and select an outfit for a special occasion following a period of low mood. They told us, "They said it made them feel amazing. It's those little things that make a difference."

Staff were equally caring towards each other and a number of them gave us examples of how supportive they found their colleagues, and the management team, both professionally and personally. One staff member said, "There's an exceptional bond between the staff. [The registered manager] knows we will never let them, or the clients, down." Another staff member said of their colleagues, "We're all there for each other."

People felt listened to, fully involved in decisions around their care and told us that their preferences were met. They told us the registered manager spent time with them talking through their needs, wishes and requests. One person who used the service said, "I've got to know [registered manager] quite well. They pop in now and again to discuss my care with me. I'm quite happy with them, there's nothing I would change at all." Another person said, "[Registered manager] came to see me, they were very meticulous (about recording the person's needs, wishes and preferences), they are so efficient it's unbelievable." One relative said, "We met up with [the registered manager] at [family member's] house and the care package was agreed." We saw from the care plans we viewed that people had signed and dated their care and support plans to say they agreed with them.

People were treated with respect and consideration and staff maintained their dignity. One person who used the service said, "If I'm in the bathroom and the door is shut, the staff won't come in, they'll just knock on the door and ask if I'm all right. They're polite, every one of them." Another person said, "They knock on the bedroom door and check that I'm awake. They listen to me and we have a laugh, they're very good to me and bring me in treats." A third person said, "They're very good at helping me in and out of the bath, they're very discreet. They listen to me and are patient." People's relatives agreed. One said, "I've always found the staff to be very friendly, polite and respectful. They all have an ability to get on well with older people." Another relative said, "The staff help [family member] sort their clothes out, make sure they match and make some suggestions. They seem to take a lot of time over that."

By the discussions we had with staff, it was clear that they understood the importance of maintaining people's dignity. One staff member said that they, "Consider people's pride. I reassure them, tell them the help they receive is private and that it's just between us." Another staff member told us that they offered people some time in private when assisting with personal care. They said, "I treat people as I would want to be treated." This staff member went on to explain how important it also was to maintain confidentiality. They said, "I don't discuss people's details with others." One person who used the service confirmed this by telling us they were happy with the service, "Because staff treat me as an equal."

The service maintained people's independence by providing the assistance they required at a time they chose. Staff worked in collaboration with the people they supported to encourage independence and confidence. One person who used the service said, "I'm independent but I do need a little bit of help. I do the washing and the staff hang it out for me. I prepare the veg myself and the staff come in and do the rest for me." Another person said, "I think the staff do help me to be independent, they're there if I need them to help." One relative we spoke with told us, "I think the staff are supporting [family member's] independence. They wanted to stay in their own home and it's the service that is enabling them to do that."

Is the service responsive?

Our findings

People told us they received the care and support they wished for and that this was individual to them. They told us there was continuity in the care they received and that they were happy with the service. One person who used the service told us, "I'm quite content with everything, it's all straight forward. If I want anything done, the staff will do it. They'll sit and have a chat when they've finished what they've got to do. We arrange it between ourselves, the service is very flexible." Another person said, "I think they support me. I'm happy with the current arrangement. It's just once a day but I look forward to the staff coming." One relative we spoke with told us, "I'm absolutely confident the staff do everything asked of them brilliantly."

The people we spoke with agreed that the staff that supported them knew their likes, preferences and preferred routines well. One told us, "I have three or four staff and they're all very good, all very caring. I would say I know them all quite well." Another person explained to us that they thought the communication between them and the staff worked 'very well'. Whilst a relative told us, "One of the staff knows that [family member] likes a particular food item and they'll bring it for [family member]." Another relative told us how they had agreed with the service for staff to slowly get to know their family member by regular but infrequent visits before more care was required. They told us this was, "A good solution." Another relative told us how their family member's preference for a particular type of staff member was met by the service.

When we spoke with staff it was clear that they knew the people they supported. They spoke warmly of them and told us information that demonstrated they knew people's needs, personalities, family circumstances, likes and preferences. Staff received all the information they needed before first visiting a person who used the service. They told us that they were introduced to people by the management team before delivering care and support. One staff member said, "I have never gone in blind to a person." They went on to say, "I've never gone into a person and thought I don't know what I'm doing."

People's needs were fully assessed prior to receiving the service and their expectations managed. The registered manager told us that both them and their assistant manager visited people face to face after an initial telephone assessment. The registered manager said both attended the assessment, "So nothing gets missed." This was to ascertain a person's needs and wishes and whether the service could meet them. The people we spoke with confirmed this had taken place. One person who used the service told us, "[The management team] spoke to me and my relative, we went through everything."

We viewed the care and support plans for four people who used the service. This was to see whether people's needs had been assessed in a person-centred manner, were accurate and had been regularly reviewed. We saw that care plans were individual to the person and contained relevant and up to date information. They contained enough information for staff to provide care and support. Information such as personal information, medical history, allergies, likes and dislikes, religious and cultural needs and personal care information were recorded. A detailed plan of what care and support was required at each visit was also in place. Care plans had been reviewed on a regular basis and the registered manager had an overview of when these were due. The staff we spoke with confirmed that the care and support plans gave them enough information to be able to deliver the service.

Where required, staff supported people to access leisure and social activities. A number of staff spoke about assisting people with a variety of activities. The people who used the service confirmed that that service was flexible in meeting their needs which included support outside of their home as required.

All of the people we spoke with had not had reason to make a complaint to the service. However, they all told us who they would speak to if they did and that they felt confident their concerns would be addressed if they had any. One person who used the service told us, "Oh yes, I'd ring [registered manager] straight away. Their number is quite big on the front of the folder." Another person said, "I haven't got any concerns." One person's relative said, "It would depend on what the problem was. I would contact the office if it was a routine matter. I would feel comfortable ringing them if I needed to discuss anything. However, It's all running sweetly thank you."

The service had not received any complaints since the last inspection but procedures were in place to address them should any arise. The registered manager was able to talk us through this and emphasised the importance of meeting with the complainant initially to discuss their concerns.

Is the service well-led?

Our findings

All the people we spoke with who used the service, and their relatives, were complimentary about how the service was managed and the service they received. One person told us, "I think the service meets everything I need." Whilst another person said, "Yes, I'm quite happy with the service, I would say they're always very alert to everything."

The relatives we spoke with agreed and comments included, "The staff are helpful, respectful and do the job that's required of them" and, "I think we struck gold on the first dig. I would very highly rate the service because [family member] has received such a wonderful level of care, and it is care, they're not just doing a job, they really do care about what they're doing."

The staff we spoke with talked of a supportive, caring and involved management team who ran the service efficiently. One staff member told us, "The service runs very well; it's very professional." They went on to say that the management team were, "Approachable and available." Another staff member said of the registered manager, "They're a good boss. They're there for you, like a friend." A third staff member explained how welcoming they found the service when they first started in post. They said the service was, "Very friendly and kind."

People spoke of a service that was engaging, transparent and encouraging. One person who used the service said of it, "It's an open and positive atmosphere." Whilst a relative said, "I can't really think of anything they could do better. They are proactive and there really isn't much to improve but they certainly do all they can to maintain the standard." One staff member told us, "I can call the office for anything and I am never made to feel uncomfortable." They said of the service, "Everything is really nicely done. The uniform is nice and you are encouraged to look good."

The service encouraged their staff to be accountable and responsible. One staff member explained that, due to the trustful and respectful relationship the registered manager had with the staff, they allowed flexibility and autonomy. They explained this was because the registered manager knew that staff's priority was the people who used the service and that they worked hard to provide a high quality service. Another staff member said, "[Registered manager] encourages you to meet people's needs in a person-centred way." They went on to say that the service encouraged staff to take responsibility by writing comprehensive notes every time they made a visit to a person.

People received a caring, reliable and person-centred service due to the effective team working of the staff. This was evident due to the trusting and close relationships staff had developed with one another, the management team and the people who used the service. One person's relative said, "All the staff seem quite happy. They seem to be doing well." One staff member told us, "We're a group that works together; we're a team." Another staff member said, "I feel supported by everyone." The registered manager told us that staff were flexible and worked well together.

The service had a registered manager in post that was also the proprietor of the business. Both the

registered manager and assistant manager understood their responsibilities in relation to their roles and other stakeholders. For example, they explained what events they needed to report to the Care Quality Commission and the local authority safeguarding team. We know from the information held about the service that they had reported events as required in the past. The management team underwent training and kept their knowledge up to date by a variety of means. By the discussions we had with both the registered manager and assistant manager, we concluded that their knowledge was current and that they had the skills, experience and knowledge to manage the service.

The registered manager sought people's views on the service on a regular basis and analysed the results in order to gain a better picture of the quality of the service delivered. Questionnaires had last been sent to people who used the service in February 2016 and the results were positive. The questionnaires had been developed in line with the CQC's five questions and showed that people had rated the service as either good or outstanding. The registered manager told us that, should the results have been less than positive, they would have met with people to discuss the results and understand what was required to improve. The questionnaires included areas of the service such as whether people felt their needs were met, the skills of staff, staff approach, communication and awareness of complaints policy. The registered manager also kept a record of compliments and comments and these included those received from healthcare professionals and the relatives of those people who used the service.

The registered manager and assistant manager made regular visits to the people who used the service in order to gain their feedback. The people we spoke with confirmed this. In addition, checks were made on the records completed by staff to ensure they were appropriate, accurate, legible and in line with legislation. Although these checks were not recorded, we knew from the conversation we had with the management team that these had been completed and that they understood what was required in relation to these. The records we viewed showed that they had been completed as required and in an appropriate manner.

The staff we spoke with told us that the service held regular staff meetings and that they felt comfortable in voicing their opinions at these meetings. One staff member told us that if they were unable to attend the meeting then the service ensured they had a copy of the minutes. We saw from the minutes of the meetings held that these were used to discuss the quality of the service, people's needs and any concerns anyone may have. They were also used as training sessions and we saw from the minutes of the last meeting held that staff's duty of care was discussed.

All the people who used the service, their relatives and staff told us that they would recommend the service. One person told us, "Yes, I would recommend the service. I would tell people about my relationship with the staff, describe the service and that genuinely we are friends, everything they do, all of them are exceptionally good at what they do and I enjoy their company." Another person said, "Yes, I would recommend them. They're very competent and they know their job." One relative said, "I regard it to be professional, caring and flexible." The staff we spoke with told us they would be happy for their family members to use the service. One said, "the service is very thorough and everything is professional. They do running assessments and they never let people down." Another staff member told us, "I know my family member would get looked after."