

The Care Company (SW) Ltd

The Care Company (SW) Limited

Inspection report

Little Spires
East Allington
Totnes
Devon
TQ9 7QE

Tel: 01548521789

Date of inspection visit:

04 February 2019

05 February 2019

06 February 2019

Date of publication:

25 March 2019

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?

Good 

Summary of findings

Overall summary

About the service:

The Care Company (SW) Ltd is a service providing care and support to people in their own home. At the time of the inspection the service was providing support to 69 people, but only 47 of those were receiving support with personal care. As the Care Quality Commission (CQC) does not regulate domestic support, this inspection relates only to people receiving the regulated activity of personal care. The service provided both regular daily visits to people in their homes and some live-in staff members, providing a 24-hour support. The service was provided across the rural area of the South Hams in Devon, and in the seaside towns of Torbay.

People's experience of using this service:

The service was exceptional in placing people at the heart of the service and its values. It had a strong person centred and local community based ethos. Staff and the service's management told us how important the services' shared values were to them, and how they were passionate about providing outstanding person-centred care to people when they needed it. Many people being supported told us they thought of their carers as being like family members, and told us they were highly compassionate, caring and flexible. The registered manager told us "We have found in the past if a person feels truly cared for and included and has something to look forward to this has a great impact on their whole wellbeing."

People's needs and wishes were met by staff who knew them well. We saw and were told of many examples of staff going 'above and beyond' to help and support people they cared for. For example, we were told about how the service had supported a person living with dementia following the loss of their cat. Staff had noticed how depressed the person had become following this loss. The service had taken the person around several local cat shelters before finding the right cat for them to replace their beloved pet. The service told us this action "had a massive effect on the person's positivity and mental wellbeing."

Staff were safely recruited, well trained and supported with personalised training programmes and 24 hour back up. The service had a rapid response team to enable them to respond quickly to any care emergencies. Staff were aware of how to report any concerns about neglect or abuse and were confident they would be addressed. They felt they were listened to, and were part of an organisation that cared for them and their wellbeing, as well as the people they were supporting.

People were supported safely, and risks regarding their care were assessed and met. Where this was a part of their care, people's medicines were administered safely and in accordance with the prescribing instructions. We saw staff also contacted people at times other than during visits to remind them to take certain medicines or to drink fluids.

People and their relatives told us they were treated with great respect for their dignity and privacy. We saw clear evidence of trusting, caring relationships in place, and a clear commitment to support people at

difficult times with compassion, respect and affection. We heard, for example, of staff walking miles through recent snowfall to ensure people had hot meals and drinks, and staff supporting people at times of personal bereavement, giving up their own family Christmas to do so.

The service organised many community and individual activities, social events and craft days to help people avoid the risks of social isolation in the rural area where they lived. Efforts were made to ensure people had the same care staff visiting. People's care and support plans were detailed and followed in practice. The service embraced innovation and learning to improve people's care experiences, including working alongside other community professionals to provide 'joined up care' to people. Some people were being supported by technology through lifeline call systems, and MP3 players with recorded messages and personalised music in conjunction with a local charity for people living with dementia.

The leadership and management team were praised by staff and people receiving a service for their commitment and passion for care. The organisation had as a principle the need to treat staff well and reward them properly for the work they did. This had led to a positive workplace culture, with staff feeling their voice was listened to. Staff all told us the service's management were caring and supportive and that everyone worked well as a team. Staff told us they were proud of working for the organisation, and would be happy to have them care for their own family. Systems were in place to help staff keep safe while lone working. The service had ensured resources and skilled personnel were available to support the work they did, including recruiting an HR professional, client liaison lead and dementia care champion as a part of the management team. Regular audits were carried out; people were asked their views in person and via questionnaires and changes were quickly made if issues were identified. The service learned from incidents, concerns or accidents to help prevent a reoccurrence.

More information is in the full report

Rating at last inspection: At the last inspection in July 2016 the service had been rated as good in all key questions.

Why we inspected: This was a scheduled inspection, based upon the last rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Care Company (SW) Limited

Detailed findings

Background to this inspection

The 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:

The inspection team comprised one adult social care 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 made telephone calls to people receiving a service to discuss their experiences about the support and service they received.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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 or providing care. We needed to be sure that they would be in.

The inspection site visit and activity started on 4 February 2019 and ended on 6 February 2019. We visited the office location on 4 February 2019 to see the manager and office staff; and to review care records and policies and procedures. On 5 February we visited people being supported in their own homes alongside staff, and made phone calls to other people. On 6 February 2019 we contacted staff by phone to discuss the

service, and received emails from others.

What we did:

Before the inspection we reviewed all the information we had about the service, including notifications and responses from questionnaires we had sent to people using or staff working for the service.

Prior to the inspection the registered manager had sent us a provider information return or PIR giving us information about the service and changes they had made since the last inspection. We spoke with four people in their own homes, and contacted six relatives and one person by telephone. We met, contacted by telephone or received emails from eleven staff members. On the site visit or home visits we looked at records for the service including six people's care and support plans, risk assessments, staff recruitment records, audits and quality assurance reports.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the service. People were safeguarded from abuse and neglect. Staff understood what actions to take to protect people and we saw examples of where they had raised concerns which were acted upon quickly by the service. Staff received training in how to raise concerns, and told us they were confident to do so, knowing the service would take action. A staff member told us about their experience of sharing concerns with the service management. They said, "Not only did I feel comfortable enough to be able to share them openly, their response to my concerns was reassuringly dealt with in a supportive and non-judgmental way."

Assessing risk, safety monitoring and management

- Support was delivered in ways that supported people's safety and welfare. Assessments were in place to identify risks from people's care, their home environment and healthcare conditions they were being supported with. Assessments included information on actions to take to minimise risks to people, including when using equipment. They gave detailed instructions on the numbers of staff needed to support people safely. People and relatives told us people were safe. They told us "I am happy to leave Mum with them. I have never felt uneasy about leaving the house when the carers are there, she is completely safe with them", "The care and interaction is A star. They always make sure she is not at risk when they help her in the bath" and "I feel very safe with them all. My experiences are very good."
- Changes in people's needs were circulated to staff via mobile phones so any new care instructions were immediately available. Staff were aware of how to report any changes to people's needs, and could call for additional support from the office at any time.
- The service helped people to live well at home, and reduce risks to their health. The service's newsletter helped people become aware of risks. They had recently distributed Age UK thermometers to people receiving a service, to help ensure their homes were kept at the correct temperature to keep them warm. They had found that one person's bedroom was cold so after talking to them and their advocate, they gained consent to go and purchase a new heater and heated blanket. This had ensured the person was kept warm at night and this had helped with their mobility, as well as reducing risks from hypothermia.

Staffing and recruitment

- People each had a rota telling them which staff to expect and at what time. People told us staff were punctual and stayed for the allotted time. If staff were delayed, people told us they were contacted by telephone. There had been no missed visits. The service had a rapid response team available to support in a crises or incident immediately. We heard of instances when this had been used to help people in crises.
- The service provided staff to live in for some people, as well as staff who visited to provide daily support. The service ensured regular contact was maintained with live in staff to ensure they had breaks and additional support visits when needed. Staff wore uniforms and carried identity badges, but told us they

were always introduced to people before they started supporting them.

- The service had safe systems for recruitment, including the taking up of references and disclosure and barring service (police) checks. This helped ensure only people of suitable character were employed.
- Systems were in place to ensure staff safety when working remotely. The service had a lone working policy and assessments identified any risks, for example from pets, people smoking or poor street lighting when parking.

Using medicines safely

- Where people received medicines as a part of their care support this was done safely. Staff had received training in medicines administration and had their competency assessed. Where people were being supported to do this independently, risk assessments were in place to ensure this remained safe.
- Medicine administration records or MAR were completed by staff for each administration.
- We heard examples of where the service had taken additional care to support people with the effectiveness and safety of their medicines. For example, one person was prescribed an antibiotic an hour before food. The service found the person was not remembering to take this, so offered to telephone them an hour before each visit where they would be preparing food. This worked very effectively, and the person's health improved.

Preventing and controlling infection

- People were protected from infections. People told us and we saw staff wore aprons and gloves when delivering personal care. Staff told us they had received training in infection control and had a plentiful supply of gloves and aprons available to them.
- Each staff member carried sterile urine pots with them, so they could quickly collect urine samples, for example if a person was looking unwell. This helped to ensure any potential infections could be identified quickly, helping people to stay well in their homes.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, these were analysed to ensure learning took place to prevent a re-occurrence. For example, we saw one person's care notes contained photographs of an environmental risk to alert staff, where a staff member had previously had an accident. Staff carried torches, and first aid kits in their cars.
- Contingency plans were in place to ensure the service kept running through adverse weather conditions or during staff sickness. We heard about measures staff had taken to support people during the previous year's snowfall, including walking miles to ensure people were safe, and had a hot meal. People whose care needs were time critical were identified on a rating system, to ensure risks to them were prioritised.
- People or staff told us they could contact the service office or on call person at any time. Staff told us there was always a senior person on call to assist and advise. One person told us how they appreciated this and the way the service supported them at times of personal crises.

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

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

- People's needs were assessed and a care plan drawn up before people received a service. Staff were introduced to the person and supported to deliver their care package by senior staff until they felt confident to do so themselves.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and understood how to support them. Staff told us training was 'constant' and the service regularly carried out spot checks and supervision of their practice working with people. One staff member told us about how the training was tailored to meet their learning style as they "didn't get on with computers or technology", so senior staff worked with them to promote their learning. Staff all received a three-day induction to the organisation and staff new to care work completed the Care Certificate, which is a nationally recognised course in induction for care workers.
- Since the last inspection the service had set up a training room, with equipment to assist staff learning with moving and positioning people, reducing skin damage and resuscitation techniques.

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

- When supporting people with meals and fluids was a part of their care package, people received the support they needed. We saw evidence of the service contacting people outside of their routine visits to prompt them to drink when people were at risk. For example, one person was becoming dehydrated. The service called them three times a day, outside of the planned care package visits to prompt them to drink. This ensured the person stayed well. Before leaving each person, staff checked they had a hot drink of their choice with them, and a call alarm handy if they had one. Photographs had been taken of how people liked their meals served.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked alongside local community and medical services to support people and maintain their health. We saw the agency raised concerns about people's wellbeing to community services such as the mental health teams or the person's GP, and supported people to attend hospital or other medical appointments if needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to lead healthier lives. The most recent issue of the service's newsletter contained information about home visiting dental services, diabetes prevention, power of attorney, cardiac rehabilitation services and living safely with dementia. Guides from Public Health England about healthy ageing were also given out to people as a part of their welcome pack. The service helped ensure information

about people's needs was shared with family carers, to promote people's wellbeing and consistency of care.

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

- People's consent for their care was sought and consent to their care plans recorded in their files. We saw staff supporting people and offer them choices. People told us staff were very willing and always asked what they wanted them to do. One told us "They know exactly how I like things done but still ask me what I want to do." A relative told us "I love how they always refer back questions like "are you comfortable?", "are you sure?" I trust them implicitly." And another said, "They always give my wife choices like what she wants to eat or wear, and remind her to drink."

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

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

Respecting and promoting people's privacy, dignity and independence

- Staff were highly motivated and keen to support people to the best of their ability, treating them with dignity and respect. We heard about staff working with people to help them leave their house for a meal for the first time in years, or attend an event, such as a Christmas day meal when staff gave up some of their own Christmas day voluntarily to support people take part. The registered manager told us "We have found in the past if a person feels truly cared for and included and has something to look forward to this has a great impact on their whole wellbeing."
- People appreciated the service's role in helping them to remain independent and valued the relationships they had formed with staff. One person told us "I don't know what I would do without them. They keep me here and independent. Another person told us "I often hear laughter and know my husband likes to have banter which is lovely."
- In 2017 the service had started a 'Present for a Pensioner' scheme. to provide people who would not normally receive a gift at Christmas or would be alone at Christmas with a hamper filled with food items and other goods for them to enjoy. Local businesses within the community contributed to allow this to happen and over 30 hampers were delivered both to people using the service and a local homeless charity. This helped people in the community feel valued and that someone was thinking of them.

Ensuring people are well treated and supported; equality and diversity

- People's feedback told us they received exceptionally high quality, personalised, creative and compassionate care. All the people, relatives and staff we spoke with gave us positive feedback about the caring nature of the service, quality of the staff and thoughtful support they received. People repeatedly told us they saw their carers as being friends or like family members, and we were told about many instances where staff had 'gone the extra mile' to support people, including staying beyond their allotted times. For example, we heard examples of how staff and the service's management had given up their Christmas to support a person whose spouse was at the end of their life, to enable them to be together in hospital. This person told us they had been "wonderful, really wonderful" at this time. We saw staff supporting this person with affection and compassion, which was clearly mutual.
- The service showed they made every effort to support people with their interests and enhance people's wellbeing, through a strong and visible person-centred culture. They We were told about how the service had supported a person living with dementia following the loss of their cat. Staff had noticed how depressed the person had become following this loss. They service had taken the person around several local cat shelters before finding the right cat for them to replace their beloved pet. Staff The service told us this action "had a massive effect on the person's positivity and mental wellbeing. Additionally, as the person was living with dementia , we have found that the cat has stimulated them and offered companionship and some

structure to their day."

- In another instance staff the service had set up a community craft event, which people were supported to attend, to help combat loneliness and social isolation and give people opportunities to be creative. This had given a person the opportunity to create a special card for their spouse, which delighted them both. We spoke with this person who told us the staff were "Golden" and "God sent". They had also been supported to purchase and wrap presents for their spouse's birthday, which they had greatly appreciated. We saw the person spontaneously hug staff for having done this.

- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. One person specifically told us this service had been respectful towards them and ensured they were not discriminated against and that staff used appropriate language when supporting them.

- People told us "The company support us and couldn't do more", "Carers are great, we have really got to know them. They help her with personal care and treat her so nicely. They are patient with her as she likes her bed in a way, and make sure she is happy when they leave her. The Care Company has kept her living at home", "They are very experienced and look after me very well. We talk a lot and they have a lovely manner about them, they shower me and respect me, they show dignity towards me" and "I have never been treated with anything but kindness."

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

- The service used creative ways to help support people communicate their wishes about their care, and make decisions. The service used picture cards to help one person who was living with advancing dementia to make choices about their meals. For another person the service found they forgot to drink between visits. The service had bought a series of plastic cups which they labelled "Drink me before 12" or "Drink me before 5". This was so effective for the person as they were drinking regular fluids and maintaining their hydration between visits. The service had also purchased some brightly coloured plates which had helped increase the person's appetite. With another person they labelled their cupboards with the contents to help the person find what they were looking for more easily. One person was regularly taken out to a local pub/restaurant for lunch with a staff member.

- People were empowered to share their experiences which helped them feel valued. The service had participated in providing a stroke awareness event in a local town. A person using the service had been invited to take part to give a speech on the impact of having had a stroke on their life. Staff supported the person to write cue cards about what they wanted to say and practiced their speech with them. On the day of the event the staff member sat in front of them using the cue cards to prompt them. They told us the person had "delivered a very moving speech to an audience of staff, clients, healthcare professionals and the general public", and had achieved satisfaction from their achievements.

Is the service responsive?

Our findings

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

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

- People using the service each had an individualised plan of their care, drawn up with them and based on an assessment of their needs. Plans were reviewed regularly, and people told us staff from the office came out and checked their care was being given the way they wanted it to be.
- Information on people's needs was available in paper copy in their home or via a phone system. People said "Care is given as agreed and the folder is updated each visit." The service had recently purchased and were implementing a new system which would give a live update on a plasma screen in the service's office of people's care delivery throughout the day. This would help identify if tasks for people were not completed, or changes to their needs had been identified.
- People's communication needs were known and understood by staff. Support plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- The service was creative and innovative in supporting people to live well independently. They had recently been involved with a local dementia care charity in completing a sponsored walk. As a result, with the money they had raised, people living independently with memory impairment were offered an MP3 player to help them remember daily tasks. We heard for example of how one person used this to organise their day. The MP3 player had been programmed by the service to play the church music the person enjoyed to help wake them at a specific time. A voice recording then told them their care worker would be arriving in 15 minutes. This helped the person as they liked to be awake when their care worker visited. Another person had timed recordings suggesting it was time to feed their cat, or to have a drink. The prompts were in between client's favourite songs and were completely bespoke to the individual. The service told us "We understand how important maintaining independence is and will always maximise and devote our time to contribute in any way that is helpful to our clients."
- People told us staff did all they wanted them to do and more, and were flexible to meet their needs. One said "They just know me so well and what my needs are they always talk me through what they are doing and discuss what I want to be done that day. They always go over and beyond their duties to make sure I am happy. They are the right people for the job" and "They are flexible I often speak with them about mum and they will do anything they can to help out." We saw care workers following notes left by family members or the person about what they wanted done that day or what meals to prepare. They also told us their choice

of care worker gender was respected. They said they felt valued and listened to about their care needs and wishes, and could make changes or updates when they wanted to. The service had appointed a client liaison lead, whose role it was to deal with reviews, medication issues, organising hospital transport, assessments and attendance of meetings with health care professionals. The service told us "This allows us to better help represent our clients and ensure their changing requirements are dealt with"

- Since their last inspection the service had also employed a dementia care champion, whose role it was to support staff to meet the individual needs of people living with memory impairment. For example, this person had identified one person living with dementia liked cleaning their house, even though this was a task carried out by staff. The dementia champion had asked staff to leave small tasks for the person to finish, such as drying dishes that had been washed, or taking a few tins out of a cupboard for them to tidy away. They told us "This has had a very positive impact as (person's name) will wander around her home aimlessly, so giving (person's name) productive tasks has helped focus (person's name) so she is less anxious and feels achieved in keeping her home up together."
- Information about people's rotas could be given to them in a variety of formats, to ensure the information was accessible to them. These included large font, and 24 or 12-hour clock times. For people living with a learning disability photographs of the care workers were reproduced on the rota, alongside pictures of what they were coming to do, e.g. a photo of a breakfast. For the person this meant they were better able to plan their life, with a clear understanding of who was coming to support them and when. For another person living with a visual impairment, the service had provided them with a voice recording on a CD of when their care workers were coming in and the time so the client would be informed in a format they could understand.
- Opportunities for social events were provided and people were given the chance to receive visits in their own homes for this to happen. For example, the service had arranged for a fish and chips evening for people who did not often leave their own house. People could have the meal delivered to their home, and staff would, if they wanted, stay and share the meal with them as a social event. They were also planning valentine's events in people's homes, with staff cooking them special candle-lit meals of their choice.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address any concerns. Learning took place as a result to avoid any repetition.
- People told us they would feel happy to raise any concerns. One told us "I would speak with the boss if I needed to. It wouldn't worry me." Information about how to raise a concern was detailed in the service information pack.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service, however they had previously provided this care, in conjunction with community healthcare professionals in the past.
- Staff and the service's management talked passionately about this aspect of their role. They told us they understood how important it was to people and their families, and how "you only get one chance to do it right."
- The service had been nominated for the Best Palliative Care Provider 2019 SW England.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Everyone we met told us how 'passionate' they were about providing a high quality and personalised service to people, and people were very much at the heart of the service. People and staff told us they would very much recommend the service to others needing care.
- The registered manager had a visible daily presence in the service and led very much by example. They told us "It's an environment where everybody counts." They also told us one of the organisation's priorities was the importance of treating staff well, with good pay and conditions. Staff told us they felt more valued, because the service paid them for travelling time as well as time spent working with people and listened to them.
- The service told us they had received a number of awards for good practice in caring or employment. These included the 'Mumazing' award for best employer supporting mothers, Best Full-Service Home Care Agency Devon Award (Private Health Care Awards 2018), Most Outstanding Home care Agency 2017 (Global Excellence Awards) and nominated for the Best Palliative Care Provider 2019 SW England.
- Staff regularly told us how positive they felt to be working with an organisation that shared their personal values about what outstanding personalised care should look like. Staff were highly motivated, and proud of working for the organisation. Staff told us "I can honestly say I have never worked for a better, more organised and caring organisation. The way the management team operate is without flaw and has made my integration into the team enjoyable and smooth. Hard work is appreciated beyond measure and everyone goes above and beyond to ensure we are providing the best possible care for our clients" and "Every time a new guideline or policy is updated we are all brought up to date straight away with training either manually or by written work. The manager acts on things very quickly nothing is left to be sorted for later. Everyone works together as a team and feedback from staff and clients is always good."
- The registered provider was clear about the role of the Duty of Candour in improving the sharing of information and development of high quality services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Organisational arrangements, quality audits and assessments of risk were detailed and thorough, and reflected people's views and experiences through a series of questionnaires. People told us "The office ring regular to see if I am happy, I have also filled out a questionnaire in the past, all of them are very good" and "We have had (name of staff member) come and visit us for what was question and answers about the service."

- Opportunities for learning and making improvements were taken at every review or audit, and the office told us they welcomed people's feedback at any time either positive or where there was room for improvement. People told us it was easy to contact the office and someone was always there at any time to sort out problems or make changes. Staff told us they had "good back up – I can speak with the manager about anything. They are really caring."
- Plans for the further development of the service were well thought through and resourced, with good governance an integral part of their development strategy. This helped ensure service continuity, and that future developments would not compromise quality standards.
- The service supported some people living with a learning disability. Care and support provided had been in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Accountability within the organisational structure and staff roles were well understood. Regular staff meetings and events were held: one recently held had a care quiz with prizes to help participation. Another recent initiative to encourage care staff to have an influenza vaccination had led to a raffle for those who had done so. Staff told us they felt listened to, and involved with the provider organisation. A staff member told us "I feel that the introduction of new staff induction interviews, increased frequency of stay interviews, appraisals and evaluations has made a huge difference to all staff in feeling acknowledged, heard and therefore supported."
- We did not find any unmet regulatory requirements. The service had sent us notifications about events which they were required to do by law.
- The registered provider ensured resources were available and working effectively to support high quality care and staff in their role. For example, a full time HR director had been appointed. This had allowed for improved staff retention, better communication and induction systems and this ensured greater continuity for people receiving a service. Any issues or feedback about staff performance or concerns were addressed quickly with additional training and support.

Working in partnership with others

- The service was 'outward facing' with a strong community involvement. They were supportive of and involved with innovative community projects and services to help reduce social isolation and develop better care options for people in their communities. For example, they were working alongside local healthcare initiatives in the Kingsbridge area to reduce social isolation, and were aware of other initiatives such as police led systems for missing people. The registered manager wrote an internet blog for older people, including a recent post about the importance of seeking power of attorney in protecting people's rights.
- The service was involved in learning about initiatives in developing good care practice, and had links with Skills for Care and other organisations supporting best practice initiatives.