

Birmingham City Council

North Birmingham Home Care

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 March 2017 and was announced. We previously inspected the service in December 2015 and identified a breach of the regulations because systems in place to monitor and manage the quality and safety of the service were not effective. After the inspection, the registered manager wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection, we identified improvements in this area and found that all regulations were now being met.

North Birmingham Home Care provides a short term enablement service of care and support to people in their own homes. The service also provides support to people living in extra care schemes. At the time of our inspection, there were 142 people receiving the enablement service and 11 people receiving support through the extra care scheme.

There was a registered manager in place who was present throughout our 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.

People were safe receiving support from staff who had access to information about their risks. Staff we spoke with were aware of their responsibilities in relation to raising concerns or suspicions of abuse to help protect people using the service. Systems were not always effective however for monitoring and reflecting the support people received in line with their needs and risks.

Many people told us that they were satisfied with the timings of their calls. People's calls were monitored to ensure that their care needs could be met by staff. Systems were being further developed to ensure that people did not experience late and missed calls. Systems were not effective however to ensure that people received calls from consistent care staff.

A small number of people received support to help them take their medicines. We found that medicines management processes had improved at the service through monitoring processes and improving guidance for staff. Further improvement was required to bring the registered provider's medicines policies in line with current good practice guidelines.

People were satisfied with the support they received from staff. Although staff had not received up-to-date core training in their roles, they told us that they felt able to request the support they needed and they felt equipped for their roles. Staff received support supervision, spot checks and staff meetings.

People were pleased with the support they received to prepare and have meals and staff sought guidance in people's care plans to ensure they supported people safely. Whilst this was positive, records failed to reflect the appropriate support that people received. People were supported to seek further healthcare support to

promote their health and wellbeing.

People were treated with dignity and respect by staff. Staff described the positive rapport they developed with people using the service and how they promoted people's independence in practice. People were involved in their care planning and their views respected, although people's ongoing expressed preferences for consistent staff had not been addressed by the registered provider.

People received support that met their needs and this was monitored over the time they used the service. There was a complaints process in place which was followed appropriately although people we spoke with told us that they had no concerns about the service.

People and staff gave positive feedback about the service. People's feedback was used to plan their care and improve their experience of using the service. Staff showed that they were engaged in their roles. The registered provider failed to ensure that systems were robust and that staff received up-to-date guidance to ensure the safety and quality of the service was maintained.

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.

People told us that they felt safe and supported using the service.

Staff were aware of how to help people manage their risks, although processes did not always support this practice.

Most people we spoke with were satisfied with the timing of their calls.

Medicines management had improved at the service to help keep people safe and well, although further progress in this was area was required to ensure consistently safe practice.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were equipped for their roles, although staff training was not always up-to-date.

People were supported to make their own choices and decisions, although staff were not familiar with the MCA.

Some people were supported to prepare and have meals by staff as required, although records did not always reflect the appropriate support people received.

People were supported to access further healthcare support.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff with whom they developed positive rapport.

People were involved in their care and staff described how they promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

People received support that was in line with their needs and as planned to promote their independence and wellbeing.

People told us they felt comfortable raising concerns if they needed to do so and we found that the registered provider's complaints processes were followed appropriately.

Is the service well-led?

The service was not consistently well-led.

Systems and audits were not always robust to ensure the quality and safety of the service.

The registered provider had not secured up-to-date training or suitable guidance for staff.

People were satisfied with the support they received and their feedback was acted on to inform care planning and improvements.

Staff showed that they were engaged and felt supported in their roles.

Requires Improvement 

North Birmingham Home Care

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2017 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

As part of our inspection, we spoke with and gathered feedback from 15 people using the service, three relatives and four healthcare professionals. We also spoke with the registered manager, an assistant manager, ten care staff and two home care organisers. The home care organisers were responsible for supporting staff and managing aspects of the service within set local areas. We sampled four paper records and six electronic records relating to people's care and support. We also sampled further electronic records relating to the support people received from the service to help inform our judgements in addition to records maintained by the service about training and quality assurance.

Is the service safe?

Our findings

People we spoke with told us that they were safe using the service. One person told us, "I feel so safe in their capable hands. I can talk to them openly, for example I can tell them if I've got any worries." Another person told us, "I have no concerns as I am being treated rather well." Staff we spoke with were able to tell us about some types of abuse that people were at risk of and how they would report such concerns to help keep people safe. Although staff had not received refresher safeguarding training, staff received guidance and reminders in this area to ensure they remained aware of their responsibilities to help protect people.

People we spoke with showed that they were happy with the support they received and staff were kept informed of people's needs. Staff we spoke with gave examples of how people's care plans helped them to support people to manage their risks and support needs. One person told us, "I use a walking frame and trolley so I feel more stable on my feet. Staff are ever so kind and they never rush me, taking one step at a time." A relative told us, "My [relative] is wobbly on his feet so staff are patient."

People's risk assessments were completed through a visit by homecare organisers when they first joined the service and these documents contained basic, key details about their support needs to guide staff. Where staff required additional guidance about people's risks, we saw that this was often provided in alert sheets which were accessible to staff. Staff also received safety updates where necessary through their work mobile phones prior to visiting people. The registered manager and home care organisers we spoke with confirmed that staff contacted them if they had any concerns about people's risks. A staff member told us, "If we've got any concerns, we always report it." Representatives of the service attended fortnightly multidisciplinary team meetings to help ensure that information was shared about the enablement of people using the service and referrals made as necessary for further healthcare and support to help people to feel safe and comfortable in their homes.

Our discussions with care staff and home care organisers, and our review of electronic records showed that concerns about people's health and safety were routinely acted upon by the service, for example by referring people to relevant healthcare professionals when required. Care staff we spoke with told us that people did not often develop sore skin although staff confirmed that they documented and reported this if any such concerns arose. The registered manager told us that they were confident that this risk was managed safely and a home care organiser commented, "Staff are very on the ball [with this risk], some staff are proactive and inform us or the [district nursing] team."

We found however that the registered provider's processes did not support the consistency of this safe practice for this specific risk to be monitored effectively over the time people used the service. Each of the four people's paper care records we sampled showed that some staff completed records to monitor people's risk of developing sore skin, whilst other staff did not do so. It had not been made clear to staff whether this task was necessary and whether these people were at particular risk of developing sore skin. One person's records we sampled had not been completed consistently in respect of this risk and an entry in their records showed that they had developed sore skin on a small area. These issues had not been picked up through audits or reported by staff to ensure that this person received appropriate support.

The registered provider's use of paper records to monitor people's food intake and risk of developing sore skin were not applied consistently by care staff and this had not been addressed. The registered manager recognised that this was an ongoing issue for the service and told us that they would query the registered provider's progress on their intended plans to address this.

Health and safety checks were conducted when people first joined the service. A relative told us, "Gloves and aprons are worn, very professional and hygienic." We saw that key safety information was available in people's care plans and one record we sampled showed that information about an environmental risk had been shared with staff to promote safety at the person's home. Accidents and incidents were recorded and investigated in line with the registered provider's processes.

We found examples of occasions where staffing levels had been increased following incidents to ensure that staff felt supported and had the necessary assistance to safely meet some people's needs. Staff told us that they were supported in their roles and felt able to contact the office with any concerns or queries. The registered provider undertook safe recruitment checks and routinely repeated checks for any criminal history to ensure that people were supported by staff who were suitable. Robust checks were in place to ensure that the right staff were recruited to help keep people safe.

One person told us, "The office call me to let me know beforehand if they will be late... Calls are for as long as I like because sometimes it goes over. I've never felt rushed." The majority of people we spoke with were satisfied with how their care call times were met. People we spoke with aware of the times that staff arrived and confirmed that staff were on time. Some people told us that stayed longer if they needed to. One person confirmed their set call times and told us, "Everything is running smoothly at the moment." Another person commented: "Timings are on point."

People's call times were monitored over the time they used the service to ensure that they received sufficient call time based on their changing needs, for example, when becoming more independent over time and therefore requiring less support. A homecare organiser told us, "We use feedback from care staff about people's required call times and their increase in care needs, this is based on the care staff's feedback [over the time they support people]."

The registered provider had systems in place to schedule people's calls, although many staff we spoke with told us that they did not have enough time to attend people's calls at the planned times. Some staff we spoke with confirmed that when they had asked office staff to help with rescheduling their calls, they had been supported to do so in order to arrive to people's calls in a timely way. Two people we spoke with suggested that their call times varied and were not always on time. A person living in the extra care scheme and a healthcare professional we spoke with indicated that staff had commented on and alluded to requiring more time during their calls. The healthcare professional told us that they had raised this issue with the registered provider.

Records we sampled showed that a small number of missed calls had occurred over the year. The registered manager told us that no time critical calls had been missed in the six months leading up to our inspection visit and confirmed that any missed calls were documented, investigated and addressed with staff to reduce their reoccurrence. The registered provider also maintained oversight of these calls and were further developing their systems to help identify and avoid potential missed calls more promptly to ensure that people still received care calls on these infrequent occasions.

Most people we spoke with told us that they managed their medicines independently or with the help of a relative rather than staff at the service. At our last inspection we found that guidance and processes in

respect of people's medicines management were unclear. At this inspection, we identified improvements in this area which included a new system to audit medicines records and additional support for staff in this area. An assistant manager had taken responsibility for encouraging learning and improvement of medicines management at the service. Staff we spoke with told us that they felt that the medicines processes were clear although there had been delays in securing formal staff training in this area. A healthcare professional we spoke with told us, "They are very good, quite efficient... They care about people's medicines and sort them... we normally have very good feedback [from people about the service]."

Systems had been introduced to conduct random checks of medicines records at the service. Where errors had been identified, this was investigated and staff were supported as appropriate to refresh their knowledge. Staff we spoke with described the appropriate action they took when they identified that a medicines error had occurred. Issues were addressed and guidance discussed with teams during supervision and team meetings, to promote safe practice and identify learning from errors that had occurred.

Whilst it was positive to note the ongoing progress to promote safe practice in this area, we identified that the medicines management of the service did not adhere to current good practice guidelines. People's care plans we sampled did not provide the full information about their medicines; we found that only one person's records contained this detail to inform staff of the interventions this person required. Where two people were supported to apply prescribed creams by staff, this instruction and relevant key information was not included in their care records to ensure that this practice was provided safely and in line with their needs. The registered manager confirmed that the registered provider's medicines policy was in the process of being reviewed. Implementing current good practice guidelines would enable further progress in this area to achieve consistently safe practice.

Is the service effective?

Our findings

Most people we spoke with provided very positive feedback about the support they received from staff and described how this support met their needs. One person told us, "[They] are very good at looking after me." Another person told us, "All round staff are fine, assisting me with dressing and medicines, and [they] complete the things I can't do." People were supported by staff who had worked for the service for several years; staff we spoke with showed that they were familiar with the needs of people using the service and their role in supporting people and promoting their independence wherever possible.

All staff we spoke with told us that they felt supported and equipped for their roles and confirmed that they received regular supervision and annual appraisals to aid their ongoing development. Staff we spoke with told us that they benefitted from the support they received during supervision and staff meetings. Staff we spoke with told us that they found supervisions, "Worthwhile," and one staff member commented, "You can talk about any issues."

All staff we spoke with had worked at the service for a number of years and were familiar with the responsibilities of their roles. Staff received spot checks at least once a year to assess their performance and possible areas of development in their roles. One staff member we spoke with described an error they had made when supporting one person. The staff member confirmed that on this occasion, their home care organiser had discussed this issue with them and ensured that they were clear of their responsibilities. Staff we spoke with told us they felt comfortable contacting the office staff or home care organisers if they had any worries or concerns. People were supported by staff who received appropriate support in their roles.

A healthcare professional we spoke with confirmed that staff were supported through shadowing and commented that they had a, "Very positive experience" of working with teams under the registered provider. Staff we spoke with told us that they felt that they had enough training for their roles and some staff commented that they could request training if they required more guidance in specific areas. One staff member told us, "Normally if you tell your manager [home care organiser] you want to learn, they will [help you]." Records we sampled however showed that staff had not received refresher core training for their roles to ensure they remained aware of current good practice guidelines. We found that most staff had not received up-to-date formal training in core areas such as moving and handling, medicines management, health and safety and other areas including dementia awareness and tissue viability.

The registered manager told us that because there was limited training available, they had on occasions held some learning sessions with staff, for example to develop staff knowledge in areas such as medicines management and nutritional needs. Staff meeting minutes we sampled showed that care staff received reminders about their roles and that learning had been occasionally shared with staff, for example, where a process had been followed well to meet a person's needs and to promote learning where errors had been made. Our discussions with the registered manager showed that they were open to building upon this practice by utilising social care training and guidance resources where it was not possible to provide staff with formal up-to-date training. This would help to ensure staff shared a clear understanding of their roles and remained aware of current good practice guidelines.

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.

People were supported to make their own decisions and choices. One person told us, "I can independently make decisions about my care... Staff always ask my consent before doing any tasks. For example, do you want to do this on your own? Or do I mind them helping?" Another person told us, "Staff don't start anything until they've got my permission." Staff provided examples of how they promoted people's choices in practice, for example, asking people for their meal choices or what clothing they wished to wear. One staff member told us, "[We tell people], it's your choice, not mine." The registered manager provided an example of a best interests decision that had been made with a person, their social worker and home care organisers to promote the person's health and wellbeing.

Staff we spoke with described how they supported people in line with their wishes and choices, although staff did not demonstrate awareness of the MCA. The registered manager confirmed that care staff had not been provided with MCA training and told us that guidance would be shared with care staff to develop staff knowledge in this area.

Some people we spoke with told us that they received support from staff with their meals, although others managed to prepare their meals independently or with the help of a relative. One person told us, "A bonus is staff make me lovely sandwiches." Another person told us, "Staff prepare my meals, drinks and all the little jobs I ask for on the day." Staff we spoke with told us that they followed people's care plans when providing people with support to have their meals. Staff we spoke with provided some examples of where people's care plans had provided them with specific guidance of people's dietary requirements and preferences where relevant.

People were supported by the service to access further healthcare support to promote their health and independence. One person told us, "I was assessed for new specialist equipment recently." A relative confirmed that call times could be moved, "If my mother has hospital appointments, as soon as we tell the office." People we spoke with described some of the additional support that had been arranged during the time they used the service. Records we sampled showed that healthcare professionals were routinely contacted by care staff and home care organisers where concerns were identified.

Is the service caring?

Our findings

One person told us, "My [staff] are very kind and if you're feeling down they will try to lighten your load." Another person told us, "I enjoy their company; they are completely professional." Staff we spoke with told us that they enjoyed meeting people using the service and developing positive relationships with them. One staff member told us, "I could sit and chat [to people] all day...by the time you're ready to leave [the care call], the relationship you've got with the person, they're glad to see you [next time]."

People we spoke with commented that they did not always receive support from consistent staff and we found that they had mixed views about this. Comments included: "[Care staff] are not regular, I don't mind actually;" "Although they're not regular staff members, they are brilliant;" and "There tends to be different workers... They are all very friendly and great with [my relative]." One person commented, "Improvements could be consistency... This makes a real difference as it's nice to have continuity otherwise you start from scratch and end up repeating yourself over and over again, it gets really frustrating at times." The registered manager and staff we spoke with confirmed that there was little consistency in respect of people's calls and that this had an impact particularly for people with more complex needs. One staff member told us, "Sometimes it's not consistent at all, regular [care staff] would be better, particularly for people living with dementia and Parkinson's disease." Another staff member told us that a person had commented about the various different staff that had supported them over a period of a week. People were satisfied with the service although they were not often supported by consistent staff.

People were supported to become involved in their care planning and decisions. One person told us, "People explain things so I understand easily what's going on and what's happening next... Staff are attentive and listen to me, that's a big thing." Staff we spoke with described how they kept people informed of what was happening and made sure they followed people's preferences respectfully. Records we sampled showed that care notes were respectful and detailed the care provided to people using the service.

One person told us, "[The service] has enabled me to be independent when appropriate and they always ask me before they go – "Is there anything I can do for you?" Another person commented, "I know my staff and they help me as and when necessary but encourage me where possible to be independent." The purpose of the service was to provide short-term support to people in their own homes with the expectation that people would be enabled and their independence retained over the time they used the service. People were assessed for alternative support as necessary to promote their health and independence wherever possible. Staff understood their responsibility to encourage people to be independent whilst ensuring people had the support they needed. Staff we spoke with told us that they enjoyed supporting people to become more independent and to see people's progress over the time they used the service. Staff confirmed that they supported people with the aspects of care and support alone that people could not do independently. One staff member told us, "It's nice to see people enabled; they can do things on their own." Another staff member echoed this feedback and commented, "You know you've done something good."

A staff member told us, "Whatever [people] want, we have to respect." Staff described how they became familiar with people's routines and preferences. One staff member commented, "We get used to people

when we stay with them long enough... We sit down for a few minutes, have a chat, get to know people." A healthcare professional told us, "They're very good, not just in terms of the care [provided]; they're respectful. People are happy [with the service]... from conversations I've had with people, they look forward to the staff coming." People were treated with dignity and respected, and their independence was promoted by staff with whom they were able to develop positive relationships.

Is the service responsive?

Our findings

People we spoke with generally told us that they were very satisfied with the support they received through the service. One person told us, "I like to be independent, I want to get back to how I was previously so staff know not to rush me, I don't see how you can improve this." Another person told us, "[The service] is fantastic and a pleasure to welcome, always been polite, on time and knowledgeable to their job description."

People's care plans outlined the support they required from staff. One person told us, "It's in my care plan so staff know how to do something specific." Staff we spoke with told us that they asked people how they wanted to be supported and referred to people's care plans for more information about their needs. Staff commented that the detail in people's care plans was sufficient and they received additional information as required. People completed their care plans through an initial assessment with home care organisers and use of information provided by community healthcare professionals. These processes helped to identify people's support needs. Care reviews were conducted with people using the service and staff referred to community enablement workers where they had identified that people would benefit from additional support to their planned care.

People we spoke with told us that they had no reason to complain about the service. One person told us, "I have not got one complaint about these [care staff], everyone I've had I've been satisfied with." Another person told us, "I am quite content, believe me no complaints." The service had received a small number of complaints which had been investigated and addressed in line with the registered provider's processes. The registered manager had recently introduced an informal complaints process whereby grumbles and minor issues were identified and addressed early on to monitor people's experience and use this feedback to identify themes and drive improvement at the service.

Is the service well-led?

Our findings

At our last inspection in December 2015, we identified a breach of the regulations because the registered provider had not acted upon information to evaluate their practice and drive improvement at the service. At this inspection, we identified improvements at a service level in this area and found that the regulation had been met, although some aspects of the action plan had not been addressed in full and further improvement was required.

For example, we saw that improvements had been made since our last inspection, and were continuing to be promoted in respect of medicines management at the service to ensure that people received safe, consistent support with this aspect of their care. Further improvements were required through the registered provider's upcoming review of their medicines policy to ensure that people were supported safely and in line with current good practice guidelines.

In another example, the registered manager had taken care to ensure that people's feedback was considered to drive improvement at the service and they had introduced a process whereby people's feedback could be acted upon more promptly to improve the support they received. Some people completed a feedback questionnaire as requested by the registered provider once they had stopped using the service. The registered manager told us that most feedback they received about the service was positive and people could leave their details if they wished to be contacted to discuss any concerns or matters further. One person spoke positively about the support they had received and commented, "We have got a form which we will complete in the coming days."

The registered provider had systems in place to maintain oversight of the service provided in relation to staffing, the outcomes for people using the service, their progress over time and their experience of using the service. We found however that the registered provider's quality assurances processes had failed to identify and drive areas of improvement at the service, namely that staff had not received up-to-date training to equip them for their roles, people did not receive consistent support from regular staff and some processes were not robust. The registered provider had failed to provide up-to-date training for staff in core areas for several years to ensure that staff were aware of current good practice guidelines. The registered manager provided examples of where staff had informally received information and guidance to promote their learning and understanding of the roles and staff commented that they felt supported in their roles due to the approach of management. Such support was not provided formally or through monitoring however by the registered manager or registered provider. The registered manager was receptive to our feedback in utilising good practice guidelines and resources to ensure that the service remained informed of changes and developments within the sector to help address this concern.

The registered provider's action plan indicated that they would improve the consistency of calls for people using the service so that people were supported by staff who were familiar with their needs and preferences. At this inspection, we found that this ongoing issue had not been resolved although some practical arrangements had been made to rearrange teams. We received mixed feedback about this issue and staff described the potential negative impact this had for people with more complex support needs. Many people

expressed satisfaction with their calls although they confirmed that they were not often supported by consistent staff. One person told us, "I prefer female carers... Sometimes I feel like my grandson is dealing with my personal care, which is not to my preference if I can help it." The person commented that they were satisfied with the service overall yet their preferences in terms of who supported them were not always met. The registered provider's systems were not effective for ensuring that people were consistently supported by the same staff over time where possible. Another team under the registered provider were responsible for allocating people's care calls and a home care organiser told us, "If we feel consistency is needed [for people's calls], we can email [this team] and try but it doesn't always happen." The registered manager assured us that at a local level, they routinely acted upon people's expressed preferences and needs in respect of the staff supporting them and that they strived to ensure that consistent, and therefore more familiar, staff attended people's calls wherever possible.

Our discussions with staff showed that care plans informed staff of people's risks and how people wished to be supported. Staff provided examples of how they helped to manage specific risks associated with people's needs and described some nutritional needs and preferences of people they supported. Systems in place were not effective however for monitoring and reflecting aspects of this support that people received. Records were not routinely completed as necessary and in line with people's support needs and this had not been identified or addressed through the registered provider's auditing processes. All paper care records we sampled showed that staff did not apply processes consistently in respect of recording the nutritional support that people received, and monitoring some people's risk of developing sore skin. The registered provider had not ensured that these risk management processes and audits were applied effectively. The registered manager told us that plans were underway to clarify these processes.

Staff received other support for roles and told us they felt comfortable approaching managers at the service if they needed support or if they had any concerns. Staff received supervision and occasional spot checks to aid their ongoing development. Monthly staff meetings were held where staff received information about the service, reminders of their roles and any updates relating to people and their changing needs. Staff surveys were conducted by the registered provider and we saw that the outcomes of the survey had recently been shared with staff. Care staff we spoke with spoke positively about their roles and told us that they would recommend the service to their loved ones. Comments included: "We're good [care staff]," "We're the best," and "I love it, the people, the culture." The registered manager told us, "[Staff] work really hard for the best of the people using the service."

Our discussions with the registered manager showed that they were aware of the areas of further improvement at the service, including staff training, how processes were applied to monitor risks and the consistency of care calls. The registered manager was aware of their responsibilities to the Commission and provided examples of how they had managed issues openly and transparently and followed the registered provider's processes to support the running of the service.

People we spoke with described how they were treated with care and respect, and their independence promoted by staff safely and in line with their needs over the time that they used the service. A healthcare professional commented, "I have found the North enablement team very approachable and always willing to discuss any [people's needs where] we feel would benefit from an enablement programme." The service had received compliments and positive messages of thanks through feedback surveys which often related to the caring approach of staff. Comments described how people were treated with dignity and respect and included: 'Nothing was too much for staff and they [provided support] with a smile and chat.'