

Acorn Care Services Limited

Acorn Care Services

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Acorn Care Services is a domiciliary care agency that provides personal care for people living in their own homes. At the time of this inspection, 31 people were receiving personal care support from the service.

People's experience of using this service and what we found

People received exceptional care and support from a staff team who valued and celebrated individuality and diversity. People spoke of staff being 'part of our family' and said how their visits got the day 'off to a good start'. One person said, "I am blessed to have this agency".

Staff worked exceptionally well together to involve people, and their family members in the planning and delivery of care. One person told us, "They are very respectful and as I get stronger I can do more for myself and they are pleased for me". Another said, "They do silly extra things like getting things from a high shelf or putting dishes away. We all have our ways and they fit in with me".

Care was highly personalised to meet people's needs. Care plans provided detailed information and guidance for staff on people's care and support needs, likes and dislikes, and exactly how they wished to receive personal care. People's communication needs were identified and planned for. People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

Staff were incredibly proud of the service. One staff member told us, "We are a small agency, we know our clients. It is nice to make a real difference and keep someone in their own home as long as possible, you look forward to seeing them all". Staff felt supported and received regular training and supervision. There was very low turnover of staff which was testimony to the strong and supportive leadership and management.

People benefited from a well led service. The registered manager had shaped a culture where people were at the heart of the service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its smooth operation and to support good communication.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care staff were well informed about risks to people's health or wellbeing and knew how to deliver their care safely. People said staff arrived on time and they were informed in advance of which carers would be supporting them. Staff supported people to take their medicines or reminded them when they were due. People were protected from the risk of infection. Staff wore disposable aprons and gloves when providing

people with personal care. Everyone we spoke with felt safe in the company of staff.

In feedback to the provider, one person had commented, 'For me, you and staff cannot be improved upon. Excellent service by everyone'.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Acorn Care Services

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to give the registered manager time to arrange for us to meet with people who received care.

Inspection activity started on 10 September 2019 and ended on 13 September 2019. We visited the office location on 11 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives by telephone to find out about their experience of the care provided. We visited the office and spoke with the registered manager, head of care and administrator. We reviewed a range of records. These included six care records, three staff files and records relating to the management of the service. We visited one person in their home and met with their relative. We observed a carer during this home visit and how they supported the person. We looked at the care records and daily notes completed by care staff in the home.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at the safeguarding policy and mission statement. We telephoned and spoke with five care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed training in safeguarding and knew what action to take if they suspected abuse had occurred.
- Arrangements had been made to ensure staff had access to people's homes in a safe and secure way, for example, through a coded key safe. One person said, "There is a key safe and if I'm not up they let themselves in. I trust them totally".
- People felt very safe in the company of staff. One person told us, "I have never worried about anyone that they have sent, they are all such good people".

Assessing risk, safety monitoring and management

- Risks to people were safely managed.
- Care records provided information and guidance for staff on how to support people and mitigate risk. This included guidance on safely transferring people using a hoist and pressure area care. Staff followed the guidance when supporting people. One person told us, "I'm not meant to tie my own shoe laces in case I faint, but I know they are trying to keep me safe". Another told us, "My carers always check that I am wearing my Careline before they leave (Careline is a personal alarm for use in emergency situations)".
- The 'right to take risks' was part of the charter of rights for clients of Acorn Care Services. Each risk assessment included the aim of the support and clearly detailed the activities people could do for themselves. A relative told us, "She is determined to weight bear again and they are supporting her recovery". Risk assessments were reviewed and updated regularly when a person's ability or needs changed.
- The safety of the home environment was checked. We saw risk assessments in relation to appliances, falls and hygiene. There was detail on turn off points for gas, electricity and water. One person told us, "They came to the house at the start and even looked at the carpet because I might trip on it, and they checked that I had fire alarms".

Staffing and recruitment

- There were enough staff to meet people's needs and provide timely support.
- The registered manager explained, "I take on clients based on the staff we've got and the hours they want to work. I try not to run to full capacity. We need some leeway to allow for sickness and holiday". People told us they the service was, "Completely reliable". One said, "They are exceptionally good at coming on time".
- The duration of calls was carefully managed to ensure people's needs were met. One person said, "The manager doesn't pressure her staff. They have the right number of calls that they can spend time with me and they are not having to rush off". Staff told us, "We've always had travelling time, if one or more of us are

saying the call isn't long enough or we need more travelling time it will be looked at and sorted".

- Robust recruitment systems ensured new staff were recruited safely. Staff records showed all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified. One person said, "They pick their staff with care as they have to be better than okay". Another told us, "They only employ people that will fit in the team".

Using medicines safely

- Medicines were managed safely.
- Some people required staff to prompt them to take their medicines and some needed staff to administer their medicines. People's needs were assessed in this regard and staff had completed medicines training.
- Medication Administration Records (MAR) were completed by staff, to confirm that people had received their prescribed medicines.
- When one person had taken too much medicine, staff took action. A relative told us, "The carer acted so promptly, and I was so grateful". Following this incident, staff and the family agreed changes to the care plan and staff now administer medicines to this person.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- Staff were issued with personal protective equipment, such as disposable aprons and gloves, for use when providing personal care to people.
- Staff completed training in infection control. We observed a staff member put on disposable gloves when cleaning a commode. Staff told us they could go in at any time to collect additional gloves and aprons from the office.

Learning lessons when things go wrong

- There was a culture of lessons being learned if things went wrong.
- Following a few issues where people returned home from hospital with significant changes in their care needs, the head of care now visits the hospital when a regular client is due to be discharged. This helps to ensure any additional equipment or staffing is in place for the first call. For example, if a person's mobility has reduced, two staff may be needed rather than one.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- The head of care undertook assessments of people's care and support needs before they began using the service.
- Pre-admission assessments were used to develop a detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. In feedback to the provider, one person had thanked them for, 'The excellent care given at all times'.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.
- People's needs were continually assessed in line with best practice. If any changes in people's needs or abilities were noted, staff were quick to communicate this information and the care plan was updated. One person said, "Last time it was reviewed it showed that we needed more time as I needed more jobs doing so they worked that out for me".
- Daily notes made by the carers demonstrated that care had been delivered in line with the care plan. One relative told us, "Careline called me at 2am one time and when I got there the place was immaculate with all the things done that I had listed, particular doors shut, night lights on. I never really knew if they did these things and was reassured to see that they did".

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to carry out their roles effectively. One person wrote in their feedback to the provider, 'You employ and train high quality staff that deliver high quality care. Well done!'
- New staff received an induction and shadowed experienced staff until they were comfortable and competent to work independently.
- Staff received training and regular updates using a combination of face to face and DVD based training. One staff member said, "Face to face training is great, you can ask questions and get tips from one another".
- Specific training on how to use people's mobility aids or equipment was provided. One relative told us, 'They had training for the hoist and they both know what they're doing and how to make it easier for (name of person).'
- Staff felt very well supported. One staff member said, "The support you get is a lot higher quality, it's more a family environment. They keep us up to date with our training. Any problems, we can speak to them in the office. You get the support straight away".
- There was a system of staff supervision, observation and appraisal. People were asked for their feedback on staff members and this was used as part of the staff member's review. Some appraisals were overdue.

The registered manager had a schedule in place to complete them during September 2019.

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

- Staff supported some people in the preparation of food and meals. This was done safely and staff had completed food hygiene training.
- Information concerning people's preferences and needs in relation to their food was clearly detailed in the care plans. In some cases, staff were directed to cut up food, or to assist the person with their meal using a spoon. One person said, "I have to have soft food so they do things that are easy for me to eat, things they know I like".
- Where there was a concern around a person's nutrition or hydration, staff maintained detailed records. Food and fluid charts were monitored and staff were proactive at informing their colleagues if there was a concern. One person jokingly told us, "They nag me about drinking, especially when it was like the tropics".

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

- Staff liaised with other agencies to provide a consistent level of care and support to people.
- One person told us, "After a spell in hospital the manager came to review the plan as things had changed. She had kept in touch all the time. One of the things that had to be included was checking the integrity of (name of person's) skin under the boot and making sure that no sores developed".
- Staff worked closely with occupational therapists (OT) when people were discharged from hospital or rehabilitation services. This helped to ensure the necessary equipment was available and staff were trained in how to use it.
- Key contact information was included in each person's care plan. This included their next of kin, emergency contact, house keyholder, GP, district nurses, careline contact and clinical waste collection information. This helped staff to make timely contact with others when required.

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

- Staff could assist people with their healthcare appointments if needed. One person told us, "I first had them so that someone could come to the hospital with me and they were so lovely that I asked them to come and do other things". Another said, "A carer came in the taxi with me to the optician. It made such a difference and meant that I could still go there. I am too wobbly on my own".
- Staff were calm and took decisive action in emergency situations. One relative said, "The carer and I were there when (name of person) had a fall. She slipped from her chair and we had to call an ambulance. The carer was calm and supportive of both of us". Another person told us, "I had a fall just as the carer arrived. He is so sensible. As I was going to the hospital that morning anyway we kept to that and they checked me over".
- Staff were vigilant to people's emotional wellbeing. They told us how they would let the next carer know if they felt a person was of low mood. A relative said, "If the carer finds her upset she will always let me know. It keeps me in the loop".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the Act and was working within the principles of the MCA.
- Most people had been directly involved in planning their care and support and liaised directly with staff and the office when changes were needed.
- Where people had appointed attorneys to act on their behalf, this information was clearly recorded, and copies of the legal documents had been seen by the office.
- Consent to care and treatment was routinely sought by staff. One staff member explained mental capacity as, "The ability to make their own decisions and keep themselves safe".

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were extremely positive about the caring and compassionate nature of the staff that supported them. People knew they mattered.
- There was a regular team of highly motivated staff who had developed strong relationships with the people they supported. People spoke of staff "instinctively" knowing what they needed and being a "joy" to have around. One person said, "They tell me that they like coming to see me and they make a fuss of me which makes me feel good". Another told us, "I haven't had a single bad time with anyone that comes to me". The registered manager said, "It is part and parcel of what we do every day. Treating people as individuals, it is what we do".
- In feedback from one family to the provider, we read, 'They all go above and beyond in everything they do. Each and every one is very attentive. Thank you so much for your care'. One person said, "You can't train someone to have common sense, my carer naturally cares for me". A relative said, "The carer does the little things that keep him being him; he has to have a hanky and he has his hair just so and she does that".
- Staff used their in-depth knowledge of people's needs, wishes and diversity to provide exceptionally personalised care and support. One person said, "I have very down days and cry a lot. (Name of carer) will sit me down, give me a cuddle if I need it and do what I want. She lifts my spirits". Another said, "They are part of my family, part of my life". One carer told us, "You're their confidant, their friend".
- Staff worked closely together to support one another and to ensure people received the best possible care. One relative said, "They have a collaborative approach including themselves, the carers, the family and the person being cared for". When staff visiting one person to support with medication noticed parts of the home were not hygienic, they were able to liaise with the person's power of attorney to arrange cleaning visits. For another person, staff let notes to say when their football team would next be on the television, so that staff could turn on the television and make sure the person could watch the match. One staff member said, "The families know us by name, we are all part of the same care package".
- Relatives shared examples of when staff had picked up they were struggling and stepped in to offer practical or emotional support. One relative said, "She asked at the office if she could have another 15 minutes, but she did it without making me feel bad. She is so supportive of me and it's not me she's paid to care for".

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

- People's views were central in determining the care they received.
- Each person's care plan set out clearly how they wished to receive their support. Intricate details were known by all staff which ensured the things that mattered to individuals were always adhered to. For

example, one person said, "They always leave enough water in the kettle, but not too much so that I can't lift it".

- People shared experiences of how flexible the service had been. One said, "They took me on without much notice, straight out of hospital, so call times were all over the place but when I told them that I didn't want anyone before 8am it settled down. They really listened". Another told us, "I was asked if I wanted a man or a lady. I had every type of person in hospital so I told them I just wanted someone who could do the job in a good way and they all can".

- Staff actively promoted people's independence which in turn enhanced their sense of wellbeing. One person told us, "It's a joint effort for breakfast. I set it out and then when I'm tired after my shower they cook the toast and pour the tea. We have our routine". Another said, "They matched me with someone who accepts that I am mobile and want to be independent, so we do a lot together". A third told us, "They change how they help by what I can do each time. Their coming in sets me up for the day. I wouldn't be without them".

Respecting and promoting people's privacy, dignity and independence

- People were treated with the utmost dignity and respect.

- People received a weekly rota and knew who was coming to see them and when. One staff member said, "We give all our clients a time when we are going to be there, it can be 15 minutes either way but that is unusual. They know where they are". One person said, "I have never known them to be late".

- People were assured staff respected their privacy and would not share information with others. One person said, "They never gossip about other people, so you know they are not talking about you to other people". Another told us, "They are good at guarding people's personal information. A friend rang and couldn't get me so rang them, but they didn't tell her I was in hospital until I said they could if she rang again".

- Staff were considerate when assisting people with personal care. One person told us, "The carer stays behind the frosted bit and helps me when I need it. I let them know". Another said, "I am very conscious of my body and I thought having help in the shower would be a nightmare but the girl I have is wonderful. She talks to my face so never just stares at my body and we laugh and chat so I don't feel horrible. She understands my worries and respects that".

- People and relatives shared numerous examples of when staff had stepped in to help with additional tasks, helping people to feel confident and comfortable in their own homes. These included cleaning soiled carpets, putting out the rubbish, feeding birds, ad hoc shopping and, "giving thoughtful advice when needed". One person had written in feedback to the provider, 'I cannot fault any of the staff. They are so helpful and cheerful. Nothing is too much trouble, and they start my day well'.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans included a high level of detail about people's preferences. Staff used this information, and their knowledge of the individual, to tailor the support they provided to the person. One person told us, "They asked me what I needed, it wasn't them telling me". A staff member said, "You can have all the training but everyone is an individual, it is getting to know them".
- Staff used a form to share pertinent information with their colleagues, this might be to leave lunch out, to take the washing out or that a course of antibiotics had started. Staff told us they also called and sent text messages to each other to ensure people received the support they needed. One staff member said, "If anything changes they (the office) update me very quickly". A relative had asked for staff to walk their loved one around the garden, we saw in the daily notes from the following days that staff had been doing this.
- Staff were quick to perceive changes in people's needs and to ensure they were receiving appropriate care. One staff member explained how they had been setting the microwave timer for one person who had reduced sight. This meant the person could just close the door to heat their meal when it came to lunchtime. This was quickly updated in the care plan so all staff followed the new routine. In another example, staff raised that one person was finding daily tasks more difficult so the office spoke with their relative. A decision was soon taken that the person required residential care.
- Staff were available to people. One relative told us, "They are very responsive and continue to care after hours. When (name of person) rang the office out of hours to say there was a cat in the toilet, the manager sent someone round, and there was a cat in the toilet! We had all felt (name of person) was being irrational but she was very anxious, it was late and they dealt with it".
- People were supported with their equality and diversity needs, such as support to maintain religion. When one person celebrated Mass at their house, the care calls were adjusted to fit around this. Another person told us, "They will try and fit you into times you want so you can carry on doing things you want".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs.
- Staff sent a large print rota to one person who had reduced sight. Where people used hearing aids, there was detail on whether the person required assistance to maintain them and on where spare batteries were stored. One person told us, "My hearing aids are such a fiddle so they put them in for me and then I feel connected to the world again, they have such patience".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was shared with people in their home files. One person told us, "All the information you need is in their book, but I have never needed to complain, far from it".
- People felt confident to raise any concerns directly with the office and had every confidence they would be listened to. One person said, "The office is always friendly, you could tell them if something was wrong". Another told us, "I would call the manager, she wouldn't want anything to happen that I would complain about". The registered manager told us, "If somebody has a problem they ring us up. We have such good communication. You deal with it. We are very lucky that we can be as flexible as we can be. We are very lucky the staff are very flexible".

End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life.
- End of life care planning did not form part of the initial assessment when a person started using the service. The registered manager explained how, if the person's health started to deteriorate, they would work with the person and their family to ensure their wishes were known, recorded and respected. She told us they had collaborated closely with community nurses and the local hospice in supporting people at the end of their lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had built a positive, person centred, open culture based on a high standard of care and strong relationships with people and their families/representatives.
- People received a high standard of service which was focused around the needs of the individual. The registered manager said, "We are small, that is an advantage. We are old school. It is just very personal. We are all on the end of the phone 24/7. They get continuity. They get good care with good staff and our communication with staff and clients is, I think, excellent". She told us that most clients came to them via personal recommendation.
- People were enthusiastic in their praise for the agency and its staff. One person told us, "This firm will always try and do their very best for you". Another said, "Things run so smoothly that I rarely have to call the office, it gives me real peace of mind". During our visit to the office, people were calling to say they had been contacted by the Commission, one said, "I have praised you up to the hilt!"
- Staff had an obvious affection for their clients and spoke highly of the agency as a place to work. One said, "They earn their loyalty as a company". Another told us, "I have a lot of respect for the company". A third told us, "I've never had any issues with anybody in the office, work or personal, they are very easy to talk to and will always find solutions".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. There had been no duty of candour events at the service.

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

- People spoke highly of the registered manager. One staff member said, "(Registered manager) has a heart of gold, she will do anything to help anyone". The registered manager was supported by a head of care who was also highly thought of.
- The registered manager had good oversight of what was happening at the service. Staff worked closely together to ensure effective communication and a high level of support to people. One staff member said, "Everything seems to run smoothly. Everything is logged and you have the support of the whole team".

- A system of quality assurance checks were used to measure and monitor the smooth running of the service. For example, care and medicines records from people's homes were routinely returned to the office for review by the head of care.
- The head of care carried out direct observation visits of staff as they supported people. This checked the staff member was wearing the correct uniform, their conduct, if they followed the care plan and how they recorded the visit. One staff member told us, "We are often spot checked, they're all over it". A relative said, "I've never worked out if it's a way of getting to know her clients, collecting feedback while they are chatting, because they are short staffed or a bit of everything but (name of person) loves it that she (head of care) comes herself".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively involved in developing the service. The registered manager sent annual quality review forms. In addition, new clients were asked for their feedback soon after starting with the agency and people were asked for their feedback on new staff when they attended their calls.
- Feedback from people and relatives was overwhelmingly positive. One person told us, "I sealed my questionnaire and sent it back with the carer, but anyone can see what I said as I was praising them up". Another person had written, 'It's rare to assess a company like yours and to say PERFECT. SMALL IS BEAUTIFUL'.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with others.
- Staff were proactive in seeking out new equipment when people's need changed. They shared one example of a person whose sight was deteriorating. Staff had arranged for handrails to be fitted, a commode in the bedroom and for carpets that were a trip hazard to be removed. A staff member said, "Because we go to the same clients, you recognise a problem".
- The registered manager kept up to date with best practice and guidance via the local authority, Skills for Care, the Commission and other organisations.