

The Complete Care Home And Community Support Services Limited

Complete Care Home and Community Support Services Ltd

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 11 12 and 13 May 2016 and was announced.

The Complete Care Home and Community Support Services Limited is a domiciliary care service providing a range of services including personal care for people in their own homes. There were 37 people using the service at the time of the inspection and they provided 295 hours of care and support. The service provided support to older people some of whom were living with dementia. They also supported people with physical and learning disabilities.

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

People told us they felt safe and were confident in the staff that supported them. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

People were supported by staff who received regular training and support to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

People benefitted from the time and effort that the registered manager and care staff invested in building positive and caring relationships with people.

Staff received all the information available before people's first visit. This was always discussed in full either face to face or over the phone. This ensured that staff had a good understanding of a person's needs which

made them feel confident in meeting people's needs. Staff confirmed that communication was good within the service.

The service had built links with the local community that enhanced people's wellbeing and quality of life.

Staff were aware of the issues related to social isolation and how they would support people who may be living on their own.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service.

Systems were in place to monitor and improve the quality of the service provided.

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 and their relatives told us they felt safe and trusted the staff that came into their home to support them.

Staff had a good understanding of how to safeguard adults at risk of abuse. The service had an up to date safeguarding policy for staff to follow.

Medicines were managed safely and the medication policy was written in line with good practice guidelines.

Is the service effective?

Good ●

The service was effective. Care workers were trained and supported to focus on the needs of the people who used the service.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Where required, people were supported to maintain a healthy and balanced diet by staff and given choices regarding what they wanted to eat.

Is the service caring?

Good ●

The service provided outstanding care and support based on people's individual needs. People said staff always treated them with kindness, compassion and they were very patient and encouraging.

Management and staff were committed to a strong person centred culture. Staff were enthusiastic about their role and the quality of care they provided.

People were respected by staff, treated with kindness and were listened to. Staff spoke about the people they cared for in a kind and sensitive manner.

Is the service responsive?

Outstanding 

The service was responsive. People's care and support needs were kept under continual review and the provider, registered manager and staff were flexible and responsive to people's individual needs and preferences.

People experienced very positive outcomes as a result of the service they received and gave us very positive feedback about their care and support.

There had been no formal complaints received by the provider in the last 12 months and people told us they had no concerns about the service.

Is the service well-led?

Good 

The service was well led. The registered manager promoted strong values and a person centred culture. These values were owned by everyone and underpinned every level of practice.

The service focused on delivering quality services, putting people first, working together and ensuring the care was person centred.

Staff were motivated and enthusiastic about their jobs and felt fully supported by the registered manager.

There were effective systems in place to monitor and improve the quality of the service provided.

Complete Care Home and Community Support Services Ltd

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 11, 12 and 13 May 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

We used a variety of methods to inspect the service. We looked at the provider's records. These included four people's care records, four staff files, a sample of audits, staff attendance rosters, and policies and procedures. We spoke with the registered manager, service manager, head of care and three members of care staff. We visited and spoke with four people in their own homes and two relatives to obtain feedback on the delivery of their care and to view care records held at people's homes. We also telephoned and spoke with four people and two relatives.

Following our inspection we also spoke with a deputy head teacher from a local school and social worker from the local authority.

We last inspected this service in December 2013 where no concerns were identified.

Is the service safe?

Our findings

People were positive about the care they received. They told us they felt safe with the staff in their homes and trusted the staff that supported them. One person told us, "I feel very safe with my carer. They are lovely people. I feel so blessed". Another person told us, "I'm very happy with them. They keep me safe and always make sure they lock my house up for me at night". A relative told us, "Can't fault them. Very safety conscious in everything they do from helping X [relative] to move around the house to checking the food in the fridge is in date". Another relative told us, "Absolutely safe, the carers are fantastic the highlight of his day".

The provider had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. Staff told us they would take immediate action to keep the person safe and then report any concerns to the management team. They were confident the management team would respond appropriately. Staff told us they had received training in safeguarding and this was regularly updated. A social worker told us, "They are a very good service. Pretty switched on when it comes to keeping people safe. I have no concerns at all".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would report any issue that I was concerned about, no matter how small." And "I know how to report safeguarding and am confident to do so".

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

We reviewed the staff rota for the previous four weeks. There were enough staff deployed to meet people's needs and time between care calls was built in to allow staff to travel easily to the next person's home. People received support from a consistent team of staff and they told us their calls were never missed, and that if their care worker was running late they always received a phone call to let them know. A social worker told us, "I've never become aware of anyone not having care because the carer didn't turn up. They seem to have enough staff to cover the work they do".

People had appropriate risk assessments in place; these included moving and handling assessments and

environmental risk assessments as the care was delivered in the person's own home. Staff had access to supplies of protective clothing including gloves and aprons to reduce the risk any spread of infection.

There were systems in place to ensure that medicines were managed safely. The provider was aware of the different levels of support people required and their medicine support plans correctly reflected this. Staff were trained in safe handling of medicines. Records were kept as part of the care plan documentation showing if the staff had 'prompted' people to take their medicines or had actually administered them. One person said, "They always ask me if I want them every time especially my painkillers which I don't always take". A relative told us, "I always check my relative's medication record because it's important they take them every day. I have to say it's always given and on time". People told us they felt well supported with their medicines.

Is the service effective?

Our findings

People and their relatives told us they were cared for by a regular group of care staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care workers that supported them. They told us that they were well trained and competent in their work. One person told us, "They are very knowledgeable about my illness and carry out my care to the highest standard". A relative told us, "I don't know where X [relative] would be without them. We didn't want carers initially but we are both so glad we have them. They are wonderful". Another relative told us, "Without this service I simply couldn't go to work. X [relative] needs constant care and support throughout the day. Knowing they are here is such a reassurance to me. I don't know what I would do without them".

All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, dementia awareness, safeguarding of adults at risk and the Mental Capacity Act 2005 (MCA 2005). New members of care staff were mentored by the head of care who provided additional support, advice and guidance. The mentor and new member of staff had regular meetings during their induction period. One member of staff told us this supported them to build their confidence and to deliver a good service. The providers induction programme ensured staff were confident and competent in providing effective care and meeting people's individual needs. This meant the service supported care staff to have the skills and confidence to provide a high standard of care to people.

Staff spoke positively about how the induction programme had equipped them with the required knowledge and skills to support people in their own homes. Staff told us the training was of a good quality, appropriate and prepared them for their roles and responsibilities. One member of staff told us, "There are lots of things to take in and there is always someone to guide us through it if we are unsure". Another member of staff told us, "Training is always available if we need to remind ourselves of anything. We can come into the office and spend time in our training room. Management support us and mentor us if needed. This gives me so much confidence in doing my job". Staff told us this flexible approach to training enabled them to keep their skills and knowledge up to date, in a supportive environment.

There was a rolling programme of training available for all staff which was led by one of the two heads of care. The registered manager and training lead met regularly to discuss identified training needs and arrange on-going learning and support. Both heads of care offered support and mentoring to staff and were readily available to support staff.

Arrangements were in place for all staff to complete Basic Life Support refresher training with an external provider to ensure staff were able to provide care and support in an emergency situation. One member of staff told us, "We never know what situation we might come up against when we visit people. This training is so important it really could make the difference between life and death". Another member of staff told us, "We always have lots of training and if we need more they do their best to arrange it". In addition to the

mandatory training staff received tailored comprehensive training to meet people's needs. For example one relative told us staff had completed specialist training to further their understanding of their family member's medical condition. This helped to ensure staff had the precise knowledge and skills to support the person effectively. The relative told us, "It has been really good for X [relative] and me knowing that the carers are competent in what they need to do. I can safely leave X knowing that she is in safe hands by people who know what they are doing".

Staff told us that they felt supported in their role, and were provided with regular one to one supervision meetings. Care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "Supervisions are so different here than my previous employer. I feel really valued and supported".

Senior staff also provided hands on care. They told us how it supported them in striving to improve the service through direct feedback and observation of the people's needs. Spot checks of staff practice were undertaken. The registered manager told us if any shortfalls were identified, that they would address it through one to one supervision and training. This further demonstrated how the management of the service worked to deliver effective quality care to the people they supported.

People told us that staff always sought their consent before they carried out any care or support. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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. The registered manager told us she would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

People's dietary and hydration needs were an important focus during assessment and care planning. People told us they were very happy with support they received with their food and drink and confirmed they were involved at all stages including planning their meals, shopping, preparation and serving. People's likes, dislikes and preferences with regard to food and drink had been recorded in their care plan. The guidance given was personalised and reflected people's individual choices. One person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. They told us, "My daughter works out a shopping list with my carer and they know what I like. They [staff] always get my breakfast ready for me, usually cereal but sometimes I like a cooked breakfast and my carer cooks it for me. She [staff member] knows how to cook it the way I like it too". On each of the four home visits we made we saw that staff had left drinks available and within easy reach of people. People told us staff do this 'every time', it's the last thing they do before they leave. Staff fully understood the need for people to eat well and to have good hydration to maintain their wellbeing. Relatives we spoke with also confirmed this happened on each visit.

People were supported to maintain good health and have access to healthcare services. A relative told us how the service kept them updated on any issues about their family member's health. They told us, "They call me if anything is wrong just to keep me 'in the loop'. They are very good at that, nothing appears to be too much trouble. It may only be a phone call but it gives me peace of mind, knowing that the service would

act on any health and welfare concerns".

Staff understood what actions they had to take when they were concerned about people's health and wellbeing. Where concerns had been identified, the relevant health professionals had been contacted with the consent of the person. This included specialist continence nurses and occupational therapists. When treatment or feedback had been received this was reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

Feedback from people was very complimentary and positive about staff providing the service and the way they delivered their care and support. People told us they were treated with dignity and respect at all times and felt comfortable and confident with the staff that supported them. Their privacy was respected and staff promoted their independence as much as possible. One person said, "Very caring, very polite and very understanding. I am very well cared for. I've had the same carer for three years. She is like a daughter to me. I'd be lost without her". Other comments included, "Absolutely marvellous", "A great bunch of staff. Always happy, smiling and attentive", "They are a very reliable. Turn up when they say they will, give or take a few minutes. I do not recall ever having to phone the office because they are late or didn't turn up. It just doesn't happen" and "I am extremely satisfied with the care. They go above and beyond. I would recommend them to anyone. They do everything and more besides".

People were respected by staff, treated with kindness and were listened to. The provider had developed a caring service. Staff spoke about the people they cared for in a kind and sensitive manner. One member of staff described how vulnerable and anxious many of the people felt when they first received support from the service and how they worked with people to build up their confidence and trust in them so they could fully engage in caring and supporting them. One person commented, "I receive excellent support from my carers. I look forward every day to seeing them. They brighten up my day and make my world a happy place to be".

One person received support and care throughout the day which enabled the person's relative to work. The care plan explained the need to ensure that although support was being provided the person needed to be given space and time to enjoy their own home, and members of care staff needed to respect this. This meant care staff were encouraged to respect the person's privacy and independence. People who received live in care had regular contact with the office to check how things were going and to ensure their needs were being met.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values. For example, ensuring curtains were drawn, covering people up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

Staff spent time getting to know people and had a detailed knowledge of people's methods of communication, including people with complex needs. One relative told us, "The staff have gone to great lengths to communicate effectively with X [relative]. They all have such caring nature". Staff ensured all people were involved and listened to. People told us they felt valued by the staff and had a strong sense of belonging to the service. One person told us, "I was struggling with lots of things before I had support from this company, but now everything is just fine and dandy. They [staff] are always there for me. If I didn't have the support I am getting I would probably be in a home".

One relative told us how despite the care call only being scheduled for 30 minutes, a care worker had stayed more than an hour with their family member who had been found to be unwell on their arrival one morning. During this time the member of staff supported the person, contacted the relevant healthcare professionals and liaised with the person's family. The relative told us, "I shudder to think what could have happened had it not been for the response of the care worker. This wasn't a one off. I've seen for myself how time is not an obstacle in providing care and doing the best they can. They always go above and beyond what was expected". One member of staff told us, "We are never told to rush and they will always cover our next calls if necessary". Another member of staff told us that on one occasion they had arrived at a house to find a person had fallen. After contacting the emergency services and providing reassurance to the person a member of the office staff 'stepped in' and took over the next calls from them so they could stay with the person for however long was needed.

We visited people in their own homes. People told us staff spoke with them in a kind, caring, respectful and reassuring way. People told us they felt their dignity and privacy were respected by staff. One person said, "The staff are just wonderful, and they have time to sit and have a chat. They often do things they don't need to like making my bed, putting the rubbish out, or even feeding the cat". Another said, "All the staff are so caring and understanding". Other comments included, "Brilliant staff" and "They are always on time and have time for a chat".

Staff told us that people were offered excellent continuity of care; people had regular care staff that provided the majority of their care. One person told us, "I have my usual carers, people I know. No-one unexpected comes". Another said "There is a core group; I always see the same faces". This meant people were able to know their care workers well and were confident in the staff that supported them. Staff became familiar with people's choices and preferences about their care. This was especially important for people living with dementia. People were reassured by consistent care.

Staff told us how they received as much information as was known prior to people's first visit but this was always discussed in full. Staff confirmed that communication was good within the service. They described how information was communicated effectively between staff via regular two way communication with the office and telephone calls. One member of staff told us, "The office always ring us and let us know if there are any changes. We get sent texts and information is emailed to us. We also ring each other directly to pass on information and keep everyone up to date".

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. People felt in control of the care that was delivered and praised the care they received. One person told us, "They [staff] know what I need and want and do more than that. They are just perfect". Another person said, "Nothing is too much trouble. They ask me regularly if I'm happy with things or if they could do things differently. They are not imposing at all. It's always my choice". Staff worked collaboratively to identify people's needs and preferences and support them accordingly. One person commented, "My carers know me very well, probably better than I know myself. They pick up on things like when I'm feeling low. They understand me and spend time with me lifting my spirits".

Assessments were undertaken to identify people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Care records were fundamental to providing person centred care. They were thorough and provided detailed information to guide staff and ensured consistent delivery of care. People confirmed that copies of their care plan were kept in their own home and staff could read the information either there or at the office. Staff told us the information enabled them to deliver effective support and it was always available before to them before they were asked to support someone. One member of staff told us, "Before any of us go to see a new person for the first time we get to read their care plan so we know all about the person before we arrive". The service took active steps to ensure staff had all the information they needed to deliver appropriate and personalised care.

Guidance was provided to staff to help them support people. Care plans contained information about people's life histories and how their preferences and experiences impacted on the way they liked support now. For example, the provider had worked with the family of one person who lived with dementia. Together they had initiated a 'memory box' containing photographs, war medals, army handbook and other items from the person's past. Staff spent time talking with them about the past and relived memories that were provoked by items from the memory box. The member of staff also took a collection of world history books when they visited and read these to the person. These sessions were aimed at encouraging emotion and positive reactions. For people living with dementia the provider also used photographs of staff so people knew who was going to support them and to ensure they were happy with a member of staff. By understanding this, they were able to connect with the person and provide support in a way that was meaningful to them.

Staff understood the importance of providing flexible support and commented that they adjusted the level of support for people in accordance with whether they were having, "A good or bad day". For example, people living with a fluctuating illness, such as dementia. One care worker told us, "People living with dementia are not always the same person on each visit. It's important to let people make their own choices such as what they want to eat, wear and bathing preferences. We are here to support. If they can do it for themselves, that's really important for them to maintain independence but if they want support we are there for them". The care plans guided staff to provide support in accordance with how the person was feeling. The provision of effective care planning along with regular and skilled staff meant that people always received support that was personalised and responsive to their changing needs.

People's likes and dislikes were clearly recorded throughout the care plans and information such as what people liked to eat, how they liked to be addressed and what they liked to wear were included in every care plan we read.

People's care was regularly reviewed. The service had clear systems to ensure all people's care was fully reviewed with them at least every six months or as needs changed. For example, if a person went into hospital, experienced a fall or had been unwell, the provider ensured an additional review of their care took place. However frequency of reviews was often greater because the provider was efficient in responding to changes in people's circumstances. Where people had other professionals involved in their care, the reviews were conducted in a multi-disciplinary way with the service seeking the views of others. The head of care told us about a planned meeting. There were clear lines of communication between the service and other health care professionals that identified areas to be discussed to ensure their on-going care needs were being met by everyone involved in the person's life.

The registered manager ensured that there were enough staff deployed to be able to respond to people's requests for change. For example if people had a health care appointment or social commitment the service always altered visit times accordingly. A relative told us, "Sometimes I or X [relative] have to go to the hospital early in the day which means we need an earlier visit and this is always accommodated. They go out of their way to make sure it works for us".

The risk assessments and guidelines for people were enabling and encouraged people to be as independent as possible. The registered manager was confident that people should be supported to take, "Safe risks" in order to lead their lives fully. Staff echoed this principle and described how they had supported people who had previously been unwell or in hospital to do more for themselves and gradually reduce the help they required from them. One person told us, "I had a fall recently and I became very scared of walking on my own. My carer talked and spent time with me and really supported me. She even arranged for a walking frame. I am still a bit wary but she [staff member] has really helped me to overcome my fears".

The service had built links with the local community that enhanced people's wellbeing and quality of life. Staff were aware of the issues related to social isolation and the need to support people who may be living on their own. The provider made people aware of other services aimed at keeping them safe. Details were featured in regular newsletters sent to people and included contact numbers. For example, newsletters contained information about free home fire safety visits arranged by the local fire and rescue service. In addition to this the provider sign-posted people to a national charity that provided free advice on home security. It also referred to a free 'food and friendship' scheme whereby a volunteer would arrange to visit people to talk to with them to reduce the risk of social isolation. One person told us, "I have a companion that comes in once a week for a chat and a cup of tea. I didn't know about this until I read the letter [newsletter]".

The service had recently become involved at local school fayre. Young children were invited to submit drawings of special people or pets in their lives that they shared time with or who took care of them or for people they themselves cared for. They were also asked to write about the person and why they were special. One child had written about their picture, "He is special because he looks after my Grampy". Another child had written about their picture, "She looks after me at school and I like to hear my name being called on the register and my friend's names too". The deputy head teacher told us, "It was a challenge for the children to raise awareness of older people and loneliness and the impact on their lives. This certainly provoked thought around understanding of companionship amongst the children". The registered manager told us, "Now we have this link with the school we would like to engage more with them to help youngsters understand more about older and more vulnerable people that live in our society".

The provider had a positive approach to handling concerns and complaints which they viewed as a part of driving improvement. They responded to concerns in an open and transparent way and this was reflected in people's confidence in raising any issues at an early stage. People were aware of the complaints policy and procedures in place. One person told us they had contacted the office when a 'clash of personalities' between them and a member of staff had led to them not wanting that member of staff visiting them. The registered manager immediately arranged for another member of staff to visit them. The person told us, "They did nothing wrong. We just didn't hit it off really. I suppose I could have said nothing but I'm glad I did. Things have been great since".

Is the service well-led?

Our findings

People and their relatives all spoke very highly of the way the service was managed. One relative told us, "The agency and the staff have been sensational. ...they run a great organisation and it shows in all the staff who have attended my family member over the years". Comments from people included, "They really do care from the top all the way down" and, "The office staff are very helpful". Everyone we spoke with told us they would have no hesitation in recommending the service to other people.

The provider had created a positive and person centred culture which placed people at the heart of everything the service delivered. This was reflected in discussions with the management, staff, people and relatives. Management style was one of hands on leadership. It was the service's policy that all new people were visited by a senior member of staff within the first week of service provision. This was to ensure that the service provided met people's individual needs and any adjustments where necessary made.

Daily care records demonstrated a very kind and sensitive approach in the care delivery and support. The service manager explained how the service prided itself on the provision of good quality personalised care and that the care provision was dependent on relationships built on trust, choice and control and absolute respect. One person told us, "They [staff] respect my wishes and support me to control the care I receive. They trust my judgement when I want to do things for myself and encourage me to do so. I have a really good relationship with my carer and I trust her". Staff commented that building and maintaining relationships were valuable to them and created a real sense of team work. People said that this had undoubtedly contributed to the high quality care they received.

Staff were motivated and enthusiastic about their jobs and felt fully supported by the registered manager, services manager and heads of care. One member of staff told us, "Teamwork is at the centre of everything we do". They went on to say, "We work well as a team. We strive to be the best in everything we do. I feel very proud when I put on my uniform and I feel valued by the agency". Staff expressed satisfaction with their work because the service enabled them to provide high quality care that really made a difference to people's lives. It was clear staff enjoyed working for the provider, and shared the service's ethos and values.

The registered manager actively encouraged and supported staff to achieve nationally recognised qualifications and to develop their knowledge and skills to enable them to provide a quality service. For example, of the 16 staff employed at the time of our inspection 94% held Diplomas in Health and Social Care. Nineteen per cent of staff held a Diploma in Health and Social Care Leadership and Management at level 4 or 5, 44% of staff held Diploma Level 3 in Health and Social Care and 50% of the complement of staff had attained level 2 in Health and Social Care. The provider's pro-active approach in encouraging and supporting staff to attain recognised qualifications ensured that people received a high quality service from motivated and skilled staff.

The registered manager was aware of the attitudes, values and behaviours of staff. She told us that they placed a great emphasis on the recruitment and retention of staff whose core values reflected those of the agency. The registered manager was proud to tell us that 62% of staff had been with the service for over two

years whilst 19% had been with the service for over one year.

The registered manager had worked hard to find new ways of communicating with staff to make sure that they were always kept informed of changes. The provider had an office mobile phone which enabled group messages to be sent out each day. Staff were encouraged to compose messages about people's support which could be shared with other staff that supported those individuals to enable consistent care to be delivered. Weekly update memos were also sent to all staff informing them of new policies and procedures and any changes affecting their work.

Staff who had experience of working for other agencies told us that there was no contest and that The Complete Care Home and Community Support was, "The best agency" to work for. The provider had clear visions and values that were based on providing the very best in person centred care.

The registered manager had grown the agency slowly to ensure that the quality of care was never compromised. She was realistic about the number of packages that they could manage and ensured that they never accepted a new person if they did not have the right staff and skills to meet their needs to a high level.

People benefitted from the time and effort that the provider invested in building positive and caring relationships with people. People were regularly asked for their opinions about whether the service was meeting their needs and expectations. The registered manager ensured she had regular contact with people and was able to build her own relationships with people and ensure the objectives of the agency were being met. The service manager and heads of care undertook a combination of announced and unannounced spot checks with people in order to review the quality of care provided. This included arriving at times when the care workers were there to observe the standard of care provided and also outside of visit times to seek feedback from the person using the service. The registered manager and staff were passionate about providing a high quality service and it was clear that this enthusiasm and drive was effectively shared with all the staff employed by them. Staff told us they were proud of working for the service and staff, people and relatives overwhelmingly attributed this to good positive teamwork.

Systems were in place to assess, monitor and improve the quality of the service. These included an audit programme to check medicines, health and safety, care records, staffing, accidents, incidents, safeguarding, complaints, staff training and risk management. The provider used an annual survey to obtain feedback about how the service was performing. We saw the results of the survey completed in December 2015 which reflected the feedback people shared with ourselves. Ninety six per cent of people felt safe and confident in the provider's ability to provide care and support whilst 100% stated they were treated with dignity and respect. Ninety two per cent of people also rated the service as 'excellent', 96% as reliable and 100% as helpful, supportive, courteous and professional. Additional comments included, "It's good when the carers are efficient and understand my needs", "X [member of staff] is always very punctual, cheerful, helpful and professional. I enjoy the interesting conversations we have while she is here. She continues to encourage me with my independence", "X [member of staff] is understanding, trustworthy, listens to what you say, patient and kind" and "Thank you for all being there, for your hard work and support. X [care worker] brightens up my day, very polite, chatty and has a calming influence over my relative. X makes her feel relaxed and she would do anything for her, a big thank you".

We spoke with the registered manager and staff team about the culture of the organisation and discussed the vision, values and ethos of the service. These focused on delivering quality services, putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care. The provider's mission statement reads, 'Individually tailored support to promote your independence,

your personal preferences and your health and well-being to enable you to enjoy your life as you wish'. It was evident from our inspection and discussions with people that the provider embraced these values to ensure the service is well led and that people receive safe, effective, caring, and responsive care and support.