

Homecare4U Limited

# Homecare 4u NorthWest

## Inspection report

Brookfield House  
193-195 Wellington Road South  
Stockport  
Cheshire  
SK2 6NG

Tel: 01614253168  
Website: [www.homecare4u.info](http://www.homecare4u.info)

Date of inspection visit:  
04 January 2018  
11 January 2018  
15 January 2018

Date of publication:  
01 March 2018

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This was an announced inspection carried out over three days on the 4, 11 and 15 January 2018. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit and to ensure people using the service were available to speak to us. At the last inspection on July 2017 we rated the service as requires improvement overall. We identified some recommendations for improvements needed in relation to training and communications. This inspection was to check satisfactory improvements had been made and to review the ratings. At this inspection we found improvements to the service had been made.

Homecare 4U is registered with the Care Quality Commission (CQC) to provide personal care to people in their own homes in the community. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Homecare4U receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. They provide support to adults who live in the Stockport area. At the time of the inspection the service supported 102 people in their own homes.

There was a registered manager at the service. 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.

We received positive comments from people who used the service (clients are the term used by the registered provider for people receiving a service), relatives and staff. All of the clients and relatives we spoke with told us they felt safe in the care of the staff who worked for Homecare4U. Clients told us they usually had the same staff team supporting them. This meant that staff knew the people they provided care and support to very well.

We found there were enough staff to make sure people received the care needed. Clients and relatives told us care workers were generally on time. The provider had an effective system in place to monitor the staffing levels against the needs of people who used the service.

Staff were given appropriate support through a programme of face to face training, regular supervision, spot checks of their work and an annual appraisal. Staff said the training provided them with the skills and knowledge they needed to do their jobs.

Staff were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

Clients' care plans contained up to date, detailed information about their care and support, including risk assessments and action plans. Risk procedures had been revised and improved to minimise the risk of harm to people using the service with improvements to recording the management of risks. People were involved in the planning and review of their care, this information was held in files at their home. Clients told us how information they shared with staff was included in their care file and helped the staff to understand what help they needed.

The complaints procedure was explained in the 'service user guide' which was provided to people when they started with the service. Clients and their relatives told us they knew how to raise a concern. The provider had an effective system in place to investigate and respond openly to complaints.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included regular reviews with clients and spot checks whilst staff carried out their caring duties and care reviews. We found some records had not been updated with the dates and staff names/signatures to show the record had been updated and by whom.

We saw appropriate actions were taken in response to any accidents/ incidents and previous safeguard investigations. The service had investigated them to consider potential causes of any injuries, and took appropriate actions to reduce any future potential risk. Evidence showed the provider has mitigated the risks appropriately and steps taken had reduced likelihoods of those risks occurring. However the registered manager recognised they needed to submit notifications of incidents to CQC in a timelier manner.

## 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.

Clients said they felt safe. The provider had procedures in place to help protect clients from abuse and unsafe care.

There were enough staff employed in order to provide a safe service to clients.

Risk assessments were clear regarding actions they take to reduce and remove risks. Any accidents were recorded and investigated when required.

### Is the service effective?

Good 

The service was effective

Staff completed an on-going programme of training. Clients' needs were met by a suitably skilled and trained staff team.

Staff told us they felt well supported by the management team. They were provided with regular supervision and appraisal by the senior team.

### Is the service caring?

Good 

The service was caring.

Clients and their families told us the staff were kind and caring.

Staff told us they would be happy for family or someone they knew to be provided with support from the service.

### Is the service responsive?

Good 

The service was responsive.

Plans of care were in place detailing each client's care and support needs.

Staff knew people well and reported any concerns or complaints

raised with them to their manager.

There was a complaints policy available to everyone. Clients and their relatives knew who to contact if they wanted to make a complaint. Complaints received had been acted on appropriately.

**Is the service well-led?**

The service requires improvement in well led.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC). There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

The registered provider had not always submitted the required information to CQC in relation to incidents in a timely way.

The quality of the service was monitored, including requesting feedback from clients and their relatives. Records needed regular reviews to ensure they were dated and signed by staff completing the review or responsible for updating the record, policies and care records.

**Requires Improvement** 

# Homecare 4u NorthWest

## **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 was brought forward due to recent safeguard investigations that had been substantiated by the local authority. The information shared with CQC about the incidents indicated potential concerns about the on-going risk management of falls and risk management of pressure care. One incident is subject to a coroner's inquest and as a result this inspection did not examine the circumstances of the incident. However this inspection examined the services management of risks in relation to falls and pressure sores.

Since the last inspection we had been liaising with Stockport local authority quality assurance team and we considered this information as part of the planning process for this inspection.

This inspection was carried out over three days on the 4, 11 and 15 January 2018. In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit. This was to ensure the registered manager or other responsible person would be available to assist with the inspection. The inspection team consisted of one adult social care inspector. We telephoned clients who used the service and their relatives to gain their views and opinions about the service being provided.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications.

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.

During this inspection we spoke with the registered manager, the deputy, two care coordinators, one senior carer, four care staff, ten clients being provided with support and one relative. This gave us a wide insight into their views across all areas of the service.

During the three days of inspection, we reviewed a variety of documents to review how the domiciliary care agency was managed. These included, care records for five clients to see if their records were accurate and reflected their needs. We reviewed five staff recruitment files, staff training, supervision records, policies and procedures, staff duty rotas and records in relation to the management of the service such as safety checks and quality assurance systems.

We also checked that the previous Care Quality Commission rating for the service (Requires improvement) was prominently displayed for people to see. The last inspection report and rating was displayed in the office. The service has had problems with their website and it has not been accessible to the public. The registered manager advised that once it was up and running they would ensure they provide access to their latest inspection report and rating.



## Our findings

Relatives and clients were positive about the staff supplied to provide support, they told us they felt safe with the staff from the service and appreciated their support in safely taking their medications. They told us: "I'm housebound but they make me feel safe", "They help me with my medication and are quite polite, friendly and helpful", "They are very good, I usually see the same staff, I get to know them all. Staff are like friends, they remind me of my medications" and "Everything's fine, my main carer is fantastic. She knows my routine and makes sure I have my medications."

We saw that where clients had been assessed as requiring assistance with medication administration a plan of care had been implemented which included a list of the client's medication. We looked at a sample of recent medication audits carried out by the registered manager to ensure that people received their medication safely and as prescribed by their GP. We also looked at a sample of the medication administration record (MAR) charts that had been returned to the office. Staff we spoke with told us they were confident in their abilities to support people with medicines as they had received appropriate training and had the right skills to do this safely. The training records we looked at supported this. The auditing checks and policies for supporting people with their medications meant that people were protected from harm because medicines were administered, recorded and managed safely.

During this inspection we looked to see if there was sufficient staff employed to meet the needs of the clients. We were provided with copies of the bookings documentation which showed the staff rotas and the number of hours each client needed each week. Senior staff told us they provided rotas to clients so they know what staff to expect on their shifts. They tried to maintain consistency in keeping the same groups of staff together to the same clients. Staff used a computerised application to help manage the staffing levels to meet all of their clients care packages. The computer system helped the service to safely manage their staffing levels. There were sufficient numbers of staff to meet their client's needs.

Clients told us they appreciated the consistency and seeing the same staff, they told us: "They are virtually always on time, they are a good help. They are respectful, I have the same staff, sometimes I see new faces, it's all good stuff" and "We more or less see the same staff, we get a rota each week, so we know who's coming, the staff are very pleasant and nice."

Staff were positive about the job and felt the way the rotas were managed helped them to get to know the people they supported. Their comments included:

"I feel quite humbled, sometimes we are the only people our clients see, it's so friendly and lovely"; "I love it,



I feel we have enough time" and "We have the consistency of the same clients that I support, it's nice because the clients like it because it's a regular face who knows what they like."

We saw policies and procedures were in place that provided guidance to staff regarding keeping people safe from abuse or harm. The management team had a clear understanding of the safeguarding adult's process and staff we spoke with understood their responsibility in relation to keeping clients safe. We saw staff had access to a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. Staff told us they would report any issues of concern and felt confident that the management team would respond immediately and take appropriate action. The provider's safeguarding log showed that appropriate actions were taken in response to any allegations of safeguarding concerns to help ensure people were kept safe. We saw evidence of actions taken following two previous safeguarding investigations carried out by the local authority. The safeguarding investigations were found to be substantiated. The provider had reviewed their care files, risk assessments and training in response to these findings. The local authority provided positive feedback in regard to the actions taken by the provider and in regard to improvements made by the service. The provider had revised their care assessments and training for staff to help them improve care to their clients. This meant that lessons had been learnt and improvements made following the outcome of the safeguard findings.

Staff we spoke with told us they knew how to keep people safe. One senior staff member told us: "We've learnt a lot from the last few years, especially from the recent safeguarding investigations. The directors and the commissioners have been very supportive. We have increased home visits and spot checks."

All staff had access to policies and procedures including an accident and incident policy. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary. We noted that some notifications had not been submitted to the Care Quality Commission in a timely manner. We have dealt with this issue in the well led domain.

We looked at a sample of five staff personnel files which confirmed that they had robust recruitment procedures in place. The recruitment policy described the recruitment processes that must be completed prior to someone new starting work for the service. The staff files had evidence of completed checks such as: application forms, documented interview notes, proof of identity and address and written references. We saw evidence of Disclosure and Barring Service (DBS) checks for staff. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people. We found that staff had been safely recruited in line with the regulations.

Where risks had been identified for clients supported, staff had implemented plans of care to provide guidance as to how the risk should be managed and keep clients safe. In the five care files we looked at we saw appropriate risk assessments in place for example moving and handling, the use of key safes, pressure area care and environmental risk assessments. They all showed evidence of what actions were taken to reduce risks to the health and safety of clients receiving a service and to the staff delivering a service.

The service rented offices from a private landlord who carried out the majority of health and safety checks for the building. We saw evidence of up to date maintenance checks and overall management and auditing of health and safety within the service including: portable appliance testing (PAT) for electrical equipment, fire alarm testing, gas safety checks and an electrical installation certificate. Although the service was

located on the first floor, staff advised they could utilise ground floor rooms for any person unable to access the stairs. Environmental risk assessments were in place relating to: lone working, the control of substances hazardous to health (COSHH), potential falls, fire, slips and trips. This showed that areas of potential risk had been identified, assessed and managed to help reduce or eliminate the risks to ensure the building and offices was safe for everyone.



## Our findings

At our previous inspection in July 2017 we found some areas of improvement were needed in relation to training and development of staff. At this inspection we found there had been improvements in this area.

Clients and their relatives offered positive comments about the care and support provided. They told us: "The standard of care is very good, they all seem well trained, they seem to know what they are doing" and "I have a large file from the agency it has a lot of information in it and it has a list of my instructions telling the staff what help I need."

An induction protocol and check list were in place which identified the training provided for new employees. The inductions showed detailed information to help new staff be orientated to the service, job role, policies and procedures. We spoke to staff who confirmed that they had received an induction and they said it was good in helping them when they started working at the service. They told us they received training face to face at the office and also received support by shadowing experienced staff to help them get to know clients and their care needs. The service had a designated training room on the first floor of the office building with a bed, a hoist and slings for staff to practice their moving and handling techniques. The training room had been developed to offer a lot of visual information on the topics covered in their training.

Staff made various positive comments such as:

"We get a lot of support from the deputy and the manager. I have done a lot of training and feel well trained for the job", "I like the training here", "The training was straight forward and explicit and I shadowed other carer's. I got a lot of information including a handbook and induction when I started", "I feel well supported and well trained", "We have regular supervisions, we can raise anything, the managers will help feedback and resolve issues", "The management here are very good, you can raise your opinion freely with them" and "My training included for example DoLs, moving and handling, medications, clients behaviours, how to report concerns, safeguarding and whistleblowing."

A system was in place to monitor staff training to ensure essential training was completed each year. The deputy had organised a system to ensure that all staff received face to face training. We saw an overall staff training matrix (record) that detailed all of the training available. Training included topics such as: Moving and handling, health and safety, safeguarding, infection control, pressure care, Mental Capacity Act (MCA.) They also had detailed work books for induction covering a wide variety of topics including, dementia, diabetes, medication administration, learning disability, catheter awareness, the principles of care and risk assessments, care planning, good record keeping, communication, relationships with clients,

food hygiene, policies and procedures. Staff also received annual refresher training carried out by the deputy manager. Updated records showed that staff had appropriate qualifications and experience to meet the needs of clients receiving support. The staff we spoke with told us they were happy with the training on offer.

We were shown a staff supervision and appraisal schedule/planner for 2017/2018 which included the names of each staff member. The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. All staff had received regular supervisions throughout the year and annual appraisals. The services policy advised staff they would receive four supervisions a year. The planner gave the provider and registered manager a good visual record to help them monitor the effectiveness of their supervision and appraisals to all staff. Staff told us they felt they received good support and had received supervision where they could discuss anything with senior staff.

We looked at a sample of five care files of clients provided with support from the service. This information helped to show how people's needs were assessed and how clients were included in planning their care. Staff were aware of people's dietary needs and how they needed to support people to eat and drink sufficient amounts. Care records showed how people's nutritional needs were met and being supported by staff. Records showed that people who had been identified as being at risk of skin breakdown were supported to re-position. Staff had been recently trained in the use of body maps to record any marks to clients and to report all changes to pressure areas. This was in-line with guidance in their care files and good practice in managing pressure area care to promote skin integrity and to prevent skin breakdown. Staff explained how they informed the office and senior staff if a person was unwell or there were any changes noted to their needs. They told us that often the GP and district nurses were contacted if they felt they needed to be reviewed clinically. This meant that clients were supported to have access to health professionals when needed.

Staff told us the registered manager carried out observation checks on the standard of care. They made various positive comments such as:

"The manager does a lot of spot checks, I think it helps develop the quality of the care, they regularly speak to and visit the clients and their relatives to check on the quality. Also the care coordinators work on the floor." This meant that checks were in place to ensure clients were supported by staff who had a good understanding of their needs and provided good quality care.

In the care files we saw evidence of the use of consent forms to records people's wishes regarding how they would like to be cared for. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of the actions they needed to take when a client lacked capacity to make decisions.



## Our findings

We were unable to observe care being carried out directly but clients we spoke with commented in a positive way about the care received. Clients told us they were happy and felt well cared for. They offered various positive comments such as:

"Yes they are caring", "They are very respectful", "They are quite polite and friendly and helpful", "They are very good", "Staff are like friends", "My main carer is fantastic" and "I'd be lost without them."

The care records we viewed detailed how support needed to be provided and were personalised to people's individual likes and dislikes. The care plans were written in the words of each client and referred to the individual directly referring to their name and how they wanted staff to support them. For example one client liked all the carers to introduce themselves when they arrived and requested for them to ensure all of their windows were closed before they left her home.

Discussions with staff showed they had a good understanding of the individual needs of each client using the service. They were able to demonstrate how they supported and cared for clients in a dignified way, protecting their privacy when providing and supporting them with personal care. The staff demonstrated a caring and positive attitude towards their clients. Staff told us they usually supported the same clients so they got to know them very well and how they liked things to be done. The staff described various situations where members of staff had stayed with clients who had taken poorly or sustained an accident until medical assistance such as the GP or ambulance had arrived. Staff showed how they cared for their client's wellbeing and took the time to ensure they were not left on their own when emergencies and accidents had occurred.

Senior staff told us that the spot checks undertaken with their staff teams included working alongside them to help ensure that staff offered good values and respected clients privacy and dignity. Observation records demonstrated the quality checks and support provided by staff and examples of good practice had been recorded to reflect caring attitudes of staff and their abilities in promoting their clients independence.

We saw that staff had access to numerous policies and procedures for maintaining privacy, dignity and confidentiality. These values were also covered in staff induction and referred to in literature provided to staff including their staff handbook. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All care records that were in the office were stored securely to maintain people's confidentiality.



## Our findings

Before people started to use the service an assessment of their needs was completed by senior staff. We saw the assessment identified the support clients required and how the service planned to provide it. The assessment process ensured the service could meet clients' needs and staff knew about each individual and how to meet their needs and requests.

Care records were comprehensive and provided staff with the information they needed in order to provide clients with care and support in accordance with their needs and preferences. Care files contained information covering lots of topics such as: general health, aids such as catheters, glasses and hearing aids, communication, dietary needs, weight loss, hospital admissions, medication, use of care alarms, allergies, day centre support, meals on wheels, skin conditions, safety and security, risk assessments such as moving and handling and falls. The plans of care we looked at were person centred, describing the individual needs of each client.

Clients we spoke with told us that their plans of care were regularly reviewed. They told us they had a file produced by the service with lots of information about Homecare4U and various contact numbers and names to contact if needed. Senior staff carried out regular reviews by visiting clients and by reviewing care records each month when staff brought them to the office for filing and review. We found that staff were able to clearly describe clients individual care needs and how they met those needs. They told us that if a client asked for their care plan to be changed or if they felt their needs had changed and were different to their care plan they would report this to senior staff. They told us that they would then review the care with the client so any updates needed for the care records would be updated to reflect any changes.

We noted one plan was in need of some parts of the records to be updated with a staff signature and date to show when it had been implemented and assessed. The registered manager advised they would review the care files to ensure that all of the records reflected good record keeping ensuring appropriate implementation dates and staff signatures were in place on all care records.

Clients told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could speak to senior staff and the office staff to discuss anything. Clients made various comments such as:

"I have a file with all details and how to complain", "I have no complaints", "No complaints", "I'm happy with the care service. I'd be lost without them. They are all good. We have a good laugh", "it's well managed", "It's very good, no problems", "No concerns, all very good, staff very respectful" and "We have a file and access to the complaints procedures, but we have no issues."

During the inspection we reviewed the policy in relation to complaints, which was included in the 'client information pack.' Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager. The complaints and compliments log detailed any comment made and the actions taken to address concerns appropriately. We saw that where someone had raised a formal complaint, the provider had investigated the complaint, provided a response, issued apologies where appropriate and in some cases further training and updates made to care plans had been taken regarding the findings of the complaint. There had been four complaints in 2017. The service had also captured positive comments and compliments. The compliments included a selection of positive statements such as:

"(Client) said he was very impressed with (carer). Said she is very polite and pays a lot of attention to detail", "Very happy with the carer and would like her to come more often", "(Client) rang to say that he was very happy" and "Is extremely happy with the support she is receiving with (carer), she is polite, organised and extremely supportive."

We looked at the care records of five people who were supported by the service. During our discussions with the registered manager and staff they described the care and support provided as detailed in each person's care file. We saw plans of care were in place for topics such as: nutrition, falls, personal care, communication, mobility and health conditions such as incontinence. Care plans had been regularly reviewed to ensure they reflected people's current needs. They gave a lot of information to help staff to know what was important to each person they were supporting. For example care plans gave specific details about people who were at risk with their health conditions of having falls or being at risk with their skin integrity. The plans gave information to help support each client with their condition.

Care plans had been regularly reviewed and audited by the registered manager and the providers. Care reviews helped to monitor whether support plans were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.



## Our findings

At our previous inspection in July 2017 we found some areas of improvement were needed in relation to governance. At this inspection, we found there had been some improvements in this area, however further work was still needed to ensure improvements made to governance systems and checks regarding notifications including staff signatures when updating records were sustainable.

A registered manager was in place at the time of our inspection and was present throughout the inspection. 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.

Following our last inspection the registered manager and provider had submitted relevant notifications for a varied amount of events such as notifying us if a client sustained an accident or serious incident. This ensured there was transparency and information shared which described how each event had been appropriately managed, where necessary duty of candour was acted upon so that people received all necessary support and relevant information. We found some notifications were not submitted in a timely manner and discussed this with registered manager.

The registered manager advised they had recently reviewed their incidents and reporting procedures. They were confident they had reviewed their processes to ensure all relevant notifications of incidents were appropriately submitted to CQC in a timely manner. The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries, safeguarding and deaths. The provider and registered manager need to ensure the continual oversight and review of all incidents to ensure relevant notifications are submitted to CQC in a timely manner and that incident records are appropriately signed and regular reviews evidenced.

The registered manager had an auditing system which was overseen by the providers. The providers had fully engaged with anything necessary to make the service safer regarding changes to their care package and their needs. Senior staff explained that in response to client feedback and results of recent complaints and safeguard investigations they had increased their client visits to help them with overseeing the quality of care. The senior team also worked with staff on a regular basis to review the quality of the service provided as part of their 'spot check' process. One senior staff advised: "We have good audits and it works well because we are always in the community."



We found there were formal systems for auditing areas of the service including: clients care reviews, staffing levels, staff training and recruitment, supervisions, health and safety, safeguarding and complaints and pressure care. The provider had developed improved oversight and evidence of detailed auditing records to show they had improved systems in place to monitor the standards and governance of the service.

The registered manager shared with us copies of the services policies and procedures such as, safeguarding adults, health and safety, infection control, medications, staff recruitment, training, confidentiality, whistleblowing and equal opportunities. They would benefit from further review to include regular review dates and the name of the person carrying out the review. This would help to ensure the service has the most updated policies accessible to staff.

Feedback from staff was overall very positive about the management of the service. They made various positive comments including; "I'm very happy here, they are very helpful, we have regular staff meetings", "The managers are very approachable and supportive", "We have good communication, we are well supported with regular meetings" and "Like working for them, we get the minutes and memos via email." Some staff told us: "We get regular group messages, they always let us know what is going on", "I feel it's brilliant, they sort things out, they are always available even out of hours", "We can ring the directors at any time" and "Best company I've ever worked for."

There was a clear management structure in place and staff were aware of their roles and responsibilities. They all told us there was a friendly, open culture within the service and they felt very much part of a team. They told us they felt valued, well supported and knew who to go to with any concerns. They felt any concerns raised would be dealt with appropriately and told us about issues they had previously reported and how they were effectively managed.

Regular staff meetings took place to share information; look at what was working well and where any improvements needed to be made. We looked at staff minutes for 2017. The agendas were varied and covered lots of informative information such as: moving and handling, applying creams, domestic tasks, safeguarding and health and safety. All of the staff we spoke with told us that they felt very well supported by the management team. They told us they also received regular memos which provided them with updates from the registered manager so they were aware of any changes and updates. They felt they could raise anything with the registered manager and providers.

The provider was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out to people in July 2017. Positive feedback was provided.

We saw the CQC quality rating certificate was displayed in the office. The registered manager advised they currently had problems with their website so they were unable to display their ratings online. However they were aware of the requirement to do so once their website was up and running.