

SKCA Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: SKCA (formerly Special Kids Care Agency) is a community based service providing home care support to 29 children and young people living in their own homes.

People's experience of using this service:

People benefited from an exceptionally caring service. People were extremely satisfied with the quality of the service they received and praised the caring and compassionate nature of the care staff. People had a core care team who knew their needs very well. Relatives told us they were involved in planning and consulted about care decisions.

People, relatives and particularly staff praised the supportive and responsive management structure in place at the service. The registered manager and registered provider enabled an open culture that advocated for people and their families which resulted in positive outcomes.

A very person-centred approach had been adopted in the assessing, planning and delivery of people's care and support. Care plans were exceptionally detailed.

Many relatives spoke of the service being tailor made to meet their loved one's care needs. The service actively supported people to gain independence and learn life skills. The service offered a continuity of care as young people entered adulthood.

People and families were extremely complimentary about the support provided and told us how they had been able to maintain wider family relationships, work, education and social lives.

Relatives told us they trusted staff to keep their loved ones safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff.

Detailed risk assessments were in place for people using the service and were reviewed and updated regularly.

The service operated a rigorous recruitment process which resulted in highly skilled and dedicated staff with low staff turnover.

Staff were well trained, skilled and motivated to deliver a high-quality level of care. Staff had received training tailored to people's individual care needs and equipment used.

People were supported to maintain good health and had access to healthcare services. Staff worked with a range of health professionals to ensure they knew people's care needs. Medicines were managed safely.

More information is in the full report

Rating at last inspection: Good. The last inspection report was published on 23 June 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

SKCA Care Ltd

Detailed findings

Background to this inspection

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

Inspection Team:

This inspection was carried out by one inspector and one 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. The Expert by Experience made telephone calls to relatives of people who used the service.

Service and service type: SKCA Care is a domiciliary care agency based in Rickmansworth providing personal care to children and younger adults living with physical disability, learning disabilities and sensory impairment within their own homes. At the time of inspection, the service was supporting 29 people with personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We were unable to conduct telephone interviews with people using the service due to their cognitive

impairment. Therefore, we spoke with eight people's relatives, five staff, the registered manager and administration and training manager. We reviewed five people's care records which included care plans, risk assessments and medicines records. We looked at four staff files which included recruitment, training and supervision records. We received feedback from one health professional involved with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of harm and abuse. Staff had received training in how to safeguarding children and adults from abuse and understood their responsibilities to report any concerns.
- We received consistently positive feedback about the safety of the service. Relatives told us, "Yes feel very safe and I feel [person] is safe" and "Have no qualms at all they [staff] are all extremely trustworthy."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff showed us they were aware of how to safely and effectively respond to emergencies.
- Staff we spoke with understood the individualised support required to reduce the risk of avoidable harm and demonstrated a desire to use the minimum interventions or restrictions possible to ensure people's safety.
- Risks to health and safety were appropriately assessed and control measures were in place to mitigate the risks identified, whilst promoting the person's independence.
- Informative and individualised risk assessments and management plans covered various aspects of a person's life, including those arising from complex medical conditions and the use of specialist equipment.
- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary. The management team kept an overview of accidents and incidents recorded.

Staffing and recruitment

- Relatives told us there were sufficient staff available to meet their needs. Relatives told us that they did not experience late or missed care visits and staff kept them updated if they were running late. Feedback included, "[Staff] is usually early if for any reason she is going to be late she would let me know" and "Very rarely late but they always notify us. Never not turned up and even if somebody is sick they will try and send somebody to cover who [person] knows."
- Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained and candidates attended an interview to assess their suitability for the role. Applicants were asked to complete details of their full employment history.
- The registered manager told us they spent a lot of time on their recruitment to ensure they employed the right staff. They told us, "Our total ethos is getting right people working for us. We put training in but can't change the person [staff]. The interview process is two parts, personal and skills based interview with open ended questions."
- We received feedback from staff and relatives about the thoroughness of the recruitment process. A

relative told us, "I feel that the agency recruits really good staff." A staff member told us, "The best thing is the wonderful carers. I do think they have a very unique recruitment. They have a good talent for getting good people."

Using medicines safely

- People were supported to take their medicines safely. Staff had received training around specialised medicines support and staff had regular competency checks.
- Some people who used the service received their medicines via PEG. PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Detailed instructions were available to staff on how to support people with their medicines.
- Medicines Administration Records (MARs) were clear and fully completed. Records showed people were receiving their medicines when they needed them.

Preventing and controlling infection

- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information.
- Care plans provided staff with detailed guidance on how to reduce the spread of infection when delivering care, specifically when using specialist equipment.
- Staff had access to sufficient quantities of personal protective equipment (PPE).

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team worked closely with people and their families to ensure all their care needs and preferences were captured as part of the assessment process.
- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes.
- Because of the thorough assessment process, support plans had been completed in detail which reflected clearly people's assessed care needs.

Staff support: induction, training, skills and experience

- Relatives told us they found staff to be exceptionally well trained and competent in their roles. Feedback included, "I think they are extremely good at dealing with our son's needs", "The staff are extremely good and seem of a good standard. [Person] has had a trainee nurse before and a teacher" and "The staff have been with her for years they are very competent and extremely good at their job." Staff were recruited only when they had a specific interest in working with children with complex care needs. Many staff recruited were completing professional qualifications or university courses related to health and social care.
- Staff we spoke with were competent, knowledgeable, skilled and felt very well supported by managers. Staff told us they had received received in-depth and bespoke induction and training to meet people's individual and often complex care needs prior to working with a person. A staff member told us, "You need to have medicines, PEG, moving and handling and suctioning training beforehand." A second staff member told us, "We are trained for specific equipment."
- The service employed a training manager who was qualified to deliver many aspects of the staff training programme, such as moving and handling and medicines training. The service had developed positive working relationships with health professionals who regularly delivered training to staff. This enabled staff to deliver and maintain professional, high quality care for children and adults with extremely complex needs safely and confidently.
- Moving and handling training was delivered in the registered manager's home, which the registered manager told us was more realistic to a home care setting, such as dealing with clutter. Staff were also trained in how poor care practices could negatively impact on the person receiving care, for example, staff were blindfolded and hoisted by a colleague who did not speak or acknowledge their colleague in the hoist.
- Staff told us they were supported with regular supervisions and one to one meetings with the management team. Staff told us they could contact the registered manager at any time with any questions or concerns. A staff member told us, "They are always around to remind me that I can give them a call at any time. Sometimes I email and they always get back to me."

Supporting people to eat and drink enough to maintain a balanced diet

- Care records detailed people's dietary requirements and preferences and gave staff clear directions on how to support them safely.
- Staff supported people to receive adequate nutrition and hydration through alternative means such as Percutaneous Endoscopic Gastrostomy (PEG). They followed best practice guidelines and ensured complex feed regimes were maintained.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Many people had life limiting or life-threatening conditions. There were strong links with healthcare professionals such as occupational therapists, dieticians, community nurses, speech and language therapists and physiotherapists. Care plans were updated following advice and guidance from health professionals. The service also supported people whilst they were in hospital.
- Staff worked with schools and teachers, particularly with learning about people's communication needs and accessing resource packs.
- Staff made themselves available to attend important meetings and reviews to ensure they were aware of any changes to people's care needs.
- Care plans provided involved health professionals' contact numbers should staff need to contact them for advice.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found they were.

- Most people using the service were under the age of 16 and therefore the MCA did not apply. However, the provider followed good practice and developed care records in their best interests by involving their next of kin.
- Care plans documented where people could make their own decisions and how staff should support people to be as involved as possible in making decisions about their care daily.
- Staff were knowledgeable in how to ensure people were consulted about their care preferences. A relative told us, "[Person] is not the best at communicating but they make sure he knows what is going on and what they are doing."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- We received overwhelmingly positive feedback from relatives regarding the caring and dedicated nature of the service received. Feedback included, "The staff are excellent very kind and friendly he gets on great with them and really looks forward to them coming", "They are very good, very kind he gets on very well with them and so do we" and "Very kind, caring, compassionate, we all get on well with them."
- The management team tried to ensure they matched staff to families through the recruitment and introductory process. Relatives told us that they had a small team of care staff who they trusted and knew how to reassure and support their loved one emotionally. One relative told us, "They know exactly what to do and would know if [Person] was not happy. They know her as well as us now I think." A second relative told us, "It is good that they all have known [person] for a long time and know all her quirks, likes, dislikes and how to read her body language."
- Staff were motivated to provide care which was personal, kind and compassionate. Staff had developed caring and respectful relationships with people and their wider family networks. Staff gave us many examples of the joy they felt when a person they were caring for achieved a developmental milestone. One staff member told us, "In the time I have worked with [person], I have seen a huge improvement. I didn't see [Person] smile for seven weeks. Then he gave me a cheeky grin! I was so surprised."
- We saw many examples of care staff and the management team showing that they cared about people and their families. For example, one person was apprehensive about attending the dentist. In the weeks prior to the appointment, care staff dressed in scrubs and did a role play with the person which resulted in a successful trip to the dentist.
- Staff also supported people and relatives during times of ill-health. Staff visited people in hospital and were involved in the discharge process to ensure they were up to date with any changed care needs. A relative's thank you card in this regard referred to the visits staff made to the hospital and staff who were 'positive and gave [person] more reasons to fight every day.'
- A significant aspect of the feedback received from relatives was the impact the service had on the overall family and how having support from SKCA enabled parents to leave the family home and carry on with work, maintain a social life and support other family relationships. One relative told us, "The support they provide is vital, without it families like us would be stuffed. It means [Person] gets to interact with other people apart from us but also means we get more time with the other children and each other that we wouldn't otherwise be able to." A second relative told us, "It's been a god send. It's given me more time to spend with my son and means [Person] has support that is tailored to her."
- Care plans considered people's disability, age, gender, sexual relationships, religion and cultural needs. For example, one person's care records specified that staff should remove their shoes when entering the person's home as a mark of respect.

Supporting people to express their views and be involved in making decisions about their care

- Staff and the management team worked closely with people and relatives in relation to planning and delivering care. People and family members had been involved in care planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. A relative told us, "They are very good at this they always make sure they have an in-depth knowledge of him and that he knows who they are before they start caring. We are always very involved in planning the care." A second relative told us, "They take great detail in finding out about your child, and talk to them directly also, to help find a good match of carer."
- Care plans were exceptionally detailed on how to guide staff communicating with people to ensure they were involved and consulted when receiving care. Care plans detailed how people communicated and how staff could understand people when they had a communication difficulty. A relative told us, "[Staff] knows exactly how to look after [Person] and can read all her emotions so knows if she's anxious etc." Staff were well trained in communicating with people in different ways to meet their needs, such as the use of Makaton and non-verbal cues.
- Staff actively engaged with schools to receive up to date guidance on how people communicated.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff gave examples about how they involved people doing certain aspects of their own personal care to help them become more independent. This was reflected in the care plans for people. One relative told us, "We are trying to work on her social anxiety so it is definitely baby steps. She went to the RAF museum yesterday and enjoyed that." A second relative told us, "They definitely do help him to maintain his independence. He certainly gets to do a lot of things he enjoys that he otherwise would not be able to do without their support."
- Care plans detailed what people could do for themselves and where they needed staff support. It was obvious that the level of detail in people's care plans was a result of the close working relationship staff had with people and their families.
- People were treated with dignity and respect. A relative told us, "Yes they are very good at listening and always treat her with dignity and respect dressing and toileting making sure doors and curtains are shut for privacy."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us they felt the service met their loved one's care needs in a very person-centred way. Many relatives referred to the service being "tailor made." Feedback from relatives included, "Yes they are extremely good and they provide the care tailored to what we need they are also flexible and accommodating if we need to change anything" and "They know exactly what to do for [Person]. They listen to us and if they are not sure about anything will always ask but they know him very well." A health professional told us, "I have found their staff to be of a very high quality, caring and professional. There are excellent lines of communication with their staff in the office, especially [named staff] who are very approachable. Staff are well trained and manage difficult situations well."
- The service and staff displayed an extremely person-centred approach which was reflected in assessments and care plans and evidenced in the care and support people received. Care plans provided staff with exceptionally comprehensive guidance around people's care needs and how staff should support people in a safe way whilst promoting learning and independence. Care plans detailed people's support needs in areas such as eating and drinking, daily routines, personal care, moving and handling, use of specialist equipment and hobbies and activities.
- One person's care plan in great detail described how staff should reassure and encourage the person whilst brushing their teeth. Another person's care plan detailed how staff should communicate with a person when supporting them with dressing to encourage them to become involved. Care plans reflected the importance of the person feeling involved and comfortable with receiving support from staff.
- Staff had worked closely with people and families to understand triggers to certain behaviours to diffuse a situation before it escalated. This was then implemented in the person's care plan and guidance was provided to staff on how to reassure or de-escalate a situation where a person's behaviour may place them or staff at risk of harm, for example when using cars or public transport. We heard of examples of reductions in instances of challenging behaviour because of the input staff had with the person. This was also because of staff working with the person and their family for a long time.
- Staff told us they found the detail contained in people's care plans of great benefit when delivering care. A staff member told us, "I couldn't live without the care plan. I especially refer to it in case of medicines changes." Care plans were reviewed on an annual basis with the involvement of person and their family. However, we found that due to the regular communication between the management team, staff and people and their families, care plans were reviewed on a continual basis and updated as and when required. This enabled staff to have a good understanding of each person's needs and how they wanted to receive their care. A relative told us, "They [staff] have always had the care plan and I know they have read it even when they are new as they will make reference to things in it."
- Staff told us they were sent copies of care plans via encrypted email when updates were made. This ensured staff were aware of any changes to people's care needs or medicines in a timely manner.

- Staff documented the care they provided to people daily. Records were comprehensive and detailed where the person had done a task independently, such as self-feeding or assisting with household chores. For example, staff had documented for a person that they had helped prepare a snack and enjoyed adding the ingredients. The record also included where families had been involved also.
- The registered manager told us that they recently started to provide care for younger adults and had adapted their service to ensure they could meet people's changing needs as they reached adulthood. They had identified the need for this with some of the families they supported. Policies, procedures and training had been provided to staff to ensure they could safely support adults as well as children.
- The registered manager told us they supported one person as they progressed into adulthood and living independently. Staff had supported the person and their family through the transition from children to adult services and liaised with involved stakeholders to ensure the person continued to lead an active and fulfilling life. This meant that people and families, whilst going through a period of potential uncertainty with the transition, benefited from the stability and continuity of having a service from staff they knew and trusted. A relative told us, "They know her extremely well and this is why we are so happy they can continue past 18. It is nice to have at least continuity in her care."
- People were supported by staff to access a variety of activities, events and learning to improve their life. We saw that the registered manager went sailing with one person at a specialist sailing facility for people with disabilities whilst their parents watched, which resulted in feedback from the parent that they had one of the best days the family had had in a very long time. The registered manager told us, "We are always working to enable our service users to have a fulfilled life and will actively look for activities which may be of interest to them."
- Relatives told us, "If there's any activity that we think he might like then they will help him like swimming and going to the cinema", "If it wasn't for them he wouldn't be able to go swimming which he enjoys" and "[Person] gets to access the community doing things she likes to do."
- Care plans provided guidance to staff on how to support people safely in their preferred activities and community access. One person's care plan read, 'ALWAYS dress suitably for going outside, even if raining, as [Person] likes to be outdoors in any weather!!' Another person's care plan detailed how staff should prepare the person for going out and how to support and distract the person if they became anxious in the community. This meant that staff were equipped to overcome barriers which may have resulted in people not leading active and fulfilling social lives, if not managed proactively.
- We saw that some staff were insured on family cars to enable them to independently take people out on a regular basis without having to depend on the availability of a family member.

End of life care and support

- The provider had systems in place to support people on end of life and palliative care. Many of those people supported had life limiting conditions. Staff and the management team had supported families through a time of bereavement and had been an on-going source of support such as maintaining relationships with bereaved family members. We heard this had positive impact on the wellbeing of the family members and staff involved.
- Staff had the right skills and knowledge to provide end of life support and there were systems in place to support staff at this time.

Improving care quality in response to complaints or concerns

- Relatives told us they had no complaints. They told us that they were confident that any concerns raised would be taken seriously and responded to. Feedback included, "Yes I would know how to complain and I feel they would be very responsive" and "I would speak to them directly. I have every confidence they would take my concerns seriously and resolve them, however I have not had to do this."
- The provider had a system in place to log and respond to complaints. There was a complaints procedure

in place. Complaints received has been investigated, responded to and learned from, where necessary, such as ensuring staff did not attend a care visit whilst unwell.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We received exceptionally positive feedback regarding the overall service from all relatives we spoke to. The service was praised for dedicated and skilled staff, low staff turnover, attention to detail and a proactive management team.
- Feedback from relatives included, "I would recommend to anybody who had care needs similar to our sons as the support they provide is excellent and the paperwork they provide is great", "I am happy because they are very nice and my son is happy", "I think they are quite unique and think it's a fantastic service really tailored to our needs. I'm really glad I found them. They give a good service and they are obviously doing something right as they seem to be able to retain their staff" and "The carers are lovely people they always try and accommodate anything I ask them to. For example, I had a funeral at short notice and they were able to provide the care for [Person] so I could attend."
- The service supported people to overcome significant barriers and achieved positive outcomes in their lives. The registered manager and staff strongly advocated for people and their families. The registered manager had personal experience of caring for a child with a learning and physical disability and central to the culture of the service was their understanding and empathy with families and the struggles they faced daily. The registered manager told us, "Behind the scenes, we are pushing and advocating. We are the instigators for getting change for families. There is no one in their corner."
- Most of the care provided by the service was through funded packages. We heard of instances where staff and the management team assisted families to liaise with local authorities, commissioners, education providers and other service providers, which many times had a positive outcome for the person and their family, such as an increase in funded hours. This meant that the person could access additional activities and social engagement opportunities.
- A thank you email from a parent stated, 'Thank you for all your help - we very much appreciated all your advice during this stressful time.' We saw that staff intervened with an activity provider when a broken hoist resulted in the person not being able to attend an activity. The registered manager had also assisted a family successfully appeal a school admissions decision which would have had an adverse impact on the family otherwise.
- The service strived to empower people and promote inclusion in society. A young adult with significant care needs assisted office staff on a weekly basis with administration tasks. Office staff had been provided with guidance on how to ensure the person was appropriately supported during their time in the office. The person also had an annual appraisal, which stated, '[Person] is a delight to have as part of the SKCA team of office staff.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People benefited from receiving a service that was exceptionally well organised and managed effectively.
- Staff had a good understanding of their roles within the service and knew what was expected of them. We received overwhelmingly positive feedback from all staff we spoke to about working for the service. Staff informed us there was an open culture within the service and the registered manager listened to them. Staff told us they felt part of a team.
- Staff told us, "I love it. I really enjoy it. [Management] very supportive and fair", "[Registered Manager] is really lovely. She will always offer advice" and "They are amazing to be honest. I get lots of support and the communication is excellent. It is an intimate company to work with and I feel valued and respected."
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Regular spot checks and reviews were in place to ensure high standards of care were met and maintained.
- The service involved people and their relatives in various ways and sought feedback on the service provided. This included regular reviews with people and relatives, quality assurance spot checks, and an annual survey. A relative told us, "We have reviews annually where they ask for feedback and they also call if we have a new carer to see if everything is okay and ask for feedback on them. We have also had questionnaires." Any feedback given by people or families was acted upon and improvements made to service provision.

Continuous learning and improving care

- People benefited from receiving a service that was continually seeking to improve. The registered provider, manager and staff demonstrated a commitment to continuously improving the quality of the service people received. Staff told us they relished the training opportunities provided and were keen to ensure they were up to date with industry best practice.
- A service improvement plan was in place which was reviewed and updated regularly. Where issues had been identified, an action plan was developed with clear timescales. Areas for improvement identified included reviewing staff turnover and reasons for leaving and sponsoring staff to attend accredited training courses.
- The service improvement plan focused on how to support and retain staff, which emphasised the providers understanding of the link between a knowledgeable and committed workforce and the delivery of good quality care.
- Regular reviews of people's care records and incidents and events meant the service was continuously adapting the support provided and reduce further incidents from occurring.
- The management team purposely kept their service size small. This was because they wanted to ensure that people received a personal and bespoke service. They also ensured that they had trained staff available prior to accepting a care package.
- Throughout the inspection we gave feedback to the registered manager and office based staff and clarification was sought where necessary. They demonstrated a willingness to learn and reflect to improve the service people received as a result.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. Management and staff attended key meetings with representatives from acute hospitals, schools and multi-disciplinary team meetings to support families and better understand people's care needs.
- A health professional told us, "I feel the agency give a very personal approach and they are probably one of the most professional I have dealt with, giving high standards of attention to detail with a very caring

approach."