

Sandringham Care Limited

Churchview care Services (Taunton)

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 17 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also enabled us to arrange to visit people receiving a service in their own homes, with their permission.

Church View Care Services (Taunton) provides personal care and a range of support services to people living in their own homes. At the time of the inspection there were 41 people being supported by the service. The service provided domiciliary support to people in their own homes and a supported living service. A supported living service is where people have a tenancy agreement with a landlord and receive their care and support from a care provider. As the housing and care arrangements were entirely separate, people can choose to change their care provider if they wished without losing their home.

During our inspection the registered manager was present. 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.

The service demonstrated a strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did. People felt safe, had trust in the staff who visited them and knew who to contact if they were worried about their safety. One person said "I feel very safe with the support I receive". Staff were able to recognise different forms of abuse, understood the provider's safeguarding and whistle blowing procedures and knew who to contact if they had any concerns.

The registered manager was committed, knowledgeable and organised within their leadership. They provided clear and confident guidance and demonstrated strong values in all aspects of their role. Staff consistently told us they felt well supported and valued and they were very happy at work. The culture at the service was open, transparent and welcoming. One care worker told us, "I love my job and all the people I work with, we are like one big family".

There were sufficient staff at the service to provide care and support to people. Appropriate recruitment checks were undertaken before staff started work. People managed their own medicines independently; however staff had received training if they ever need to offer additional support.

The service managed people's risk and kept people safe, whilst ensuring they had a full and meaningful life. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's

healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence. People were at the centre of decision making about their care. One person told us, "My keyworkers always sits with me and we talk about how things are going. They talk about my care plan and makes changes if we need to". People confirmed they received regular support from staff they knew well.

Care records were personalised, up to date and accurately reflected people's care and support needs. The care plans included information about peoples' likes, interests and background and provided staff with sufficient information to enable them to provide care effectively. The service actively built links with the local community that enhanced people's sense of wellbeing and quality of life. People were supported to participate in activities, hobbies and work placements
It was clear that staff understood people's needs and how to communicate with people. Staff had supported people to use information which helped them communicate more easily.

All staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. They were aware of when someone may need to receive a mental capacity assessment and who to report this to. A care worker said, "We know people we support can make bad decisions but that is their right. Our job is to respect their decision but make sure we have control measures in place to keep them safe."

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns. The provider and registered manager demonstrated an understanding of the importance of effective quality monitoring. The systems in place enabled checks of the service provided to people and to ensure they were able to express their views so improvements could be made.

Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

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.

The service provided safe care to people. The provider ensured that people felt safe when going out and whilst they were at home.

People felt empowered and confident about their own safety. Staff received training and were knowledgeable about safeguarding people.

Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe. The provider found ways to ensure people's safety whilst helping people to maintain their independence.

Is the service effective?

Good 

The service was effective.

Staff had the skills and knowledge to do their job well. It was important to the organisation that the staff held values in line with the way support was provided.

Staff received appropriate training specific to the needs of people. Staff had appropriate supervisions to support them in their role.

Staff had a clear understanding of the Mental Capacity Act and its principles. This was demonstrated in how people were supported.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good 

The service was caring.

People felt staff were very caring and went out of their way to make sure they were comfortable and content.

People benefitted from a service which demonstrated a strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did.

People were supported by a small team of staff who they were able to build caring relationships with.

People were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people to ensure they received responsive care and support in accordance with their needs and preferences.

People were supported to follow their interests and take part in social activities.

People were supported to pursue their interests and hobbies and the service actively built links with the local community that enhanced people's sense of wellbeing and quality of life.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and staff team were committed to providing people with a high quality service.

People benefitted from a service that was continuously finding ways to improve and by actively involving people in how it was run.

There were systems to actively monitor care to people and improve the quality of the service.

Churchview care Services (Taunton)

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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements the plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

This was the care provider's first inspection since they re-registered at their new address in 2016. The inspection was carried out by one adult social care inspector.

During the inspection we visited and spoke with four people in their individual homes. We also spoke with the provider, registered manager, team leader and five staff members. We looked at documentation relating to four people who used the service, four staff recruitment and training records and records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe and were supported in a relaxed and unhurried manner. People were supported by regular staff who know the people they supported well. Staff spoke with pride about the service and about the focus on promoting people's wellbeing. One person told us, "I feel very safe with the support I receive".

Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. For example one person was becoming vulnerable within their local community due to areas they had chosen to visit whilst unsupported by staff, putting themselves and others at risk. The provider worked with the person, the local authority and police to identify different areas of interests and to support the person to understand the risks involved. The person was introduced to more suitable activities and interests. This meant the person was able to continue to pursue interests they enjoyed independently, reducing the risks to themselves or others.

There was a safeguarding adult's policy that staff were able to access. All staff had received training in safeguarding people. People were actively encouraged to raise their concerns if they felt their safety was at risk. One person (who lived on their own) raised concerns with staff that they had been the victim of theft. With the support from staff the person's bank details were changed. The person told us, "I feel a lot more safe now and confident at home.

The provider supported people to stay safe in their own homes, respected their diverse needs and challenged discrimination whilst minimising restrictions on their freedom and human rights. For example, one person was encouraged to talk about a situation that made them feel unsafe. The person was given time to understand why their situation was not safe, and encouraged to seek support from the relevant authorities. This support and encouragement enabled the person to move away from a situation that was causing them harm. A professional involved in the service told us, "I am very impressed on how person centred this provider is". These examples of the support offered, ensured that people were as safe as possible whilst in their homes, or using the community, and had increased their knowledge about the risks they may face.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example one person told us, "They always check my bath temperature before allowing me to get in the bath. When they leave they make sure I have my call pendent on so I can call for help if I need it."

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully

investigated and people were protected.

Risks of abuse to people was minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed they had not been able to begin work at the service until all checks had been carried out. Staff completed shadow shifts until they felt confident to deliver care to people on their own.

People said they were happy with care workers timekeeping and confirmed staff always arrived when they were supposed to. Care workers confirmed that people's needs were met promptly. They felt there were sufficient staff numbers to meet people needs in a consistent way. One member of staff told us, "We are a very good team, we all know the people we support and we work well together. We have each other's backs, and will support a shift if someone is poorly

The provider continually reviewed the service and its projected staffing needs and did not undertake new packages until they had enough care workers to deliver the service. When people were away from their homes they were still able to be supported, for example if people needed to stay in hospital the provider continued to offer the care package, sometimes going above and beyond the assessed hours. The registered manager told us, "Sometimes people's allocated times do not come into it, there is a culture of making sure our support remains consistent at all time for the people we are supporting".

People managed their medicines independently, where appropriate care workers offered guidance and prompts to ensure people had taken their medication. One care worker told us, "Although people we support don't need our support to take their medicines at the moment, we do ask and check if they are ok. If people did need support we would of course support them". All staff had received training in the safe management and administration of medicines.

The provider had a business continuity plan in place to protect people in the event of a crisis which might impact on the service people would receive. For example, what the service would do in the event of failure of the telephone system and the loss of key staff. Staff encouraged people to remain safe and to identify risks whilst retaining their independence. There were out of office hours arrangements in place which enabled care workers and people using the service to ask for support outside of office hours. Care workers said they were able to access support when they required it. One care worker commented, "Everything is excellent there is always someone available at the end of the phone 24 hours a day we are never alone...very well supported".

Staff told us they visually checked any equipment when they visited people. Monthly checks of fire and smoke alarms were conducted in all supported living houses. The provider identified environmental risks and ensured they were managed well. For example, one person told us staff had supported them to put additional locks on their door to ensure they remained safe. A staff member told us, "We have policies to ensure we are all safe. I was concerned the policy to leave a building in the event of a fire, was not right for a particular person. I discussed my concerns with the management team. We now have a new policy to 'stay put' for this person if the alarm rings. It is much safer".

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "They always ask me if I am ok, and what I want to do." Another person said, "I know my carers, this is the first time I have felt I am being looked after properly and as I want."

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. The induction required new care workers to be supervised by more experienced members of staff to ensure they were safe and competent to carry out their roles before working alone. The provider had implemented the national skills for care certificate for all new care workers employed at the service. This is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. One new member of staff said, "I had a full induction if I felt I needed more support it was there for me".

People received support from staff who received ongoing training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. There was a proactive support system in place for staff that developed their knowledge and skills and motivated them to provide a quality service. The registered manager told us, "We explore what interests and motivates staff, we believe in investing in our staff. We encourage staff within their personal development plan to reflect on their own development, to look at colleges with in the local area and see which one suits their needs".

Care workers told us they had received training which had made them feel more confident and competent within their roles. One care worker told us, "I completed a full awareness course on dementia, it has developed my understanding in supporting clients with dementia" Another care worker told us. "I have completed accredited training and development. We are given roles that encourage us to take on more responsibility, I was worried at first but it's great. This has made me more confident as a worker and also in my personal life". The care worker explained that due to past learning issues they had not considered they would be able to be able to complete legible paperwork, they said, "The management have been so supportive and really encourage us with developing our own learning styles then supporting us to put it into practice".

Staff received supervisions and annual appraisals, all were confident they could contact the registered manager or team leader at any time if there were any issues they wished to discuss before their supervision was due.

The service had creative ways of training and developing their staff in specific area of training need. For example, a guest speaker at the staff meeting on 28/11/2016, discussed weight management, and supporting people to understand and maintain a healthy diet. The registered manager told us, "We have worked alongside people and other professionals involved in supporting people to maintain a healthy life style. In particular people who need additional support with their diets due to health concerns. One person, who wanted to lose weight, had been successfully supported to lose a considerable amount of weight. This

meant they now had the confidence to join clubs and meet new friends. The registered manager told us, "The person's confidence has grown so much. We looked at portion size and have introduced a weight management pathway for those people who need the support".

People were encouraged and supported to lead healthy lifestyles and to maintain a balanced diet. The registered manager said, "There are so many amazing healthy meals being prepared by different people and staff we have decided to set up a 'Churchview recipe book'. It's great we are all contributing ideas. We encourage low fat healthy options". Where people needed the support the service had found innovative ways of supporting them to 'stay on track'. For example, using home delivery services for shopping, enrolment in gyms, aqua aerobics, football and swimming.

Before people received any care and treatment they were asked for their consent. Care workers acted in accordance with their wishes. For example, how they wanted their personal care delivered. One person commented: "They [staff] always ask what I want doing and how I want the support today". A care worker said, "We know people we support can make bad decisions that is their right. Our job is to respect their decision but make sure we have control measures in place to keep them safe." They gave an example of supporting someone to remain living independently, whilst respecting their right to have friends who potentially could put them at risk. Where people had agreed for the provider to hold keys to their homes a signed consent form was in place. At the time of our visit nobody receiving personal care was considered to lack capacity to consent.

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 who lacked mental capacity to make particular decisions were protected. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

The provider monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One professional involved with the service told us, "I have regular contact with the managers and can report that they are very professional, committed and easy to communicate with. They always reply to my calls promptly, and seem very organised and efficient. They respond well to any changes in services and will come and pick up students who are unwell or need personal support due to emotional wellbeing".

Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. For example in the provider's PIR they said, "Although we do not offer a 24/7 service a member of management is on call and would respond to a distress call from a client. We are a Small team which provides flexibility but also consistency of support. One client was feeling unwell during support and staff arranged for them to go to hospital, the staff member stayed with the client until the early hours of the morning."

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely complimentary about the service and the staff who supported them. People valued their relationships with the staff team and felt they would help them in any way they could. One person said, "Lovely staff, very helpful". Another person told us, "I like the staff, they are kind to me." Staff were very enthusiastic about ensuring the care they provided was personalised and individualised". One professional told us, "The provider have excellent communication skills, and I would highly recommend them to parents and carers".

Everybody said the staff went above and beyond what was expected of them. For example, one person told us, "They do more than they should for me". They gave us examples of how staff did things for them that they felt went beyond what was expected. They said, "They bend over backwards to help nothing is too much trouble. I don't expect it as I am happy with the service I receive". People told us staff assisted them in a way which maintained their dignity and respected their privacy. For example one person told us, they always check I am ok when helping me with my bath. They always check and record the temperature of the bath; they know just how I like it". Another person told us, "They always knock before they come in". Staff were highly motivated, interactions were warm, spontaneous and respectful, laughter and playful dialogue was witnessed throughout our visits to various people in their own homes. Care plans emphasised the discussion with people about the amount of care they required. The team manager told us they planned staff hours around the preferences of the people who used the service. For example, one person, although they liked the staff who supported them, had requested to have two additional staff. They told us, "I felt I wanted to see some different faces, I only asked and there are two more staff coming to support me next week".

There were ways for people to express their views about the service they received. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. One person told us, "They [staff] talk to me about my support. I am happy with all the staff, if I wasn't I would tell my keyworker." Another person told us, "I have had other care services, this is the best." A third person told us, "They are very good and talk nicely to me". One member of staff told us, "I love my job and all the people I work with, we are like one big family".

The service had a strong visible person centred approach. People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity. Comments included, "When I am in my room they give me my privacy", "Staff knock on my door before they come in".

There were systems in place to ensure people were fully involved and consulted. Where people needed different form of communication to help them understand information this was provided. For example care plans held personalised communication profiles, which gave staff advice on the best way to promote effective communication so that the person could express their views. The PIR stated, "Time is spent with clients to identify what they see as their priorities and what outcomes people want to achieve". Each person had a designated key worker who had particular responsibility for ensuring the person's current needs and preferences were known and acted on. If people wished to have an independent advocate to assist them

with any decisions, the provider supported them to access independent external advice and support.

Care plans documented the communication approach to support people if they became anxious. For example, one person used the telephone consistently to seek support when they were displaying signs of high anxiety. The registered manager told us, "Sometimes we receive numerous calls; we just remind the person that they are safe and remind them when we will next see them". Another person who suffered from anxiety issues was supported to pursue their interest in outdoor activities. This has supported the person to become more independent within their life, and has promoted them to develop their interest into the wider community.

The registered manager was motivated and clearly passionate about making a difference to people's lives. They told us, "We are doing everything we can to empower people, we have set up a Facebook group where we all share people's experiences in a confidential way. People using the service love sharing their own personal achievements and the joint activities we do. Tomorrow we are all off to [local attraction], it will be great fun, I am so proud of everyone who uses this service". The newsletter showed pictures of people taking part in joint events such as football matches, theatre trips and visits to wrestling matches. All information on forthcoming events was shared so people could decide if they wished to join in. The registered manager wrote, "There is always lots going on and I feel it important to share this with you". The provider had sought permission and only used photos of people who could consent, and understood the implications of having their images taken and placed on social media.

People were able to build positive and caring relationships with a small team of staff that supported them. The PIR stated, "Regular staff meetings ensured standards and approaches were discussed including person centred support. Time is spent with clients to identify what they see as their priorities, we take into account what we have been commissioned to deliver, and identify the outcomes clients want to achieve". The provider gave an example of supporting one person to move to a new home and supporting another person to address a particular health condition.

The enthusiasm from staff was tangible and translated into the care they provided for people. There was a strong emphasis on the key principles of care such as compassion, respect and dignity. Nobody expressed any concerns about any of the care provided. Staff were happy in their work and people responded to that. Staff were seen to be gentle, kind, sensitive and supportive. There were examples of staff being empowered to go 'the extra mile' for people when it mattered, working above and beyond to encourage people to be part of their local community. For example, a team of staff and people from Churchview service entered the local swim-a-thon, where money was raised for local charities. The registered manager told us, "It was a great success and one we wish to build on, not only did staff give their own time, they also brought along family and friends to cheer us all on. It was a great fun for all who joined in. The registered manager wrote in the newsletter, "Your success stories make us all very proud to be working with you."

There were many positive compliments about the staff and the service. In a recent survey people were asked what they felt were the 'best things' about the staff who worked for Churchview. Comments included, "Friendly, happy and helpful", "Everything", "Really helpful and treat me equally," "Staff are always there for me" and "Smiley and happy".

Is the service responsive?

Our findings

Staff supported people to ensure they received responsive care and support in accordance with their needs and preferences. Each person had their needs assessed before they started to use the service. This was to make sure the service was appropriate to meet the person's needs and expectations. These assessments gave details about the assistance the person required and how and when they wished to be supported. People told us they were involved in their care and support. Comments included, "Yes I do feel very supported" and "I sign my care plan to say I agree."

People said they felt the service was flexible and responsive to their needs. They confirmed they were involved with organising their care plan, describing how they had met with the staff from the service at the start of their care package in order for them to understand their needs. One person told us, "I met with them at the beginning and told them how I wanted to be looked after, they have been wonderful, no complaints. They also suggest new ideas for me if they think there is a better way of doing something. I am always consulted". The provider told us in their PIR, "New format support plans are being introduced which are more user friendly and very person centred. These are gradually replacing the older formats when the annual review is undertaken".

The care plans included information about peoples' likes, interests and background and provided staff with sufficient information to enable them to provide care responsively. Care plans were developed outlining how needs were to be met. These were reviewed on a regular basis and changes made to the support should it be required. One person told us, "My keyworkers always sit with me and we talk about how things are going. They talk about my care plan and make changes if we need to". Another person said, "I am happy and we talk about my support". One care worker told us, "We look at people's choices, and employment opportunities, and identify which is most important. We look at risks and how to overcome the risks. We now have administrative support which means we can give more time for supporting people to achieve their personal goals". They gave an example of supporting one person to achieve voluntary employment within their local community. The registered manager told us, "We encourage keyworkers to take ownership of their roles and understand the importance of being somebody's keyworker". One care worker who was a keyworker was able to demonstrate they were fully aware of the importance of their role. For example they told us, "I was nervous at first because of the paperwork, but I am very confident now and make sure my reviews are up to date".

There was a robust system in place that ensured prompt action was taken to address changes in people's needs. The recording system detailed what change was required, action taken, completion date and by whom. For example, one person who suffered from a serious injury needed 'huge encouragement' to get treatment. The provider had enabled the person to receive support from staff over a long period of time to ensure the person's mental health did not suffer, and to also keep staff informed of any changes to their support needs. The registered manager and team manager were proactive working with other professionals in regard to the person's change in circumstances and what additional support would be required to ensure maximum independence was maintained. The team manager told us when changes to people's support occurred the care plans were updated to reflect the changes. This demonstrated people received

personalised care that was responsive to their individual needs and preferences.

The service actively built links with the local community that enhanced people's sense of wellbeing and quality of life. Care workers supported people to access the community and minimise the risk of them becoming socially isolated. There were many opportunities for people to join in activities organised by the provider, for example, cinema trips, and meals out". People were encouraged after initial introductions to join clubs and activities of their choice without the support of staff, for example, one person was encouraged to walk a member of staff dog, now finds walking a therapeutic way of working through any anxieties. The provider told us in their PIR; "We support our clients to form networks" this was either by doing joint activities, or being encouraged to do individual activities. The registered manager told us, "We are arranging structured events which support our pledge to support people to live healthier lives". They gave the example of people joining slimming clubs, walking groups, cycling and exercise classes.

There was a wide range of activities available and people were positive about their opportunities to engage in a variety of activities. Staff were seen actively encouraging and supporting people to engage in meaningful activities. One person told us, "I won a medal in our pool tournament". The registered manager told us, "We offer a wide range of social events which meet different interests. Some people want to be active and have football, swimming and pool tournaments, whilst others prefer a gentle walk or trip to the cinema. The newsletter dated February 2017 showed a range of photos ranging from people going to see Cinderella at the theatre to a wrestling match.

The provider took a key role in the local community and was actively involved in building further links. The registered manager told us, "We are developing a website as well as a Facebook account, looking to support members of the local community including parent and carers forums, which supports people and families in transitions to be aware of the services provided by Churchview Care Service. We currently have good links with other providers within our local area. We wish to develop this further so are linking with local schools, discussing transitional support for people moving from children's services to adults. Our Facebook page is great as people can see what we are doing and come along and join us".

Discussion with the provider showed that complaints were taken seriously. We looked at a complaint that had been received and it had been addressed and resolved. People told us they knew how to complain and were happy if they did complain staff would help them. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. However people told us they were happy with the service they received and had no complaints.

Is the service well-led?

Our findings

The service benefitted from a management structure which provided clear lines of responsibility and accountability. The provider of the service, the registered manager and team leader were available throughout the inspection. The provider and registered manager spoke with pride and passion when they discussed the quality of care and staff team. People using the service, and staff all spoke highly of the management team.

The registered manager provided was committed, knowledgeable and organised within their leadership. They provided clear and confident guidance and demonstrated strong values in all aspects of their role. They spoke about their own personal drive to ensure good links were kept with other professionals and providers linked to people they support, and told us they often arranged meeting to, "Explore ideas and new opportunities". Through their discussions with us they demonstrated an understanding of their safeguarding role and responsibilities. The importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There was a high level of understanding on the need to keep people safe, but also to ensure people remained as independent as possible. One professional told us, "I have regular contact with the managers and can report that they are very professional, committed and easy to communicate with".

Without exception staff told us they felt valued, involved and appreciated. They were motivated and told us the management of the service was "Excellent". They told us they felt fully supported by the registered manager and provider and received regular support and advice via phone calls, texts and face to face meetings. They said the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. Comments included, "I feel very supported by the registered manager", "and Management is fantastic" and "Very approachable and honest". The ethos of the service was F.R.O.T.H.H which stood for, fairness, respect, openness, transparency, honesty, humour.

The registered manager was completing a level 5 diploma in care management and had been able to implement skills gained during their studies into practice by working in partnership with key organisations to support care provision, service development and joined up care. The registered manager and team leader continued to deliver care on a regular basis and were able to support staff and any people receiving a service at short notice. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people. People told us they would recommend Churchview Care Services to anyone who wanted care and support in their own home. One person said, "I would definitely recommend this service, it is the best I have ever had".

There was a strong emphasis on continually striving to improve. The provider was a director of a local provider groups which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. They said, "We respond to actions/improvement notices from other organisations. We are members of a care providers association and attend their quarterly and annual meetings for updates to ensure that we continue to promote good practice and ensure that we comply with the latest legislative changes." For example the provider told us they were "Closely" watching the change in

commissioning of services, and would change and adapt their practice in line with these changes. In their PIR they stated, "We pride ourselves that should a need be identified tomorrow we would respond appropriately to meet the need in the best way possible".

The service demonstrated a strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did. Throughout our inspection the registered manager demonstrated an open management style and strong values-led leadership based on person-centred care and continuous service improvement. The provider told us in their PIR, "We take seriously the importance of staff meetings, and good communication. Staff meeting are used to ensure all staff are aware of generic issues, new legislation, to problem solve and to plan ahead."

The provider's aims and values had clearly been absorbed and were put into action by staff. These values of fairness, respect, openness, transparency, honesty and humour were posted on the office wall for all to see and share. One member of staff told us, "Not only do they care about the people receiving the service, they care about us too." The provider told us, "We aim to give empowerment and ownership to people, our team is our biggest asset so we invest in them. We ensure the best outcomes are met for people using Churchview Care services regardless of need. We provide safe, effective and appropriate support that makes a difference to people's lives."

The service found ways to enable people to be empowered and voice their opinions for example. One person who had particular health issues, but wished to have more social input was empowered to become involved with other people with similar interests. To support the person Churchview Care Services worked in partnership with other services. The registered manager told us, "We worked alongside other agencies to ensure the best quality of life for this person".

There were systems in place to make sure high standards of care were delivered. All staff received one to one supervision and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a senior member of staff to discuss their work and highlight any training or development needs. Staff told us and records demonstrated supervisions were held on a regular basis, they were also a chance for any poor practice or concerns to be addressed. Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

The service had policies and procedures in place that were reviewed and monitored on a regular basis by the provider. They were well organised and staff were able to access information from their office base. People had smaller versions of their care plans in their homes, however larger more comprehensive care plans were held in the office.