The People Care Team Ltd

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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

The People Care Team is a domiciliary care agency providing personal care and live in care to people in their own homes. At the time of our inspection the service provided approximately 27 packages of personal care and support.

The inspection was announced and took place on 2, 3 and 4 November 2016.

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

People felt safe and were protected from the risk of abuse. Staff were knowledgeable about the risks of abuse and there were suitable systems in place for recording, reporting and investigating incidents. Risks to people's safety had been assessed and staff used these to assist people to remain as independent as possible. Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels. Staff had been recruited using effective recruitment processes so that people were kept safe and free from harm. Medicines were administered, handled and recorded safely.

Staff were knowledgeable about the needs of individual people they cared for. They supported people to make choices about their care and daily lives. Staff attended a variety of training to keep their knowledge and skills up to date. They were further supported with supervision by senior staff. There were policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff knew how to use them to protect people who were unable to make decisions for themselves. People could make choices about their food and drink. They were provided with support when required to prepare meals if this was an assessed part of their package of care. Prompt action was taken in response to illness or changes in people's physical and mental health. They were supported to access health care professionals when required.

People told us that staff treated them in a friendly and caring manner, with kindness and compassion, and cared for them according to their individual needs. Staff had a good understanding of people's individual needs and worked hard to ensure they had choices based upon their personal preferences. People and their relatives were fully involved in making decisions and planning individual care. Staff were caring and ensured that people's privacy and dignity was respected at all times.

People's needs were assessed prior to them being provided with care and support. Care plans were updated on a regular basis, or as and when people's care needs changed. People were supported to achieve goals that required planning and support from staff that knew them well. This meant that positive outcomes were achieved for people including feeling empowered, being able to support others, and being part of a wider community. People had been made aware of the complaints process and knew how to make a complaint if

they needed to. The registered manager and senior staff reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

The service was well led by a passionate and dedicated registered manager, who was well supported by a proactive and self motivated staff team. The culture found within the service was one of positivism; the ethos demonstrated by the registered manager and staff was transparent and aimed at encouraging people to be as independent as possible. The registered manager and director were both committed to their work, providing strong leadership and leading by example, using challenges to drive future improvement and to ensure that people received person centred care. Staff were proud to work for the service and wanted to help develop and progress it so that it could be the very best it could be, following the same principles as the management and in the way they cared for and supported people.

The registered manager and director had a clear vision for the service and its future development. They were good role models and advocates for people and actively sought and acted upon people's views. They wanted the service to be influenced by the needs of the people it supported and were committed to providing high quality care that was personalised to people's needs. Visions and values were cascaded to staff, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were always welcomed, and used to drive improvements and make positive changes for people.

The registered manager worked hard to use quality monitoring systems and processes to make positive changes, drive future improvement and identify where action needed to be taken. All staff, irrespective of their role, wanted standards of care to remain high and so used the outcome of audit checks and quality questionnaires to enable them to provide good quality care. As a result of the positive atmosphere within the service, people and their relatives were placed firmly at the heart of the service, with all aspects of care being focused on them, their objectives and goals.

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

This service was safe.

Staff had received safeguarding training had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place that were reviewed, in order that staff had up to date information to meet people's needs.

Staffing arrangements meant there was sufficient staff to meet people's needs. The service followed robust procedures to recruit staff safely.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

This service was effective.

Staff attended a variety of training to keep their skills up to date. They were further supported with regular supervision from senior staff.

Consent was sought before care was delivered and staff understood the steps to take if people were unable to make decisions for themselves.

Staff provided people with support with meals where required as an assessed part of their care package.

People were supported to access health care professionals when required.

Is the service caring?

Good

This service was caring.

Staff respected people's privacy and dignity.

People who used the service received care and support that met

their needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Is the service responsive?

Good

This service was responsive.

People and their relatives were involved in decisions about their care and their care planning.

Support plans were personalised and reflected people's individual requirements.

People knew how to make a complaint if they needed to and the provider listened to feedback in order to make improvements to service delivery.

Is the service well-led?

Good

This service was well led.

The service was led by a passionate registered manager who had person centred vision and values that were shared and understood by staff, for the future development of the service. These visions and values ensured that people were firmly at the heart of service delivery.

There was an open and positive culture at the service, between staff and people who used the service. Systems were in place to ensure people and staff were always well supported by the management and the provider.

The provider had a close working relationship with local councils and commissioning teams for local authorities in the area they operated in. They had helped in the development of new services for people living in their own homes to prevent hospital admissions and re-enable people following a period of ill health..

Robust quality control systems were in place to ensure care was delivered to a high quality standard and areas for development and improvement were identified. There was a focus on continuous improvement through the provision of regular and on-going assessment and monitoring.

The People Care Team

Detailed findings

Background to this inspection

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

This inspection took place on 2, 3 and 4 November 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by two inspectors 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. In this inspection they supported us by making telephone calls to people who received a service.

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 they plan to make. We also checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people using the service.

We spoke with six people who used the service and two relatives. We also spoke with the registered manager, the director two care coordinators, four members of care staff and one business administrator. To ensure we received robust feedback we also contacted two healthcare professionals for their views on the delivery of service.

We looked at five people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment and training files and four weeks of staff duty rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People felt safe and told us that the support they received from staff kept them free from harm, both inside their own homes and when being supported in the wider community. One person said, "I feel very safe with the carers, nothing bad has ever happened." Another person told us, "They do everything I need and they take good care of me." People and their relatives told us that they felt comfortable and relaxed with staff and were reassured that staff took every effort to maintain their safety and keep them free from harm.

Staff had a good understanding of the different types of abuse that could occur. They explained about the signs they would look for and told us what they would do if they thought someone was at risk. One staff member told us they would make sure the person was safe and ensure that everything was documented within the records. They were aware of the reporting process that should be used and were confident that any allegations would be fully investigated by the registered manager and the provider. Another staff member said, "I would always take a gentle approach, make sure the person was alright and then contact the office who would take immediate action. I know that I can always contact the police and you [Care Quality Commission] if I needed to."

Staff told us they had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this. The registered manager had taken appropriate action in response to safeguarding concerns and investigations and confirmed that the service had been able to use the findings to improve future practice, for example in respect of monitoring pressure care. This meant that there were effective systems in place to support staff to keep people safe.

Risks to people's safety had been assessed and detailed guidance was available for staff within people's care plans. One person told us they were aware there were some risks associated with their care delivery and understood that they had to be assessed on a regular basis to keep both them and staff safe. Staff felt that there was sufficient information within the risk assessments for them to be able to understand what people's needs were and how they wanted their support to be provided. One staff member said, "I think that the risk assessments are good; they link in with the care plans and tell us what to look out for."

Risk assessments guided staff as to the support people needed if they had an increased risk; these included risks associated with nutrition, falls and keeping safe. Staff told us that these had been developed with the person themselves, and that if required this information had been shared with other services to further protect people. Evidence of up to date risk assessments was seen within people's support plans and we found that these were reviewed by the registered manager and senior care staff on a regular basis. Risks had been assessed and mitigated through robust control measures being in place.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. Accidents were reported directly to the care coordinators or registered manager so that appropriate action could be taken. We found that where appropriate, body maps had been completed and action taken to monitor people for signs of deterioration. The registered manager showed us some accident reporting records, and these were all completed correctly. We observed that they were analysed for any emerging

trends, so that where required, action plans could be developed.

Staff were subject to a robust recruitment process before they commenced employment. One staff member told us, "I know they did all the checks before I could start working; they got references and made sure I was safe to work with people." The registered manager explained the importance of using safe recruitment processes and detailed the information obtained before staff commenced employment. Records were well organised and new staff had completed application forms which included a full employment history. We saw interview questions and answers. Staff files included evidence of Disclosure and Barring Service [DBS], proof of identification and two employment references. There was an effective recruitment and selection process in place which ensured staff were checked safely before they began working with people who used the service.

People thought that there was enough staff on duty to meet their needs safely. They told us that staff were seldom late and always stayed their allotted time to make sure that all aspects of care were covered. One person said, "There haven't been any problems with timekeeping." People were also keen to tell us that they had consistent staff members, for which they were thankful as it enabled them to build up positive relationships.

Staff also considered that there was enough of them to meet people's needs. One staff member said, "We generally have our own group of people to provide care for. We know who needs double up visits. It's nice to see the same people." Another member of staff told us, "I would say that we do have enough staff." The care coordinators explained that people who used the service were allocated a number of support hours, for specific tasks and activities. They had the responsibility for allocating staff to those hours and tried to ensure consistency of carers where possible. Staffing levels within the service were reviewed and adjusted when people's needs changed. We reviewed staff rotas and saw that staff members were generally allocated to the same group of service users for most visits each week. The only exceptions to this were at weekends or when unforeseen situations arose. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

People who required support with medication told us they received their medication on time. One person said, "Oh yes, they always give me my tablets, without them I would forget." The level of support people required with medicines varied, some required minimal prompting and some more support and guidance. Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at MAR charts and noted that there were no gaps or omissions. The correct codes had been used when medication had not been administered, and the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Good

Is the service effective?

Our findings

People said that staff had the appropriate knowledge to carry out their roles and responsibilities in the right way. One person told us, "I think they are good, well they seem to know what they are doing." A relative said, "When I am around and ask them any questions they always know the answer." We were also told, "Yes I think they know exactly what they doing and are good at it." People and their relatives were content that staff had the right skills to meet their needs.

Staff told us they had received an induction when they commenced work. One staff member said, "I thought the induction was really good; helpful. It made you think about what you were going to do and how to do it." We were also told, "It gives you the confidence to take on the job." Staff considered that the process was helpful in giving them some experience of the work they would go on to do. Initial shadowing visits with experienced members of staff helped them to understand people's needs. These were completed in conjunction with competency based assessments based around the standards contained within the Care Certificate, such as safeguarding, infection control and manual handling, which staff had to undertake before they began to work more independently. Staff files contained relevant documentation to show that the induction process had been completed.

Staff also had access to a regular training programme and on-going support provided by the registered manager and senior staff. They confirmed that they underwent a range of training to support people and keep them safe, including first aid, infection control and mental capacity. Staff told us that they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. One staff member told us, "I think the training we get is great, it makes me feel confident. You have to be careful; to know what you are doing is right. The training we have does that." Another staff member said, "We have good training. I feel that the manager is very good on training, she sheds light on the right way to do things."

The registered manager spoke to us about how important they considered training to be. Coming from a clinical background, we found that they had achieved qualifications in a variety of subject areas, both clinical and non- clinical. This meant that they could train staff and also provide refresher training when this was required, for example if something had come up during staff supervision. We also found that when people had needs which required staff to have additional knowledge, such as Percutaneous Endoscopic Gastrostomy (PEG) tubes or catheter care, that the service sourced this from relevant professionals in order to better support the people who used the service. Staff were also supported to have extra responsibilities to help them meet people's needs; for example, we heard how one staff member was going to become a dignity champion, which would enable them to support staff to maintain people's privacy and dignity. Training records we looked at confirmed that staff had received appropriate training to meet people's assessed needs.

Staff received on-going supervision, both face to face and out in the field. One staff member told us, "I have regular supervision, I find it really helpful. It lets you know you are on the right track." Those that had worked at the service for more than a year said they had an annual review of their work performance, during which

their training needs were identified. If they had any problems or questions between supervisions, they told us they could go to the registered manager, who they said was very supportive and always accessible to them. Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings. Staff felt well supported to carry out their required roles.

The registered manager and staff confirmed that there was an out of hours on call system in operation, that ensured that management support and advice was available for staff when needed. There was always a senior person available to support staff and give advice in times of emergencies.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of finances or medication.

People said that staff always asked them for permission before they gave them care and support. One person said, "They always ask me if they can help, they don't just do things for me." Staff told us they obtained people's consent before assisting them with personal care and knew that people had the right to refuse or accept their support. In the care plans we examined we found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines.

People explained that the support they required with nutrition, food shopping and meal preparation was incorporated into their care plans and part of an assessed package of care. Not all the people we spoke with received support with food preparation as part of their delivery of care. One person said, "They don't cook any food for me but I know they would help me if I needed it." Staff said that they ensured people had enough food and fluids. For example, before leaving they would ensure that people had a drink of their choice. For one person, we heard how staff had supported them to compile a meal plan to manage weight loss; this was done in conjunction with a referral to the dietician. Details of people's dietary needs were clearly recorded within care records, which indicated people's food likes and dislikes and stated if they needed any support with eating and drinking.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse. We also heard how staff advocated for people on their behalf, liaising with social care professionals to ensure they had an appropriate package of care or the right piece of equipment. We saw that people's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and treated them with empathy and compassion. One person said, "They are very nice staff, all caring and helpful." Another person told us, "They are very good; I like them." We were also told, "They help me in a friendly way, they know what they are doing and I have not had to worry." A relative also told us, "They have all been very positive and helpful I couldn't ask for more."

People felt they were provided care by staff who were kind and caring, courteous and respectful towards their needs. In written feedback to the provider, we saw how one staff member had made a real difference to one person's life. The person had written in respect of the staff member, "Her kindness, patience and compassion helped me through a very difficult time. Even today her cheerfulness and sunny disposition brightens my day every time she visits. Nothing is too much trouble for her. She is dedicated to making a person feel better about themselves." People were supported by staff in a patient and encouraging manner when they received care.

Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "I would not come to work if I did not want to do this job. I do it to help people, to make them feel good about themselves. I love how it makes me feel, going home knowing I have made a difference. If someone gives me a smile I love that." We heard how one staff member made sure that they had changed the times of the clocks in one person's house on the day the clocks changed, The person considered that the staff member was 'their problem solver'. Staff told us how much they wanted people to feel cared for and supported. For the staff we spoke with, it was evident that they cared for people and had forged meaningful relationships. Both people and relatives expressed their satisfaction with the fact that they had regular and consistent carers which they felt enabled them to form meaningful relationships.

People felt fully involved within their care and support. One person commented that staff took time to review this before they started to give care so that they made sure that the care was right. They felt involved and supported in making decisions about their care and treatment and were listened to when they contributed an idea. Care records contained information that staff needed to know, to enable them to support the person. The care plans we looked at outlined people's needs and the support they required from staff to ensure care was delivered in a personalised manner.

People said that staff made an effort to protect their privacy and dignity. For example, by making sure they were covered when receiving personal care, and by ensuring that doors were always closed. One relative said, "Yes I think they do. It's just the little things like closing the door or making sure she is in her own room getting changed; things like that." Another relative told us, "Things like when she uses the toilet they will wait outside in case she needs help." Staff understood the importance of maintaining people's privacy and dignity in their own home, for example, speaking to people in a respectful manner, and ensuring doors and curtains were closed. Staff promoted people's privacy and dignity whilst providing them with care and support.

People also told us that staff encouraged them to promote their independence. One person said, "They know what I can do for myself but always check if I can do more, they want me to do as much for myself as I can which is good." Staff encouraged people to do as much for themselves as they could and provided assistance when people needed it. Records confirmed how staff had supported one person to access occupational therapist intervention, which led to them being assessed for specialist equipment. This made a difference to the quality of the person's life as they were then able to attend to their own personal hygiene needs in a dignified way and to prepare themselves before the carers arrived. Care plans we looked at detailed the level of assistance that people required to maintain their independence and guided staff as to how they should support people with this.

Advocacy services were available for people and the service had available information on how to access the services of an advocate. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.

Good

Is the service responsive?

Our findings

People received the care they needed and felt they received individualised care, because they had been involved in their care planning before the package began. One person said, "The care is just right for me. They came and sat with me before it started and asked me what I wanted, what times I would like; questions like that." People and their relatives told us that were asked their views about how they wanted their support to be provided, for example, about their daily routine or whether they required support with meal preparation. The records we reviewed confirmed that pre-admission assessments of people's needs were carried out prior to a package of care being commenced. This helped to ensure that the service could meet people's needs.

Staff told us that people and their relatives had been involved in any assessments that had been undertaken. These detailed people's past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. Records detailed that people were consulted and able to tell the service what their needs were and how they wanted them to be met. They were written in a personalised manner and included information on the level of support people required to maintain their independence as well as their background, preferences and interests.

Care records arose from an electronic care plan system which recorded a person's care needs and all the required daily visits and enabled staff to record important communication about any changes in respect of a person's care needs. The system worked in 'real time' using a secure connection which meant that staff could update details about the care they had given and any observations they had conducted, during their visit. This was then immediately available for other staff to view before any further visits.

Staff told us that they thought the care plans were robust and detailed and gave them all the information they needed to be able to support people. They appreciated having up to date information, particularly when care was on a short term basis or required so as to support people to be discharged from hospital. One staff member said, "We have all the details we need, lots of information that we can use. " Another staff member told us, "We know that the care records have the correct information; they help us to know what people want. They also give us helpful information about people's backgrounds and their past lives."

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, with medication, personal care or food preparation. During our conversations with staff it was evident that they had a good awareness of people's needs and they were able to explain what people's specific needs were. We found that these mirrored what was contained within people's care records. Care

plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. People had been given the opportunity to contribute to their care and tell the service if the support still met their needs.

The registered manager provided people and their families with information about the service when they were assessed in a format that met their communication needs; this could either be written or a verbal explanation. It included a welcome pack which provided information about the services, the fees of the care and the support offered and provided people with sufficient information to determine if the service was right for them.

People were supported to express their views during reviews of their support packages and annual surveys. They could contact the office at any time if they wished to discuss anything about their support with the registered manager. There were procedures in place to obtain people's views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements.

People had the time they needed to receive care in a person-centred manner. The registered manager told us that the service predominantly provided a minimum of one hour support slots, although some visits had been made shorter for clients for specific reasons. This enabled people to have their care needs fully met and gave the staff enough time to get to know the people they were supporting and not rush through any tasks. We saw staffing rotas that confirmed the visits people received were an appropriate length of time to meet their assessed needs.

People received planned care when and where they needed it. All the people we spoke with felt that the service was flexible to their needs, and allowed them to direct the care in the way that they wanted. People told us that whenever the service needed to make any changes due to staff shortages, sickness or traffic problems, they were notified. We saw that the scheduling system used clearly displayed any gaps, staff sickness, holiday or errors so that they could be acted upon and corrected.

People were supported to maintain a good quality of life and achieve goals, follow their interests, and make links with the community. This was enabled by staff members who were able to work closely with people, develop a caring and supportive relationship. They understood people's preferences, likes and dislikes and any changes arising from their condition. One person had complex health and support needs, and had experienced some health changes which had impacted upon their nutritional intake, meaning they had lost weight. The registered manager had noticed this and through discussions with the person and their relative, it became apparent that they had not had a medication review for some time. Prompt action was taken and appointments made for further review; this enabled the person to resume their life and enjoy the activities they had previously enjoyed.

Another person was supported by staff to maintain their faith, which was very important to them. They were supported to visit a local priory on a regular basis. These trips were a success for the individual, who would not have been able to achieve it without the caring relationship that was evident between the staff and themselves. The outcome for the individual was that they were able to maintain their faith and engage in the wider community. All the staff we spoke with told us how important it was to get to know people and support them to improve their quality of life wherever possible.

Staff told us that they worked hard to achieve positive outcomes for people as they hoped it would enable them to feel empowered, to be part of a wider community and make a difference. All the staff we spoke with

were positive and had motivated attitude towards their role.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. People told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. One person told us, "I have never needed to make a complaint so far everything has been really good. I would ring the office." Another person said, "I have the phone number and email address for them and I can contact them whenever I need to. So far we have not had any problems." There was an effective complaints system in place that enabled improvements to be made and the provider policy was to adopt a clear and transparent process when dealing with any complaint. We saw that a system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

Good

Is the service well-led?

Our findings

People and their relatives really praised the professional attitude of the registered manager and the whole staff team and felt that this made a huge difference to the management of the service. They expressed great satisfaction and spoke very highly about all aspects of the care and support they received. One person said, "I cannot praise them all highly enough." We were also told, "Everything runs smoothly, they really do care about everything." People and their relatives knew who the registered manager was and felt if they had any concerns that they could always make contact to discuss them. They felt involved in their care and told us that their views were always valued and respected, regularly receiving visits and telephone calls from the care coordinators seeking their views on the care they received from the service. One person said, "I know we can contact the office when we need to."

We saw records which confirmed that people had been asked to provide feedback on the care they received. This information had been gathered through face to face visits and telephone calls. Comments showed that people were very pleased with the care they received and felt that staff had supported them to remove possible barriers to care and increase their confidence in engaging with the wider community.

People felt that the registered manager and staff listened to their requests or suggestions and where possible they were always accommodated. One person said, "I know I can contact them if I need to." The general consensus from people and their relatives was that they would recommend the service to others. They felt that the inclusive way in which they were supported was a strength that should be enjoyed by others.

Staff had regular opportunities to discuss their performance and share information about people's day to day needs with their colleagues. This was undertaken formally, during staff one to one supervision meetings, and through regular team meetings. Minutes of the team meetings demonstrated that information was regularly shared with staff about company policies and procedures and that staff had the opportunity to discuss matters in relation to people's care and day to day matters in connection with the service.

Staff were positive about the management of the service; they told us that the registered manager, director and senior staff provided them with good support. One member of staff said, "I love working here, everything about it. We all try hard to make sure people have the best." Staff all commented on how approachable the registered manager was and how they could speak to her for advice and support whenever they needed to. They said that the service was committed to their learning and development whilst caring about them as people.

The registered manager and provider always acted in the best interests of the people who used the service and often challenged decisions in respect of the provision of their care. The registered manager discussed their background in health and social care and how this had given them the ability to maintain high standards of care for people. They were a nurse by background and had maintained their nursing qualification, which had given them an insight into best practice clinical skills. They used their extensive knowledge base and clinical expertise to advocate for people and seek the best possible outcome for them.

They had forged strong working relationships with local authorities and commissioning groups, which meant they could seek appropriate resolutions for the people they supported, being able to challenge in a constructive way other professionals' decisions. For example, by liaising with professionals and advocating on their behalf, they had helped to maintain a consistent package of care for someone. This input enabled the person to retain their funding and had made a great difference to their life, enabling them to continue to engage in the wider community and not be so isolated.

The registered manager discussed the importance of working in conjunction with other agencies to ensure that people received all the support they required. Records confirmed how the service had been one of only two providers to be awarded a contract with the local authority to support people with enablement and prevent hospital admissions. Last year we saw how they had also been awarded Gold status with the local authority, a mark of the quality of care they provided.

As well as maintaining their clinical skills, the registered manager was a member of the British Parenteral and Enteral Nutrition group (BAPEN). This meant that the service had the right skills and knowledge to use a specific risk tool to help identify clients at risk of malnutrition. We heard how the registered manager was also a Dementia friend and Dignity Champion. They had supported additional staff to take on this role as well to improve staff practice. All this was undertaken with the aim of driving self-improvement and providing the best possible quality of care to enhance people's lives, keeping up to date with any changes in the field of care.

Staff were confident in the leadership of the registered manager and the director and found them to be very approachable and friendly. One staff member said, "This is one place where I do feel valued and listened to. I am not afraid to say what I want to." A well-established staff team and clear communication meant that all staff understood their roles and effectively contributed to a strong team ethos. Staff also told us how the service ran an employee of the month scheme which gained them a bonus and that they were able to receive a bonus if they referred a friend to work at the service. These additions gave them an additional sense of motivation and being valued.

The service was forward thinking and responded well to any anticipated future needs for people. There was a culture of continual development and staff were open to suggestions from people, relatives, staff and health professionals who were involved in the service. The registered manager told us, "I really do want us to be the best, we don't want to grow too fast because we want to make sure that we give only the best of care to people." All resources were used effectively to ensure care could be delivered in a high quality manner. Staff focus remained on how they could continue to improve and develop their own skills, so they could be the best they could and to enable people to have the best quality of life possible.

The provider had clear values and visions which were focused on ensuring people's support needs were prioritised to enable them to become as independent as possible. These values were embedded into staff practice and the staff group worked together as a team to support positive outcomes for people wherever possible. One staff member told us, "We have really positive values; we stand for everything good in care." Staff were committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. This was evident in the way staff talked about the progress people had made whilst they had been using the service.

Staff understood their roles in supporting people to be independent. They told us they were always looking at how they could improve people's lives. One staff member told us, "This is more than a job; I have never done anything like it before. It gives you satisfaction to know that you are helping people." Staff told us how much joy it gave them to be involved in helping people in their own homes and out in the community; for

example taking people to local places so they could extend links in the community.

The registered manager showed us that there was a system for monitoring the delivery of care which included regular internal audits such as care plans, risk assessments, staff training and staff recruitment records. The provider was committed to monitoring, reviewing and using quality assurance systems reflecting aims and outcomes for people that they supported in their own homes. The service welcomed feedback from everybody involved with the service and used this information to measure the success in meeting the aims and objectives of the organisation. This meant that the provider had successfully embedded a robust quality assurance and auditing system, whilst maintaining a dedicated staff team who wanted to provide people with high standards of care