

St Christopher's Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an announced inspection.

St Christopher's Home Care Limited provides personal care to people in their homes. The support hours provided varied depending on the person's needs. At the time of our inspection, 11 people were using the service.

Summary of findings

A registered manager was employed by this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law as does the provider.

We looked at the provider's recruitment processes. It is the legal requirement for providers to obtain full employment history together with a satisfactory written explanation of any gaps in employment. Employment history and gaps were not fully explored or clearly recorded.

The focus of this service was to help people live fulfilling lives and be independent as much as they could. Staff had detailed knowledge of people's needs and preferences that contributed to the quality of the care and support provided to people. Each person was supported in the way they preferred and staff respected that. People and relatives spoke positively about the service they have received and praised the staff.

People were encouraged to take part in the planning of their care and to actively feedback on the support they received. People felt able to be open and honest with staff and the management team because good relationships have been built between them. Risks were managed in a way that balanced people's right to make choices with their right to be safe and independent. Staff and the management team supported and encouraged people to achieve their goals and enjoy life. They also understood and followed legal requirements regarding making choices and decisions, and making sure people's rights and liberties were protected.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Staff had been trained to understand their responsibilities. The provider had taken appropriate action with the local authority to review and ensure if anyone was being restricted of their rights and liberties. At the time of our visit no one was deprived of their liberty and no applications were made. Staff were following the principles of MCA when supporting people who lacked capacity to make a decision.

People and their relatives were complimentary about the service they received. People were treated with kindness and respect and we observed that. Staff told us they would challenge poor practice if it occurred and were confident it would be addressed by the registered manager. Staff received appropriate training and support that helped them understand and provide good quality support. They were confident and passionate about helping people to achieve their aims in life.

The registered manager had quality assurance systems in place to monitor the quality of the service provided. This was also linked to a learning culture where staff and people were encouraged to comment on the running of the service. Any feedback received, incidents and accidents were used for learning the lessons and prevent this from happening in the future. Staff told us the registered manager was supportive and approachable. They were confident any issues would be addressed promptly.

Summary of findings

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 not always safe. The provider's recruitment process was not always robust and did not follow legal requirements to check staff's employment history. Gaps in staff's employment history were not fully explored.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. People felt safe and would report any concerns to staff.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions. People's freedom and rights were respected. There were sufficient numbers of staff to keep people safe and meet their needs at the right time.

Requires Improvement



Is the service effective?

The service was effective. Staff made sure people's needs and preferences were met. People received care from staff that were trained to meet their individual needs.

External health and social care professionals were involved in providing specialist areas of care and treatment to people when they needed. Staff had good systems to help them quickly identify any changes in a person's condition. Staff communicated with other professionals to make sure people's health was monitored and any issues responded to. People were supported to eat or drink appropriately to maintain their health.

Staff received appropriate support from the management and ensured training needs were identified and acted upon so they could support people effectively.

Good



Is the service caring?

The staff were caring. People were treated with kindness and respect. People told us they were very happy with the staff and support they provided.

People's privacy and dignity was respected. Staff responded well and in a caring way when visiting people or if they needed help or support. People were encouraged and supported to be as independent as possible.

People were encouraged to express their views about the support they received and any comments regarding the service. People were involved in making decisions and supported by staff when needed.

Good



Summary of findings

Is the service responsive?

People's needs and wishes were responded to by staff. Staff were knowledgeable about people's daily needs and how to provide support. Support plans recorded people's likes, dislikes and preferences.

People knew how to make a complaint if they wanted to. They were able to share any concerns and were confident they would be listened to. There was an appropriate complaints system.

Good



Is the service well-led?

The service was well-led. People's voices were listened to and we saw their comments were taken into consideration and respected. There was a positive and open culture at St Christopher's Home Care. Staff were working towards the same values and making sure people were comfortable, happy and safe.

People and staff said the senior staff were approachable and considered all the comments made. Staff felt well supported and able to challenge poor practice. The service was interested and committed to listen to all people's comments that would help improve the quality of the service.

The service had systems to regularly monitor the quality of the service and make improvements. Learning took place from incidents, accidents and any errors. Actions were taken promptly to address any issues and reduce the negative affect on people's lives and the service.

Good



St Christopher's Home Care Limited

Detailed findings

Background to this inspection

We inspected St. Christopher's Home Care on 30 July 2014. The inspection was carried out one inspector and an expert by experience. The expert by experience had personal experience of caring for someone who uses this type of care service. This was an announced inspection to ensure there were staff available to meet with us at the office and to allow us to arrange appointments to visit people in their own homes. We gave staff 48 hours' notice. We last inspected this service on 3 May 2013 and found no concerns.

Before the visit to the service we looked at previous inspection reports and notifications that we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern and identifying areas of good practice. 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 telephoned five people receiving support from this service and spoke with them about their experiences. We also phoned eight members of staff. During our home visits we met with three people. We also met the registered manager, the service manager and two more staff. During our inspection we observed how staff interacted with people. We looked at how people were supported during their home visits. We also reviewed a range of care records for four people and records about how the service was managed including four recruitment files, supervision notes, staff meeting notes, quality assurance records, training records and staffing rotas.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

The provider's recruitment process and checks were not always thorough as they should be. We looked at staff recruitment files to see what checks had been carried out. The provider checked staff's proof of identity, competence and conduct from previous employment, health and criminal record checks to confirm the staff members' suitability to work with vulnerable adults. However, employment history and gaps in all four recruitment files were not always fully explored or explanation of gaps clearly recorded. It is the legal responsibility of the provider to obtain full employment history to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff.

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Comments included: "Oh yes, I feel perfectly safe", "Yes I do feel safe and I would tell staff when they visit me or call social services if I felt unsafe" and "I do feel safe but would tell the staff who see me daily".

Staff could clearly explain how they would recognise and report abuse. Staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. There was a safeguarding policy and procedure to follow to report and address any allegations of abuse or concerns raised. Safeguarding procedures and how to raise concerns were discussed in staff meetings, on a daily basis or during supervision sessions to make sure staff retained their awareness of when to raise concerns. Staff encouraged people to always raise any concerns with them. People felt supported and well looked after by their staff. They told us: "They make sure that I am safe" and "They are a nice company making sure everything was ok and if I have any concerns or worries".

Staff were aware of their responsibilities concerning the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Staff explained the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. There was one person who had a Lasting Power of Attorney (LPA). LPA is the attorney appointed by the person to act on their behalf should they lose capacity in the future. These

powers cover health, welfare, property and finance decision. We reviewed this person's file and saw appropriate documentation was in place to make sure this LPA was valid. The registered manager was aware of a recent legal change when restricting people's liberty who are living in their own homes. If there was a situation where someone became unable to make decisions for themselves or their safety were in danger, the registered manager was aware of actions to take. They would contact appropriate professionals, person's doctor, relatives to make sure the person remained safe without being deprived of their freedom unlawfully. People told us staff did not stop them doing anything they wanted to do: "I do things I like and I cannot be told" and "If I am not sure, I will ask but yes I make my own decisions".

Risks to people's safety were appropriately assessed, managed and reviewed. Each person had their needs and any risks identified and analysed. In order to ensure people felt safe in their own homes, risk assessments and plans were completed with the least impact on their freedom. Each risk assessment included information to guide staff on how able the person was to make a decision about the risk and what support was needed. It took into account people's wish to be independent and undertake the activities they liked. Staff were continuously informed if any changes happened to the person or their visit. If staff noticed any changes or new risks were identified, this was reported to the office so appropriate actions would be taken to make sure the person remained safe. Staff demonstrated they knew the details of these plans, how to report any concerns to the manager, senior management or to other healthcare professionals to ensure these were managed and people were safe.

The registered manager and the local authority worked together to ensure people had assessments that identified their needs, risks and that these were met. The registered manager told us people were supported by permanent staff and they did not use any bank or agency staff to maintain continuity within the service. Any absences were covered by the service staff or senior staff. People felt they were supported in the right way and staff arrived on time to support them. If staff were late, people told us they were informed about it. Staff told us there were enough staff to carry out their roles and be able to care for people properly. The management and staff team worked together to make sure all the people they supported were visited on time.

Is the service effective?

Our findings

People were supported well by staff and had their needs met. We received complimentary comments from people about the support valued most: “I really look forward to when my staff comes to support me, wonderful girls they are”, “They prepare the meal and all the time they are chatting away talking to me but they are also very good at listening to me”, “Oh I think they do understand my needs, I can trust them” and “The staff have good knowledge in their work as they attend a lot of training and this is used in the care for me”. Staff ensured the personal care people received was effective and resulted in a good quality of life. At each visit staff would find out what happened since the last visit and make sure any concerns or outstanding actions were followed up and addressed in a timely manner.

Staff monitored people’s physical and psychological wellbeing and addressed their changing needs straight away with health or social care professionals and the registered manager. Each person had individual needs assessments identifying their health and care needs. They also had a care plan and individual routine recorded about the support they required to maintain their health and wellbeing. People were supported by staff if they felt unwell: “During my illness I had many medical appointments and staff came with me always appropriately reassuring me”, “Yes, they do help me when I am unwell, call the doctor or my daughter” and “Oh yes, I can tell staff, they ask me what is the problem and call the doctor if needed”. People told us staff helped them to stay well by reminding them to take their tablets or supporting them during routine appointments. The provider communicated with and involved GPs, social services, physiotherapists, and district nurses for guidance and support. Staff called for out of hours on-call or medical support when required.

Staff made sure people’s health and care needs were met in a consistent way. They communicated with each other and the senior staff reporting any changes or issues. All people were checked to make sure they were supported effectively and changes picked up in a timely manner. The registered manager sent out weekly updates to all the staff informing them about changes or updates regarding

people they supported, the service, the team and daily practice. They ensured important events were not missed and any actions identified were completed or followed up on time.

Some people needed support with eating and drinking as part of their care package. This included help with eating, shopping and cooking. The level of support each person needed to eat and drink was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. People were positive about the support they received from staff saying: “They ask which food or drink I want, if I am not sure they give me time and go do other things while I make up my mind” and “I often start doing vegetables for when the staff arrive and they encourage me to do that”.

During home visits we observed how staff supported people to make sure they had their meals and maintained good diet and hydration. Some people did not want to have anything to eat. Staff noted that and made sure they had something to eat before the visit was over, suggesting different options of meals to the person.

The registered manager told us staff were matched with people they would support. The aim was also to help staff understand what it was like to move between the services, for example, from care home to community living and what skills people needed so they could continue living in their own homes. They were continuously encouraged to think how people lived and things they did in order to help them monitor people’s health and wellbeing.

Records showed staff training was up to date and staff received further training specific to the needs of the people they supported. Staff had appropriate induction and training to help them with their role, responsibilities and work supporting people. The training records allowed the registered manager to identify any professional development needs and address these. Training was continuously reviewed in the meetings, supervisions and quality assurance process. Staff felt competent and could ask for additional training when they needed it. They felt support was always available from the senior staff and they could share any concerns or ideas to improve the service with them.

Staff met with the registered manager to receive support and guidance about their work and to discuss any topics

Is the service effective?

important to them. Records of these meetings showed staff had an opportunity to communicate any issues they wished to discuss and suggest ways in which the service could improve. There was a balance between focusing on the member of staff, the work of the staff team and the

needs of the people staff supported. Staff told us: “I have supervision and appraisal, as well as job chats. I can always chat to the manager” and “We are a well-supported team with a good manager to help”.

Is the service caring?

Our findings

Everyone told us staff were kind and they felt really well cared for. Comments from people included: “The staff are really compassionate and caring”, “The one thing that I was really pleased about was that I had lost a lot of weight so the staff took me shopping to buy new clothes, I felt so good after” and “The carers are very good at their job, I have no complaints”. Relatives were positive about the service provided: “My relative has Alzheimer’s but he has been much brighter since the staff have been coming in” and “My relative looks forward to talking with the staff and has found all of them kind and friendly”. People and staff had built good relationships and communication between each other. We observed friendly interactions and respectful support provided to people.

The provider delivered care and support that was caring and person-centred so it would have a positive effect on people. The interactions we saw between people and staff were caring, respectful and professional. People enjoyed staff’s company and the chats they were having, as well as providing support as part of the visit. We could see people and staff knew each other well and had well established relationships. One person was worried about a particular situation and staff responded in a caring and patient way. Staff demonstrated a detailed knowledge of the people they supported. They made sure people were comfortable and relaxed in their own homes but were able to share any concerns with staff should they needed to. People told us staff knew them well and provided good support: “They chat to me, the manager comes to see me, they check that I am ok”, “They are nice, as good as they can be” and “The care that staff provide is excellent, they are respectful and caring”.

People were listened to, valued and consulted about aspects of their life. Staff involved people as much as possible in making choices and decisions. People told us they were able to choose things they wanted to do or places to go. They said staff assisted them when needed: “When they do things for me they tell me what they want to do and ask if that is alright”, “The staff always asked what I wanted doing and what I could not do, they would help me” and “I went for a walk with [name], it was so good”. Staff were aware of people’s needs, preferences and wishes. They were aware it was very important to ensure people made their own choices and decisions, and support

them when necessary. A member of staff said: “I ensure that I really listen and respect the person’s view and respond appropriately” and “People can make their own decisions, some people need options and then they make choices and decisions”. Staff’s support and attention made people feel they were important and showed concern for people’s wellbeing. Staff also understood it was a valuable time for people to spend with someone and just have chat making sure they did not feel isolated or unhappy. Any concerns or changes were reported to the office.

Some people required support to express their views and preferences and were supported by their family to do this. One person had an advocate at the time of our inspection. The registered manager told us advocacy services were available should anyone need it and this would be referred to the local authority’s adult social care to arrange it.

People were encouraged to be independent as much as possible. Staff understood this was an important aspect of people’s lives. People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance. Staff said: “During support I will assist the person to be as independent as possible to support and encourage them to achieve all they can” and “I let them do things and I know they can do it but I check them and sometimes assist”. People felt they mattered and were supported to live an independent life as much as possible. They told us: “When they do things for me, they will only do what I cannot do”, “I feel treated very well and I know staff are trying to keep me as independent as possible” and “The care I receive is what was planned and the staff were respectful and ensured my independence was encouraged”. Staff understood this and promoted respectful and compassionate behaviour.

The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about people they supported and explained how they supported people in respectful way. For example, making sure doors were closed when support was provided preserving dignity during personal care and asking for permission to enter their home. They helped people with tasks and things to do they may have forgotten but supporting them in dignified and respectful way without emphasising it. Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. This information was also kept securely in the office. Staff were

Is the service caring?

aware of confidential information sharing. Staff preserved people's privacy by wearing different colour uniforms in order to avoid others identifying someone was being supported and vulnerable to protect them. People told us staff respected their privacy, choices and the right to be

independent. Comments included: "I needed lots of personal care and staff respected my privacy and dignity, always closing the doors and curtains", "They are always respectful" and "Oh yes they do respect my privacy, the staff are very good".

Is the service responsive?

Our findings

People received care and support when they needed it. They told us staff arrived on time and stayed the right length of time without rushing or leaving before finishing their visit. People said staff would make sure they were comfortable and happy before staff left. We saw in the care plans people liked to know the name of the staff that would be visiting them next. We observed staff informing people which staff were visiting them later that day or at the next visit. This ensured people's anxieties were alleviated and kept them informed about their service.

Staff told us they were always checking and monitoring any changes in people's needs to ensure people received the right support. They would find out what was concerning the person and talk to other staff to find out more information if needed. All concerns and issues were reported to the office and involve health and social care professionals as necessary. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day. Staff monitored people's health needs and nutrition in order to keep them safe and well, responding to any changes and enabling them to make timely referrals to appropriate professionals.

Staff were responsive to people's needs and wishes. Each person had a support plan reflecting their needs and preferences. Support plans included practical information on maintaining the person's health and wellbeing, emotional support, their daily routines and communication needs. Staff had access to information which enabled them to provide support in line with the individual's wishes and needs. Staff used these plans as an important source of information to make sure support they provided was personalised to each individual. People said staff knew them well and support was always guided by people.

The registered manager and staff sought feedback about the support and service from people. They asked and

checked people on daily visits and encouraged them to contact them if people wanted more support or to raise any concerns. Feedback about the quality of care and support was given informally to staff. People told us staff always checked they were alright and comfortable: "They always sit down and have a drink with me to find out what had happened since the last time they visited", "The manager often contacts me to ensure things are ok" and "They sit down and have a chat with me making sure that I am ok".

The provider also carried out care reviews of each person, Quality Assurance (QA) reviews, as well as, completing weekly quality assurance monitoring to gather information about people's care and support, any events and other business in the service. In addition, the provider received feedback on the quality of support during supervisions and meetings, and communicating with other professionals on a regular basis. The provider could identify any improvements necessary so it could be addressed straight away and did not have a negative effect on people's lives.

The provider had a complaints procedure to ensure there was a process to follow if needed. People had complaints forms in their files to record any concerns. People were aware if they had complaints or concerns, they could contact the office or tell the staff: "I would tell staff but I do not need to complain", "I have no complaints but if needed I would call that number" and "If I had any concerns or need to complain, I talk to the carers and they help sort it out". We reviewed the complaints information and saw these were recorded and appropriately responded. The registered manager was committed to finding out if there were any issues. They would listen to complaints and respond to them as soon as possible. They were working with people achieving the best outcome for people. Staff knew how to respond to any complaints and issues, and report to the senior staff so it was addressed in a timely manner. The service focused on addressing concerns as they occurred before they escalated further and caused negative effect on people, staff and the service.

Is the service well-led?

Our findings

The service's aim and objectives were to provide people with person centred, high quality support and care. The registered manager and staff ensured people, and what was important to them, was at the centre of their attention. We saw people were respected, consulted and involved as per the aims and objectives of the service. Comments were: "They do more than they need to do", "If I did have concerns, staff would record them in my folder and discuss this with the registered manager, with my permission" and "I had a meeting last night with the carers to discuss things and make sure I am happy with the service provided".

Quality assurance systems involved people, their relatives and staff. Staff and the management were committed to listening to people's views and making changes to the service in line with the feedback received. Staff spent time observing people and listened to what they had to say. They considered the people they supported and were motivated to provide high quality care. They valued the people they supported and told us: "I always make sure people are well cared for and kept as safe as possible", "I chat with people and see how they are feeling and ask what they would like me to do that is in their care plan" and "I look at their care plan, talk to people, listen to their stories".

We looked at staff meeting minutes and records. Information about people, their wellbeing and health, support, daily work and any issues were shared among the team to ensure people were supported appropriately and the team worked well together. The registered manager and staff were interested and motivated to make sure people were well looked after and able to live their lives the way they chose to. Staff's behaviour towards each other, people and their relatives reflected the service's values. Respect, compassion, caring and positive attitudes towards people and work were attributes present in this service and the team. We observed good practice taking place during our inspection that had a positive impact on people's lives.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff worked together as a team and motivated each other to provide people with the support and care they wanted. Staff were familiar with the service's whistleblowing procedures and told us they would be comfortable to raise concerns. They understood their duty

of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. For example, a concern was raised regarding a medicine's order. The response was immediate and staff felt supported to address it and take action. Weekly medicine audits were completed by the staff ensuring medicines for people were in order.

We asked the staff about support received from senior staff and their style of leadership. Staff were positive about the management of St Christopher's Home Care and the support they received to do their jobs. Staff said there were plenty of opportunities to discuss issues or ask for advice. Senior staff were helpful and approachable which was very important to staff as they could report any issues, confidently raise a concern and this would be addressed in a timely manner. Staff were supported to question practice and encouraged to bring any issues up to make improvements to help ensure people received the best care and support in a safe environment. Staff said: "I really enjoy working with St Christopher's Home Care, it's a well-run organisation for both the people and the staff" and "The communications are excellent, we talk about everything, I enjoy my work". The registered manager ensured there was continuous communication and support within the team, which contributed to the good service they were providing to the people and their relatives. The registered manager encouraged open and transparent communication in the service. They continuously spoke to staff, asked if there was anything concerning them, and showed they were listening to staff and people.

The registered manager reviewed all reported incidents and accidents related to falls, health and any other errors on a weekly basis. They also monitored numbers of missed or late visits, cancellations and the reasons why this had occurred. Then the numbers would be calculated and looked at for any trends or patterns, and learn from it so it was prevented. Any issues with visits were addressed in a timely manner to ensure the least negative effect on people and their support. This information was also shared with staff on a weekly basis. Staff knew what was going on, and monitored people's wellbeing and made adjustments to care arrangements if required, and take any actions if necessary. The registered manager told us they considered each person and time they would need for care and

Is the service well-led?

support ensuring it was effective. They did not want to rush the visit and leave the person without appropriate support. The service considered the length of the visits with what quality of care they could provide.

People, their relatives and staff were regularly involved with the service in a meaningful way to help drive improvements. People had regular staff visits and they knew the details of the care provided to people. Senior staff contacted them to make sure they were happy and had an opportunity to discuss things that matter to them, issues or concerns, share any ideas or experiences, or make requests. The quality of the service was continuously monitored and issues addressed promptly. We saw there was an open culture in the service and staff felt motivated to provide a service personal to each individual. This had a positive effect on people and their relationships and communications with staff.

The provider sought feedback from people and their relatives via questionnaires to help them monitor the quality of service they provide and pick up any issues or prevent incidents. People and relatives would also add if any improvements should be and could be made. The registered manager said in the meantime they would continue to discuss and emphasise to staff the importance of being compassionate, respectful, and interested in the work and treat people in a dignified way.

The service was a member of good practice schemes and networks with accreditation. For example, The Gold Standard Framework, Skills for Care, Dementia Pledge, Dignity in Care and a local care association. This helped the service keep up to date with practice developments and current standards for high quality care and support.

The registered manager and staff were committed to learn from mistakes or events making sure it did not reoccur. They were committed to know every detail about the service, support provided and people's feedback that helped them continuously make improvements and make changes. The provider had clear visions and values put into practice like kindness, compassion, dignity and respect which we saw in staff's practice. The management team worked well with people, relatives, staff and other health and social care professionals to make sure best practice was always present in the service. People said to us: "I am very happy with the care that St Christopher's staff provides me with", "Staff support me well, no problems and they do their best", "I am happy with my care" and "I have recommended the home care team to my friends – that's how good they are".