

Absolute Care and Support (UK) Limited

Absolute Care and Support (UK) Limited

Inspection report

Holly House,
Office 6,
105 Hyde Road,
Stockport
SK6 1NB

Tel: 0161 430 4676

Website: www.absolutecareandsupport.com

Date of inspection visit: 6 and 7 October 2015

Date of publication: 13/01/2016

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 

Overall summary

This was an announced inspection which took place on 6 and 7 October 2015. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

The service was previously inspected on 7 April 2014, when no breaches of legal requirements were found.

Absolute Care and Support (UK) Limited is registered with the Care Quality Commission to provide personal care to people living in their own home. The service specialise in home care support for adults in need of short and long term assistance with the activities of daily life such as shopping and cleaning tasks. At the time of our inspection there were 71 people using the service.

Summary of findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and their relatives were complimentary and positive about the attitude and support of the staff. Staff spoken with told us that a variety of appropriate training was made available to new and existing staff as part of the Absolute Care and Support (UK) Limited employee induction. This helped to make sure the care provided was safe and responsive to meet people's identified needs.

Five care workers spoken with told us they had been through a robust recruitment process. They also confirmed they had received safeguarding and whistle blowing training and knew who to report to if they suspected or witnessed abuse or poor practice. Individual staff training records indicated that all care workers had received such training and were working towards a nationally recognised qualification in care such as a National Vocational Qualification (NVQ) in health and social care. The care workers told us that they also received regular supervision and spot checks to help make sure that correct care standards were being provided. This helped them to carry out their roles effectively.

People using the service told us that the care workers treated them sensitively and with respect and they tried to make sure that their independence was maintained wherever possible.

Care plans were in place to reflect people's needs. Information about how people wanted to be supported, their likes and dislikes, when support was required and how this was to be delivered was also included in the care plans we examined. We saw written evidence of people and their relatives being involved in the decision making process at initial assessment stage and during care needs reviews.

Information regarding people's dietary needs was included in their care plan and guidance for care workers was provided to help make sure these requirements were met. Any specific requirements in relation to medication were clearly documented so that care workers were aware of any risk.

The provider had systems in place to monitor the quality of the service such as an annual satisfaction survey and employee spot checks which consisted of visits to people's homes whilst staff were carrying out their care duties. This was done to check if people were happy and satisfied with the service they were receiving and to make sure care workers were carrying out their duties appropriately.

Complaints, comments and compliments were encouraged by the provider and any feedback from people using the service and their families could also be shared through face to face meetings with the manager and or service provider. Feedback received was used to make improvements to the service.

All of the people spoken with knew how to make a complaint and felt confident to approach any member of the staff team if they required. We saw evidence that people's comments and complaints were responded to appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff recruitment processes were in place, and the required pre-employment checks were undertaken prior to staff starting work which helped to make sure staff were safe to work with vulnerable adults.

Appropriate arrangements were in place to help safeguard people from abuse. Care workers were able to tell us what action they would take if abuse was suspected or witnessed.

Care workers were appropriately trained. People who used the service and their relatives spoken with felt they were kept safe and free from risks and potential harm.

Good



Is the service effective?

The service was effective.

Care workers spoken with had the knowledge and skills to support people who used the service because they received the induction, supervision and training required to make sure they provided people with effective care and support.

Staff supervision took place every 12 weeks and staff meetings were held six weekly. Meeting notes and staff records we looked at confirmed this. We saw that staff annual appraisal of their work was ongoing.

Good



Is the service caring?

The service was caring.

People using the service made positive comments about the staff when they were asked about the care workers attitude towards them.

All of the people we spoke with were aware they had a care plan and knew it was reviewed regularly or when their care needs changed.

People told us that they felt included in all aspects of the care provided to them.

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives told us that they contributed information to the needs assessment and care plan.

People had control over the support they received and were involved in reviewing their support plans to ensure their needs were fully met.

People told us they felt confident in raising concerns or complaining because they knew any concerns would be dealt with immediately and appropriately.

Good



Is the service well-led?

The service was well-led

Good



Summary of findings

The provider conducted annual satisfaction surveys of people using the service and their relatives.

People who used the service and staff spoke positively about managers and the service. Care workers told us they felt valued and enjoyed working for the service.

Systems were in place to gather, evaluate and feedback about the quality and safety of the care, and support provided by the agency. Any areas identified were actioned immediately and recorded.

Absolute Care and Support (UK) 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. The service met all of the regulations we inspected against at our last inspection on 7 April 2014.

This inspection took place on the 6 and 7 October 2015 and was announced. The inspection was carried out by one inspector. We contacted the provider 24 hours before our visit and advised them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager and relevant staff would be available to answer our questions during the inspection process.

On this occasion we did not ask the provider to complete a provider information return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Before we visited the service we reviewed information that we held about the service and the service provider. No concerns had been raised about the service since our last inspection.

During our inspection we spoke with the registered manager and the registered provider and two office workers. We made telephone calls to three care workers, three people who used the service, and two relative. We also asked two care workers to answer a series of questions online about their experience of working for the service.

We looked at a small sample of records which included the care records that belonged to five people, five employee personnel files including individual staff training records, a sample of quality monitoring records and records relating to how the service was being managed.

Is the service safe?

Our findings

Three people spoken with told us they felt safe when receiving care from the staff and made positive comments such as, “I feel perfectly safe – absolutely, they [staff] make sure everything is secure; if I didn’t feel safe I’d tell the manager”, “I certainly do feel safe; I have the same carers, they never give me any concern” and “yes I feel safe; staff know what I can and can’t do, they never put me at risk. They always check my medicines to make sure I’ve taken the right amount at the right time”. A relative spoken with said, ‘I feel very confident of them [staff], they are so patient with him [relative] and he’s not scared of them’.

There was a recruitment and selection procedure in place. We looked at five care worker recruitment files and found that all of the care workers had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and two recent references from previous employers. Such checks help the registered manager and provider to make informed decisions about a person’s suitability to be employed in any role working with vulnerable people. We saw evidence that staff members were not assigned any work until the appropriate clearance from the DBS had been received. Staff files also included recruitment details, supervision records and training certificates.

The service provided staff training which covered subjects such as, moving and handling, infection control, safeguarding children and adults, health and safety, medication awareness, and dementia care. New employees received a staff handbook which contained the relevant information to support and guide the person through their initial induction period to the service.

The service had an up to date safeguarding procedure in place which was in line with the local authority ‘safeguarding adults at risk multi agency policy’. We looked at records that showed the provider had effective procedures that helped to ensure any concerns about a person’s safety were appropriately reported. All of the care workers spoken with were able to explain how they would recognise and report abuse and the need to be vigilant about the possibility of poor practice by their colleagues. They also shared their understanding of the services whistleblowing policy and would contact the manager to inform them about any risk or concerns and failing this they would report their concerns to the Care Quality

Commission. We saw records that showed care workers had followed the correct procedure and reported concerns to the manager who then reported these concerns to the appropriate professionals.

Care workers spoken with confirmed they had received safeguarding and whistleblowing training and individual staff training records indicated that they had received such training. The care worker told us they felt the service they provided was safe because they were aware of their responsibility to people’s safety, through the use of the safeguarding procedure and they would not hesitate to use the procedure if they thought somebody was at risk of abuse of any kind. They told us the safeguarding procedure and associated training received helped make sure any risks to people were reported to the registered manager and where necessary would be forwarded to the appropriate authorities immediately.

The provider identified and managed risks appropriately. We looked at people’s risk assessments in place for areas such as environmental risks, using equipment such as hoists and wheelchairs safely in a person’s home. Individual risks to people’s safety were appropriately assessed, managed and reviewed. We reviewed the care records of five people who used the service and saw that each record contained clearly written, up-to-date risk assessments for the person which reflected how identified risks would be managed and reviewed. Risk assessments had been updated, and risk management plans were detailed and contained step by step guidance for staff, including information relating to avoiding risks. Discussions with all five care workers showed they understood and were knowledgeable about the details in people’s care plans and how to keep people safe. They were also able to provide detailed explanations of how they provided personal care for people and the moving and handling practices they used when supporting people.

We observed three care workers visiting the office to collect protective equipment such as gloves and aprons which helped to protect themselves and people using the service from the risk of cross infection whilst delivering care. Two care workers spoken with were aware of the need to make sure they used the protective equipment available and said, “I always make sure I wear apron and gloves when I’m delivering care, even for cleaning jobs”, “there are always aprons, gloves and hand gel available for us. It’s important that we use them for the client’s and my protection”.

Is the service safe?

People using the service told us that their care workers were seen wearing protective clothing when providing care to them. Two people said, “they always wear aprons, gloves and their name badges, even if they make a sandwich” and “They work very well and they’re always changing their aprons and gloves”.

The registered manager told us that where people’s needs had changed and there were safety issues with the current level of support, there was an immediate care needs review which looked at the potential risk to the person. The care records we looked at reflected this, and we saw evidence of correspondence with the local authority team regarding arrangements to resolve issues. A care worker told us, “If I noticed any changes I would immediately tell the manager and I know this would be sorted out immediately to make sure the person was safe at all times”.

The service had a medicine’s policy and procedure that was followed, monitored and reviewed. Care workers were not approved to administer medicines until they had received training in the safe administration of medicines. We looked at the medicine records for a person and found the records completed were up to date. We asked a person by telephone if medicines were administered on time and they said, “even though I take my medicines myself they [staff] always check to make sure that I’ve taken the right amount at the right time. They don’t need to do it but they do”. Other people when asked told us they were assisted with their medicines by a family member or managed themselves.

The registered manager told us that people requiring support with their medicines would have a Medication Administration Record (MAR) in their care files. Each medicine would be listed separately and care workers would sign to confirm if medicines had been administered. They told us that the same information would be recorded in the daily log to inform other care workers that medicines had been administered according to the person’s care plan. Information in the five care worker files we examined showed they had received medication administration training of which the registered manager carried out regular competency checks to make sure that care workers remained proficient in handling and administering medicines. A care worker spoken with confirmed they had received appropriate training in medicines awareness and administration although they were not currently responsible for administering anybody’s medicines.

The provider used a computerised system to monitor the times the care workers arrived and left the home of the person they were supporting. The system helped to make sure that carers notified the office of their arrival and exit time and raised an alert if there was a risk that a visit would be missed. On such occasions, the registered manager or another carer would make the visit to the person’s home instead.

Records of accidents and incidents held in the office were clear and up to date. The manager said that appropriate authorities, including the Care Quality Commission, would be notified of events when necessary.

Is the service effective?

Our findings

People and their relatives expressed positive views about the service provided. All of the people we spoke with said they were very happy with the support they or their relatives received. Two people said, “We have about five carers coming now, we know all of them, they’re very- very nice and I feel confident of them”, “I always get the same people, they’re super and seem to have the right training. They shadow each other and the manager does spot checks; the manager is lovely and she knows what she is doing”. People also felt that the care workers were well trained and knowledgeable about their job and the tasks they were to carry out. They said, “Yes, they seem to have the right training and I know they shadow if they’re new to the job” and “I think they are trained professionally for what they do and to meet my needs”.

We spoke with the provider and the registered manager about the availability of staff training and asked how care workers could access training. We saw that each care worker and other staff members had an individual training record on their personnel file and these records showed staff had completed a range of appropriate core training such as dementia awareness, moving and handling theory and practical, how to use a hoist and slide sheets safely, food hygiene, medication awareness and infection control.

The registered manager told us that all care workers had received induction training in all essential areas of their work. This included shadowing existing staff until new staff were fully competent in all tasks such as personal care and, moving and handling. The care workers spoken with told us they had received “really good” induction training prior to working with any person who used the service; this followed a competency based framework that was linked to the new ‘Care Certificate’. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

We spoke with three care workers who were able to describe the training made available to them. They said, “I started my NVQ level 2 in health and social care and love it”, “when I started, I shadowed another care worker for two days; if you’re not confident you can shadow for longer and this makes it [the job] safer” and “I’ve done moving and handling theory and practical, food hygiene, medicines awareness and the importance of wearing protective clothing for infection control purposes”.

The training records we examined showed that some carer’s had received additional training, to support the specific needs of the people they supported, including first aid and health and safety. We saw that staff training was up to date and any refresher courses that were due were highlighted for the carer’s to be enrolled on before the expiry date of their last course.

Staff supervision took place every 12 weeks and staff meetings were held six weekly. Meeting notes and staff records we looked at confirmed this. We saw that staff annual appraisal of their work was ongoing. We saw evidence in five staff files that they were being supported regularly by the registered manager who told us that they operated an ‘open door policy’, for care workers to access the manager at any time to discuss any issues. A care worker said, “the managers are really good, we are a close team and we can always ring her at any time. I like the teamwork”.

A care worker spoken with told us that the registered manager carried out unannounced ‘spot checks’ to make sure that correct care standards were being provided in accordance with people’s support needs. They said, “I’ve had about four spot checks over the last few months, they’re good and if something about a person’s care needs changing like health updates, nutrition or hydration then we discuss it to minimise risks”.

People were helped to access healthcare services as required. Where people were found to have a medical or health problem the service advised them or their relatives of who to seek help from and this was documented in the care plans. A relative said, “they always help me and take him [relative] to his appointments; the doctor keeps saying, ‘whatever you’re doing keep doing it’. They’re very good workers commendable”.

People told us that as part of their agreed care package the staff would support them in meal preparation. A relative said, “I know he’ll [relative] be looked after when I get my four hours respite. They make sure he gets the right food, enough to eat and drink, sometimes it’s just a sandwich but it’s good to know they’re around to help”.

It was apparent from speaking with people and their relatives that they were actively involved in making decisions about their care and support needs. Records that we examined showed that people were involved in making decisions about their care and support and their consent

Is the service effective?

was sought and documented. The care workers spoken with had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support.

The registered manager and provider was aware of the Mental Capacity Act 2005 (MCA) and staff training records indicated that all staff had undertaken MCA training as part of their induction process. The care plans we looked at confirmed if the person using the service had the capacity to make decisions for themselves. The MCA protects the human rights of people who may lack capacity to make decisions for themselves. The MCA sets out what must be done to make sure the human rights of people who lack mental capacity to make decisions are protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. People living in their own homes are not usually subject to the MCA or DoLS. However, the manager and care workers we spoke with had an awareness of the MCA and the registered manager knew how to make referrals to the Local Authority.

Is the service caring?

Our findings

People and relatives told us that they were very happy with the way in which the care workers cared for them. Three people spoken with said, “they [staff] are so patient and it’s good to know they are around to help; they’re always really- really polite and never come across as they aren’t bothered. Yes I think they listen to me and they always write down whatever we’ve talked about”, “they are very kind, I can’t get up the stairs but they help me choose what I’m going to wear; they run up and down the stairs, never a grumble” and “they leave my home clean and tidy’ all of my care is delivered in private and when necessary; they always listen to me, they are respectful and I get on pretty well with them”. A relative said, “the carers just blend in, they sit and listen, we get exactly what we need from them”. All of the people we spoke with said they felt included in all aspects of the care provided to them and were aware they had a care plan which was reviewed every three months or sooner if necessary. This helped to make sure that the person continued to receive care and support to meet their current care needs.

We were unable to observe care being carried out in people’s homes but the care workers that we spoke with spoke about the people they supported in a positive, caring and respectful way. They confirmed that they received training about dignity in care and promoting independence during their induction and this was confirmed when we looked at evidence in the staff training records.

Three care workers said, “they [client] all know me and we have routines and I always take my time; I feel as though I’m part of the clients community; we have to make sure that people’s privacy and dignity is respected at all times. I always ask the person how they want their care to be delivered, that’s the best way to know you’re getting it

right”, “I love the job and the people I care for; it’s so rewarding. I always remember about people’s privacy and dignity and building trust with the person; you have to be patient and encourage people to do things for themselves” and “it’s really important to make sure that people have choice, always ask and give options so that they can maintain their independence by allowing people to do what they can for themselves”.

The care workers spoken with understood the meaning of the term ‘person centred care’ and told us that they would follow all care instructions noted in the person’s care plan to make sure the person’s needs were met as agreed. Whilst the care workers spoken with were aware of the role of an advocate none of them had cause to access the advocacy service on behalf of one of their clients. A care worker spoken with said, “that’s something we’d pick up but pass it on to the manager or the persons social worker, they’d look into that”. An advocacy service is provided by an advocate who is independent of social services and the NHS, and who is not related to the person and is not a friend. The role of an advocate is to work with and support people to represent their views working out their best interests.

When we spoke with the registered manager they told us that the care workers had received appropriate training and guidance to make sure that people using the service would be well cared for and always put first at all times.

Care workers were familiar with the services confidentiality policy and understood how to work within its guidelines. People told us their carer’s did not share information about them inappropriately with other people and respected their confidentiality. We saw all confidential personal information about people and care workers was stored safely and securely in the location office.

Is the service responsive?

Our findings

People who used the service told us they were involved in discussions about their care. A relative said, “they [staff] always include me in decisions about his [relative’s] care and they always listen to us”. Two people using the service said, “they always listen to me and I get on pretty well with them and they ask me regularly about the care service I’m receiving anyway” and “they always act on what I say and I am listened to”.

It was apparent that people felt able to approach the care workers and the management team if they had a concern or complaint. People said, “If I didn’t feel safe I’d tell the manager [named], she knows what she’s doing and I know that she would certainly deal with things immediately”, “if I had a complaint I would speak to the manager [named] first; then if I wasn’t satisfied I would go to the CQC”.

When we asked people and their relatives about how responsive the service was in meeting their needs, a relative said, “it’s good to know that they are around to help. They alter the visit times to suit him [relative]. Now if I know that I’ve got four hours respite I’m not frightened of leaving him and I can trust them to spend that time with him, they always do something that he likes to do. If they’re going to be late, I always get a call to tell me they’re running late. One of the office staff always does spot checks, we’ve had about three or four spot checks and they ask me questions, write down what I say and respond because they listen to us”.

Two people using the service said, “When I first started with this agency, the manager came to my home and asked me what I expected and told me what they could and couldn’t provide. They leave my home clean and tidy, in fact sometimes I don’t have to ask like one care worker [named], she’ll empty the washer and dishwasher automatically. They always check to make sure that I’ve taken the right medicine at the right time, even though I take my medicine myself” and “if I’m stuck, they are there. This company, I can’t praise enough. We have the right sort of staff who all do the same; they’re trained very well before they come out”.

We saw there was a written complaints procedure and people using the service had been provided with a copy of this which was included in the service guide. Details included how to make a complaint, complaint response

timescales and contact details for other relevant agencies such as the Local Authority, the Local Government Ombudsman and the Care Quality Commission. People spoken with confirmed they had received a copy of the service user guide which they kept in their home should they need to consult it at any time.

When we looked at the services complaints file we saw that no complaints had been received by the provider about the service. Both the registered manager and provider confirmed that if any complaints and concerns were raised they would be taken seriously and would be dealt with appropriately and in a timely manner following their complaints procedure.

The registered manager told us that the service always undertook a robust needs assessment of the individual before agreeing to deliver a package of care. We saw evidence of such assessments on the five care files we looked at. The manager and deputy manager spoken with, confirmed that each person received a comprehensive needs assessment before any visits took place and that care plans were available in people’s homes for them to refer to if necessary.

We looked at five care files which included information relating to people’s individual needs assessment and their personal care plans. Each plan contained a local authority support plan which contained the details about the person’s support needs. This information had been used by the provider to create the persons care plan following a care needs assessment. We saw that up to date written information and instructions about how to deliver the person’s care were clearly written for staff to understand. We saw information in care files that staff had reported to the office a change(s) in a person’s support needs and arrangements to reassess the person’s needs had been put in place and actioned. We saw that the provider made sure that regular care reviews and needs assessments were carried out every three months or sooner if necessary to make sure the person continued to receive care and support to meet their current care needs.

We examined daily communication records seen on people’s care files. These showed that care workers reported back to the manager if they found a person they were visiting to be unwell. These records also indicated that care workers had communicated with relevant health care professionals such as a general practitioner (GP) or a social worker if they felt that it was necessary. A care worker

Is the service responsive?

spoken with said, “the other care worker who works opposite shifts to me always shares information about our clients with me. We use our mobile phones, we don’t text, we make sure we communicate verbally or if necessary we communicate through the office. The deputy manager who

also does the training is really on the ball with the care plan reviews, risk assessments and needs assessments. People’s care activities are noted in their daily diary sheets at each visit day or night so there is consistency in the care provided”.

Is the service well-led?

Our findings

A registered manager was in place as required under the conditions of their registration with the Care Quality Commission (CQC). The manager was registered with the CQC in April 2013. Both the registered manager and the provider (owner) clearly understood their roles and responsibilities to the people who used the service and demonstrated their commitment to the company through the use of robust visions and values.

There was a management team which included the registered manager and a deputy manager and the provider. Business support was provided by two office administrators. The deputy manager was also responsible for arranging, monitoring and delivering the staff training to the care workers. At the time of our visit to the service 30 care workers were supporting 71 people.

We asked people who used the service and their relatives if they found the service was well managed. Comments we received from people included, “the manager is lovely, she knows what she’s doing, yes I’d say the service is absolutely well managed”, “a very much well managed service” and “I have no problems about the way the service is managed, the manager is lovely and there is always someone at the other end of the phone if I need them”.

The provider had a clear vision and set of values about the direction of the organisation which was to ‘promote excellence as a UK provider of social care, dedicated to the provision of high quality home care and related support services to their clients and customers’. Their commitment was to remain true to their non-medical status providing the type of care and support that enhances the quality of life of their clients. Discussions with care workers and the manager showed us there was a commitment to the service’s values demonstrated through a professional whole team approach and individual staff attitudes to the way the care was being delivered.

The care files we reviewed showed that quality assurance processes such as spot check monitoring, telephone checks with people who used the service, care plan reviews, care needs reassessments and home visits were in place. The registered manager or deputy manager continually asked and recorded people’s views of the service being provided and where necessary people’s care reviews were undertaken sooner if requested or needed.

People that we spoke with told us that the registered manager had been in contact to establish their views about the service. One person said, “they always ask me about the quality of care and the service anyway. I’ve completed a satisfaction questionnaire, and I have no problems with the company”. A relative said, “the deputy manager always asks me questions about the service when she’s doing spot checks. We’ve had about three or four spot checks so far”.

The provider used an online care reviewing system (homecare.co.uk) to monitor and review the service being provided. The online information about the service can be accessed by the general public and demonstrates the provider’s attitude and values which are to make sure any information shared about the service is open and transparent. The provider said, “we have nothing to hide, we work hard and we’re proud of what we do. We know that we do a very good job”. The online system allows people to write a review which is posted to homecare.co.uk and then published on their website.

We visited the website and looked at a sample of comments made between 11/09/2015 and 07/10/2015 by people who had used the service and found them all to be positive. Some read, “the staff are helpful and kind and do all they can to help. They arrive on time and if for some reason beyond their control they are going to be a little late they phone and let you know. They are all nice ladies and I am glad I have them”, “service is excellent; I am very pleased with the service I receive. The carers are very helpful, often going the extra mile and the office is very helpful and accommodating” and “the service was excellent, was grateful it was there when I needed it the most. My care worker was excellent, always cheery and very helpful”. People’s comments about the staff, management, care and support and value for money ranged from good to excellent. This corroborated the feedback received from people we asked and their relatives.

The company is now registered on the Stockport Metropolitan Borough Council adult social care preferred provider list. This is a list of potential service providers, who have met pre-set criteria and are approved by the local authority to provide domiciliary care and support to people referred to the company by the LA.

We saw an electronic system was used to monitor care workers arrival and departure from people’s homes. The

Is the service well-led?

system 'flagged up' if a person did not receive a scheduled visit or their visit was outside agreed timescales allowing management staff to take immediate action to rectify the situation should it arise.

We saw thank you cards, letters, compliments and positive comments that had been received recently were being recorded and used to update the company brochure 'customer independent testimonials' section.

Staff meetings were held every eight weeks to discuss, care plans, staff rota's and work schedules. A carer made positive comments about the usefulness of the staff meetings and said, "the managers recently brought all of the carers into the office and asked us what changes could be made to improve the service. It was really good because following this we noticed that our communication methods, safety equipment and training improved. So now

we all know that we can contact each other instead of going through the office first. The meeting also let us bounce off each other with ideas about the staff rota's which are now sent out on time".

All of the care workers when asked said the management team were very supportive. They made positive comments such as, "I get on cracking with the manager and my colleagues", the bosses are very passionate about what they do" and "they're great people to work for, I really enjoy what I do".

The registered provider demonstrated a good understanding and awareness of their role and responsibilities regarding their legal obligation to notify the CQC about important events that affect people using the service and the management of the service.