Pramacare

Blandford Office

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?	Good

Summary of findings

Overall summary

This inspection took place on 19 and 20 November 2018 and was announced.

Blandford Office is a domiciliary care agency. It provides personal care to 72 people living in their own houses and flats in the community. It provides a service to older people and younger adults some of whom have a physical disability, sensory impairment or dementia.

Not everyone using Blandford Office receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's risks were assessed and control measures put in place. Staff had a good understanding of the risks people faced and how to minimise them. People told us they felt safe and their relatives felt that their loved ones were kept safe.

People were supported by staff who had received safeguarding training and knew how to keep people safe from harm or abuse. Staff were able to confidently tell us how they would report concerns of potential harm or abuse both internally or external to the service if required.

The service had a recruitment and selection process that helped reduce the risk of unsuitable staff supporting people. People received their medicines on time and as prescribed. Staff understood the importance of infection prevention and control and wore personal protective equipment appropriately when supporting people. Accidents and incidents were logged, analysed and the learning from these shared with the team to reduce the chance of them happening again.

People were involved in decisions about their care and subsequent reviews. People were supported by staff who understood the importance of offering choice and support in line with what they needed and wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff consistently asked for people's consent before offering to support them. Where people lacked capacity to make particular decisions they were supported by staff who were trained and practiced in line with the principles of the Mental Capacity Act 2005.

Staff consistently demonstrated a kind and caring approach towards people. One person told us, "As far as I'm concerned they are very good. They treat me very well." People's privacy and dignity was supported at all

times. Staff were respectful towards people and knew them well. People were encouraged to maintain their independence. One person said, "I haven't met anybody that interferes." The service recognised people's diversity and was promoting a workshop for staff to increase their awareness of people's support needs in later life when they do not family.

People were supported in line with their assessed needs. Where people's needs changed their package of care was amended to reflect this. People felt the service listened to them and made changes to support their requests. People and their relatives knew how to complain and told us they had confidence that any issues would be investigated and resolved to their satisfaction. We saw that complaints had been resolved in line with the service's policy.

Staff had been trained in providing end of life care and had given support to people and their relatives on these occasions. Feedback from people's families demonstrated the high regard they had for the support they and their loved ones had received from staff at these times.

There was an open and supportive culture at the service. Staff were encouraged to contribute their views and ideas. The staff got on well and told us they enjoyed working for the service. One staff member said, "I love everything about my job." Staff told us they felt supported and listened to. Staff achievements were recognised, shared with them and celebrated.

Staff were given opportunities and support to achieve qualifications or gain further knowledge to help improve their practice and promote career progression. Regular communication had helped develop and maintain a team focused on providing a good service that always looked to improve. The service sought feedback from people, staff, and relatives via surveys and forums.
A range of audits were undertaken to help maintain the quality of the service and identify where improvements could be made.

The service had established and maintained good working relationships with other agencies such as community nurses and GP surgeries. This had supported people to remain well in their homes for longer and to prevent unnecessary hospital admissions.

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 felt safe. Staff had a good understanding of the risks people faced and how to minimise them.

Medicines were managed safely. People received their medicines as prescribed and on time.

There is a robust recruitment and selection process.

There were enough staff to meet people's needs and respond flexibly.

Staff have a good understanding of safeguarding and what to do should they suspect or witness abuse or harm.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and desired outcomes set.

People were supported by staff who supported them in line with the principles of the Mental Capacity Act 2005.

Staff receive training and supervision which supports them to meet people's individual needs confidently and competently.

Staff follow advice from external professionals when required.

Is the service caring?

Good

The service was caring.

Staff are kind, caring and patient in their approach.

Staff respect people's privacy and dignity and are supported to recognise their diversity.

People are supported to make decisions by staff who understand

the importance of offering choice.

People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Although background and life history information are captured at initial assessment this is held in the office rather than in people's care plans. We have recommended that this is placed in people's plans in their homes to make it more easily accessible for staff.

People felt listened to and involved in their care.

People and relatives knew how to raise concerns and had confidence that these would be resolved.

Staff had received end of life care training and had received positive feedback on the support they had provided to people and their relatives at this time.

Is the service well-led?

Good

The service was well-led.

Monthly audits included reviews of people's care plans, medication administration records, staff files and training.

The registered manager was approachable and was well respected.

Staff feel happy at work and well supported by management.

Staff feel their work is recognised, valued and celebrated.

Communication between staff and management is effective.

People and staff are consulted, and their feedback used to improve the service.

Blandford Office

Detailed findings

Background to this inspection

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

This announced inspection took place on 19 and 20 November 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in.

The inspection team included a lead 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. The Expert by Experience spoke with six people by telephone to get their views of the service they received. The people we contacted had given their permission for us to call and speak with them.

The inspection site visit started on 19 November 2018 and continued on 20 November 2018. We visited the office on both days to meet with the registered manager and office staff; and to review care records and policies and procedures. We visited five people in their own homes to make general observations, check records and speak with them about their care. The people we visited had given their permission for this to happen.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to supply at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including notifications of incidents. A notification is the way providers tell us important information that affects the care people receive.

During the home visits we spoke with five people using the service and five relatives. We also spoke with the registered manager, chief executive officer, office manager, locality manager and two care staff.

We looked at five people's care plans. We also looked at records relating to the management of the service including rotas, training, medicine administration records, meeting minutes and the recruitment

information for five staff. After the inspection we spoke with a district nurse and a GP to understand their experience of working with the service.

Good

Is the service safe?

Our findings

People told us that they felt safe and relatives said they felt their loved ones were kept safe. One relative said, "I have total confidence that they keep [name] safe. "People had risk assessments which identified risks to their health and well-being and detailed control measures to reduce these. For example, one person was at risk of falls if they attempted to get out of bed at night. Staff left the person's bed in a low position to reduce the risks that this would happen. This protected the person from harm. Staff were able to tell us the risks that people experienced and how they supported them to minimise these. We saw that one person's file noted that they had developed sore areas on their body. With their consent this was communicated to the person's family and office for referral to a health professional.

People were supported by staff who knew how to keep them safe from harm or abuse. Staff demonstrated an awareness of what symptoms may indicate that a person was experiencing harm or abuse and how they would raise any concerns both internally or externally. There were procedures in place for recording and investigating safeguarding incidents. There were no safeguarding alerts open at the time of the inspection.

The service had a whistleblowing policy in place and staff said they would feel comfortable raising issues with management, the provider's HR department or the CQC.

Environmental risks assessments were in place for people such as fire safety and home security. If concerns were identified, people's consent was sought to refer them to the appropriate service or they were encouraged to do this themselves. The service had a business contingency plan which included prioritised visits to people considered the most vulnerable. Staff were given advice and equipment to help them when lone working and travelling to people's homes.

There were enough staff to support the number of people they visited. The service did not use external agency or bank staff as it wanted to ensure that, as much as possible, people received support from staff that were familiar to them.

Spot checks were carried out to monitor the timeliness and duration of visits. People's comments about the timeliness of the visits and receipt of their weekly rotas included; "They come on time and depart on time", "They come when they say they are coming", "They are on time unless delayed by traffic", "Because I am flexible they shuffle my visits about" and, "[Name] always makes sure she can be here at a time to suit me and asks the office to contact me if [name] is delayed for any reason." Two relatives told us, "They are always punctual. We get the visit rota on a Friday without fail. If they are running late they always let us know. If there is a short notice change they phone us to ask if it's okay" and, "They always turn up on time."

The office manager told us that they used their knowledge of the area, and internet mapping tools, to give staff sufficient travel time between visits. Staff confirmed this. Rota planning enabled the service to respond flexibly to changes in people's needs, staff sickness and holidays.

Pre-employment checks were undertaken. Records included photo identification, interview scoring,

references and criminal record searches by the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

The service conducted annual staff monitoring to help ensure they were practicing safely. The checks, which were based on the CQC's five domains, included; understanding of safeguarding and whistleblowing procedures, confidence in contacting emergency services and checking equipment was in good working order before use. On one occasion a staff member had raised a concern about a colleague's practice this was immediately addressed with the staff member.

Medicines were managed safely. People received their medicines on time and as prescribed from staff who had been trained to undertake this task. We observed staff informing people what medicines they were being offered, choice being given as to whether they took them, and what they were for. We looked at five people's medicines administration records. These were complete and legible. The service had supplied staff with homely remedy guidance and included this within care plans. These are also known as 'over the counter medicines' and differ from prescribed medicines.

Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. One person told us the support they received from staff with their medicines was "spot on." If staff had concerns about people taking their medicines this was raised with their line manager and followed up. The service used body maps to explain where prescribed creams should be applied. However, these were not detailed, and we spoke with the registered manager who said they would address this.

Staff were trained in infection prevention and control. They told us they received a good supply of Personal Protective Equipment (PPE) such as disposable gloves and aprons. We saw that they used these appropriately.

Accident and incidents were recorded and analysed to identify themes and areas for learning. Consideration was always given to whether there was a need for a review of practice. Learning was shared with staff during 1:1 meetings, supervision and staff meetings.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to them receiving a service. Care and support was provided to achieve effective, personalised outcomes. When we asked a person what difference the service had made to them they responded, "A blooming lot!"

Pre-assessments included details of people's background, lifestyle choices, personality and beliefs or spirituality. They noted preferences such as whether they wished to have a male or female carer and how staff should respond if a person was distressed or withdrawn. Relatives told us that the daily notes reflected the care that was provided.

Although information about people's care and support needs were included in the plans in their homes the five plans that we looked at did not include life history information that would support new or unfamiliar workers to get to know the person. This information was held in the office which meant staff had to contact the office for this information. When we raised this with the management they agreed that action will be taken to ensure that this information is readily available to staff within people's homes. The office manager carried out people's initial assessments and they were able to use this knowledge to best match them with care staff taking into account such things as their skills, interests and personalities.

People told us they and, where appropriate their relatives, were involved in decisions about their day to day care and reviews. One relative told us, "We have reviews of the care once every three months. I feel very much involved." We observed staff consistently offering people choice. A person was observed being offered a choice of hairbrush and responded, "Yes that's the one I like." A relative told us, "They help [name] a lot. They help [name] choose her clothes. I hear them having a laugh and a giggle with [name]." A person told us, "[Name] is more a friend than a carer. [Name] never lets me win at Scrabble, I think I'm winning then she comes back with a great big word and we end up roaring with laughter."'

People were supported by staff who had an induction that included classroom-based learning, shadowing of more experienced staff, homework and formal competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The competency checks covered areas such as medicines and moving and assisting. The four-day induction included sessions on end of life care, capacity, pressure area care and dignity. Staff only successfully completed their probationary period when they were deemed as confident and competent enough to support people in meeting their assessed needs.

Staff received regular training in areas such as dementia awareness, infection control, professional boundaries and food hygiene. This was a rolling programme throughout the year to ensure that staff training did not expire. People's comments about staff training were positive and included; "Pramacare are good with their training. Carers often tell me they are going on training" and, "They do receive training. They also have time off to have training. The carers have mentors who will watch them." A staff member said that the dementia training had taught them "to converse with people even though they might not understand, make the person feel included and never talk over them when speaking with others." Another staff member said

they had recently completed a diabetes management course and that it had helped them support a person who was recently diagnosed with this condition.

Staff received supervision every three months in line with the provider's policy. Staff told us that this was used as an opportunity to reflect on their practice and discuss any changes in people's needs. Records showed that staff learning needs were discussed and requests were encouraged and supported with regards professional development. For example, one staff member had requested and received extra training to increase their awareness of how to support people living with Multiple Sclerosis. Supervision records contained a summary of the discussion and actions to be taken. Annual appraisals took place and covered areas such as; workload, interpersonal relationships, timekeeping and initiative. Staff had access to external counsellors and chaplains which they could use if there were issues causing them concern either in their home or work life.

People were encouraged to eat and drink sufficiently to maintain their well-being and support was given where this was required. Staff understood people's dietary needs, preferences and any food allergies they had. People told us that the staff always offered them a choice of food and drink. Staff checked dates on perishable food items to reduce the risk that people would eat food that was not fit for consumption.

The service understood the importance and benefits to people of working closely with health professionals and did this to help maintain people's health and well-being. One relative had contacted the office to compliment a staff member 'for how wonderful [staff member] was this morning with [name] who was unwell and how helpful [staff member] was in getting the GP to deal with [name]'. The service had included NHS advice for people in how to keep warm in winter in its latest newsletter. We saw one person's care plan noted that a district nurse had advised that the person should be supported to take the weight off of their heels to maintain their skin health. We observed that this was happening during our visit. One person told us that a health professional had suggested exercises to improve their recovery and that staff were helping them do these each morning. Health professionals told us, "They all listen to our advice and follow up on our concerns. They are pro-active and call us when required" and, "We have not encountered any worries or problems with the service. They follow up on advice and are receptive."

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.

Our observations and records showed that staff were working within the principles of the MCA. The service had recorded who had representatives with the legal authority to make decisions on their behalf should they lack capacity. The detailed the scope of the authority these representatives had for example for decisions around property and finance and/or health and welfare. We noticed one example where a representative had signed when they did not have the correct legal authority. When we raised this with the management they took immediate steps to resolve this. Where complex decisions were required mental capacity assessments took place and best interest decision meetings were held with involvement from relevant people.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and respect. Although the office tried to give staff regular visits so that they could develop good working relationships with people and get to know them well, there was mixed feedback on the regularity of staff. One person said, "I mostly have the same carer in the mornings unless they have a day off." Another person said, "I'm very well looked after. I have no doubts about any of them."

Some people said that, on occasion, visit times had been changed to accommodate staff sickness or annual leave. When we raised this with the office manager they explained that there had been a recent, temporary increase in sickness levels which meant that visit times had been amended. The person who had fedback about having their care visits being "juggled around" confirmed that their carer had experienced a period of illness. The office used a tracker sheet so that they were aware of what visits had changed and could be sure that the person affected had been notified.

Staff demonstrated that they had got to know people well. For example, one staff member said, "[Name] likes the sunshine…morning until night so we encourage [name] to wear sun cream, to have fluids and wear their little sun hat." We observed the staff member leaving the curtains open for this person when they requested this be done so they could "see the last of the day's sunshine." A relative told us, "[Carer's name] engages in conversation about football as it brings [name] alive."

We observed positive relationships between people, the staff supporting them and their relatives. People and staff were heard sharing stories about current events, their health and family. People's comments included; "They lift my spirits when I feel low", "As far as I'm concerned they are very good. They treat me very well", "I couldn't be more pleased with the service. I have found them excellent. When the carer comes they come in and talk to me", "They are more family than carers. We've got a really good relationship", "We get along together. They are pleasant, and we develop a friendship" and, "It is a pleasure to see them and if they have a sense of humour it helps."

Almost everybody told us that staff were patient with them and never appeared rushed. Three people commented, "I don't feel rushed", "They are never rushed" and, "They don't make me feel rushed." One person said that if the staff were running late, "I wait and sometimes I do feel rushed."

The service had a project in place called 'SMILE' which it offered to people assessed as being most at risk of isolation. People were offered two hours free of charge each month which they could use to do an activity of their choice either at home or in the community and with a preferred staff member. In 2018, fourteen people had accessed this resource and had been supported to paint, visit a local museum, to 'have a break from the house and have some female company' and 'to visit Lawrence of Arabia's grave.'

People and their relatives told us that they were able to make decisions and express their views about the care and support they received. Two people told us that on an occasion they had not got on well with the care staff originally sent they had contacted the office and an alternative carer had been arranged for them.

We observed one person's medicine administration record noted that [name] didn't want [pain relief gel] on [name's] back.' These examples demonstrate that people were able to express what they wanted to happen and had control over the care they received.

People were supported by staff who respected their privacy and dignity. For example, staff knocked and waited until they had permission prior to entering the person's property. Staff introduced themselves on arrival so that people were aware of who had come to support them. Staff sought people's permission before supporting them with intimate care and took steps to maintain their dignity, for example by covering them with a towel, removing themselves to another room, or by closing curtains. One person told us, "They always put a towel over me when they are putting me in the bath."

The service was keen to support people's diverse backgrounds and family situations. It had an equal opportunities and diversity policy which staff were expected to comply with at all times. This policy covered protected characteristics as defined in the Equality Act 2010. The promotion of an upcoming workshop on ageing without family was an example of the service raising staff awareness of people's diverse lives and how they could support people sensitively in such circumstances.

People's personal information was given the importance it deserved. Care plans were held securely in locked cabinets at the service's office and information held on computers was password protected. Staff had received training on the General Data Protection Regulation (GDPR) and what it meant in practice for the people who they supported. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

People were supported and encouraged to retain their independence. One person had fedback in a survey, '[Name] has a great sense of empathy and is very responsive if some days I just want to chat. [Name] helps by being here, maintaining my dignity, letting me do as much as I can myself. [Name] really stands out.' Two people told us, "Most important for me is to retain my independence. I haven't met anybody that interferes" and, "In the mornings they let me have a shave by myself and dress myself. I can do what I can do." A staff member acknowledged that people's level of independence could fluctuate, for example when they are unwell, and said it was important to "recognise when you can hand control back to them."

Good

Is the service responsive?

Our findings

People were supported in line with their assessed care needs and reviews were held when these changed. Care plans were personalised and had defined outcomes. One person's support plan advised, 'Timetable care at a time that is preferred by [name] and [name's] family.' A relative told us that the "service takes the pressure off of me." This was in line with one of the personal outcomes detailed on their loved one's care plan. Another relative had fedback in a survey, 'As an organisation you have been quite brilliant at adapting to my parent's changing requirements.' One person told us that the staff had "made a world of difference."

People were supported to remain connected to their friends, family and local communities. For example, staff helped people to attend dementia friendly church services. Prior to the church service, staff met with church personnel to help ensure the interior environment met people's needs. The service recognised that, for some people, church was, or had been, a significant part of their life and wanted to ensure that they could still enjoy this. The provider also had a community outreach programme which had supported people to attend local gardening and keep fit clubs, a provider run theatre and local memory cafés. Staff were featured in the provider's newsletter which helped people get to know them. One of the staff featured was training to run the London Marathon. A link had been provided to enable people and their relatives to check on the staff member's progress.

The service met the requirements of the Accessible Information Standard (AIS). This is a law which requires services to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them. These person-centred plans meant that staff knew the communication methods that were most helpful for each person. In addition, the service offered people a choice of receiving their weekly rota by post or email. One person had their rota in a large format in recognition of their sight impairment.

People felt the service listened to them and made changes to support their requests. People knew how to complain and had confidence that issues would be investigated and resolved. Each person's care plan included information on how to complain and complaints forms they could use. The service had received two complaints in 2018. Both were resolved in line with the service's policy. One person told us, "I have no complaints. If I did I'd make myself heard." They went on to say they were "very satisfied" with the service they received.

The service kept a log of compliments. They had received eight in 2018. Comments included: '[Name] is very impressed with the wonderful and friendly care assistants who are very prompt and reliable. Also the very professional way in which Pramacare presents itself. All paperwork and information is exceptional' and, 'Many, many thanks. I don't know where we would have been without you. You and your team of wonderful carers were seriously a beacon of hope and support at a very distressing time for us.' A relative told us, "We're happy with what they do. They seem to be pretty damn good."

Staff had been trained in providing end of life care and had given support to people and their relatives on these occasions. Two families had written thank you cards to staff which stated, 'Thank you for the care and attention you gave our [relative] in the last few weeks of [relative's] life' and, 'Although dying at home is the ideal this simply would not have been possible without Pramacare.' A staff member who had supported a person who had recently passed away was referred to by the person's family as a "surrogate daughter" and when visiting was offered "angel cake for an angel." The staff member told us that the training they had received had helped them become more aware of people's specific needs at these times. Relatives had a high regard for the support they and their loved ones had received from staff at these times.

At the time of the inspection the service was not supporting any people who had end of life care needs. However, where people had expressed a wish to do so, staff had talked to them about their future end of life wishes and recorded this in their care plans. This included the preferred response to be taken in an emergency.

Good

Is the service well-led?

Our findings

There was an open and supportive culture at the service. Staff told us that they felt included and encouraged to contribute their views and ideas. The staff team got on well with each other and said they enjoyed working for the service. One staff member said, "I love everything about my job. The interaction with people and comradery with colleagues." Another staff member told us, "I enjoy my job and coming to work."

Staff had a good understanding of the provider's values and what that meant in terms of the way they supported people. The chief executive officer said the provider's vision was that people should be supported to "enjoy not endure later life."

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Comments from people about the registered manager included: "The manager is very good", "The manager is charming" and, "Wonderful, efficient." A staff member expressed similar sentiments when telling us, "The registered manager is lovely. Very supportive, approachable and knowledgeable."

The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or theft from a person. The registered manager had a level 5 diploma and experience of working in domiciliary and residential care. The registered manager kept their skills and knowledge up to date by attending regular external networking and knowledge building events with other registered managers. They were currently taking part in a pilot project with a national work development charity to train to be a mentor and guide new managers.

Communication in the service was good. The registered manager felt supported by senior management. Monthly team meetings were held where staff told us they could speak freely, and wide-ranging discussions were held which included updates about the people they supported and an opportunity for group learning. Records showed that staff were encouraged to contribute agenda items for these meetings. Team objectives were well defined in action plans and shared with staff. The objectives covered in the latest plan included; developing specific leadership roles in progressive health conditions such as Parkinson's disease and Motor Neurone disease, and the registered manager working with HR and the business support manager in ensuring there was targeted recruitment for specific geographical areas.

Staff felt valued and their achievements recognised. The provider had an award scheme called Prama Stars where people and relatives nominated staff who they felt had gone 'above and beyond.' Prizes were given out at an event attended by people, relatives, staff and senior managers. The people's forum had created the idea for this staff recognition. The provider's newsletter noted some of the comments made by people attending the event including; 'I hadn't expected both care and friendship too' and, a person explaining they had nominated their carer because 'It is the ability to make people feel that life is worth living because you

can still make a worthwhile contribution…that is what my carer does on a daily basis.' A staff member recognised at the event had fedback, 'The Prama Stars event was lovely, and it was nice to share the experience with clients…not many employers would do that for staff.' This staff member told us the award had made them "feel fantastic."

The provider sent staff letters to thank them for their hard work one of which stated, 'I am writing to say a special thank you for the dedication you have shown Pramacare. More specifically we wanted to thank you for going above and beyond in ensuring our valued clients receive their care…' The management always shared feedback from people with staff. Staff records confirmed that their work was recognised. Two records stated, '[Name] is a very conscientious [role] who always does their job to the best of [name's] ability. [Name's] knowledge is very good' and, '[Name] is very organised and dependable and has a good relationship with [name's] clients and [colleagues] alike.'

People, relatives, and staff had the opportunity to feedback through annual surveys. The people survey included questions based on the CQC's five key questions. The survey was developed by the client forum. Comments from people included; 'When [name] arrives here on a Monday morning, it is as if a ray of sunshine has entered the house…', [Name] has become a friend to me. [Name] always goes above and beyond.' Four people told us they had completed the survey and felt their opinions and views were taken into account.

The service carried out a range of monthly audits which included reviewing people's care plans, medication administration records, staff files and training. The registered manager sent monthly reports to the chief executive officer providing oversight in areas such as care delivery, the impact of changes, networking and external links.

The service had established and maintained good working relationships with community nurses and GP surgeries. The service was aware of the role it had, and the partnership working required, to help identify and meet people's diverse and wide-ranging health and social care needs.