Christies Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

An announced inspection of the service took place on 14 October 2016. This was followed up with visits to people in their own homes and phone calls to people to ask for their views on the service they received.

The service provided live in support to people in their own homes. This service is provided across the United Kingdom. The needs of people using the service vary widely some requiring support with personal care and others who may be living with dementia, Parkinson's or learning difficulties.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received outstanding care which was continually reviewed to ensure the best possible outcomes. People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found that their care and support was planned with them and not for them. People were supported to attend a range of leisure activities as well as being able to develop their own independent living skills. The service was flexible and adapted to people's changing needs and desires, enabling positive outcomes for all concerned. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

Staff were highly motivated to provide effective and compassionate care. They received comprehensive training and were provided with regular support. This included core training and shadowing which enabled them to be knowledgeable about their roles and responsibilities. Staff roles included 'champions' who had increased knowledge in areas such as dementia care. They were also provided with on-going training to update their skills and knowledge to support people with their care and support needs by a specialist training team. Further encouragement was given to enable staff to undertake additional qualifications.

People's experiences of care were extremely positive. People and their relatives were encouraged to fully engage in discussions about their care and support and this was facilitated by various communication methods. The service worked proactively to help people to make choices and decisions about their care and lifestyle and to be as independent as possible. Staff knew each person as an individual and what mattered to them. Privacy and dignity was respected by staff with whom positive relationships had been formed and who promoted individuality.

The services' management team had a clear vision for the service and the direction of its future development. They were dedicated to providing a high quality service to the people the service supported and to the continual improvement of the service. They were 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 at regular meetings and during training courses, 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained to recognise and report abuse. Appropriate action was taken if abuse was identified.

Risks were managed to ensure people were safe and their freedom supported.

Staff were recruited safely to ensure they were suitable for their role.

Is the service effective?

Outstanding

The service was very effective.

Extensive training was provided of a high quality. Specialist organisations were consulted when training was developed.

There was a thorough understanding of legal processes relating to restricting people's liberty in this care setting.

The service pro-actively identified methods to support people to maintain good health.

Is the service caring?

Good

The service was caring.

People and their live in carers were matched, as far as possible, with interests and hobbies.

People were supported to follow through decisions about where they wanted to receive their care and support.

People were treated with dignity and respect.

Is the service responsive?

Outstanding

The service was highly responsive.

People's needs were continually assessed and reviewed. People

were encouraged to actively participate in their care planning.

People were encouraged to be as independent as possible from a committed staff team.

Feedback from complaints and monitoring were valued and used to make improvements.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

Management were dynamic and led by example, continually seeking to improve what the service offered to people.

The service actively sought the views of people and staff on the quality of the service and areas for improvement.

Information from quality monitoring systems was used to drive continual improvement in the service.

Staff were encouraged to improve their knowledge and maintain good practice by a management team who recognised the importance of remaining up to date with current practice.

Christies Care Ltd

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 was planned to check 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 14 October 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 a senior person would be available on our arrival.

The inspection was carried out by an inspector and two experts 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. Our experts had experience of supporting older people and those with learning difficulties.

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 looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

As part of the inspection we looked at the care records of four people, training and recruitment records of staff members and records relating to the quality monitoring of the service. We spoke with 16 people who used the service and nine relatives and visited three people in their homes. We also spoke with the registered manager who is also a director of the provider company and seven members of care staff. We received feedback from healthcare professionals.

Good

Is the service safe?

Our findings

People told us they felt safe with their live in carer. Both people and relatives emphasised the importance of having a regular team providing their care and support. One person said, "I trust Christie's to help me – they make sure I have a regular carer who knows how it works for me." Another person said, "I feel safe with them which is important because I need to stay calm." A relative said, "I trust the carers, it means I can go out for a few hours and everything will be alright."

People were protected from the risk of harm and abuse because staff received training in recognising abuse and what action they should take if they suspected abuse. Records demonstrated that when carers recognised that abuse may be occurring this was reported to the service quality team and action was taken to report the abuse to the relevant authority. Our records showed that the service took the appropriate action when abuse was suspected and co-operated with other agencies during investigations.

Risks to individuals were managed so that people were protected and their freedom was supported and respected. In their PIR the provider told us that 'Our risk assessment process is based on minimising the restrictions on people's freedom, choice and control,' and gave an example of how a person living with dementia was supported to be safe when they chose to walk outside at night.

Care plans contained an assessment of risks to the individual. Some risk assessments were compulsory such as manual handling, finance, skin integrity, nutrition, and infection control. If a risk assessment was not completed a reason was given for this. Where a person had a condition or behaviour which was a risk, for example diabetes, an individual risk assessment was completed. Risk assessments gave guidance to care staff on how risks should be managed, for example, the use of pressure relieving equipment for a person at risk of developing pressure ulcers.

The service regularly reviewed safeguarding concerns, accidents, incidents and complaints to make sure that themes were identified and any necessary action taken. For example, the service identified a theme in incidents related to alcohol use by care staff and took taken action to address this by communicating with care staff what was acceptable behaviour.

Information on risks to people's care and support were passed on between care staff when live in staff changed over. On the changeover day a period of time was allocated for staff to hand over. This ensured that incoming staff were aware of risks, how they were managed and received up to date information about the person.

The service had a robust recruitment procedure which ensured there were sufficient numbers of suitable staff to keep people safe and meet their needs. Initial application was made via an online application form which enabled the service to recruit from a number of different countries. This enable the service to recruit people from a variety of different backgrounds to match the needs of the people they supported. The application was assessed by the service recruitment department. The number of successful applications was monitored and we saw that a number of applications were rejected at this stage. If successful, a

telephone interview was held. This interview was structured and the questions asked targeted to carefully assess the applicant's suitability for this type of work. A member of staff who carried out the interviews told us how they had attended a course specific to this type of interview. Following the course they had changed the questions asked. They told us that the new type of telephone interview had resulted in a decrease in successful applicants but resulted in an increase in the quality of applicants which was demonstrated by successful completion of the training course. Where people successfully completed the interview process, checks were made to ensure they were suitable to work with vulnerable people and references obtained. If people were not British Nationals these checks were undertaken with the relevant authority. The service also liaised with the UK Border Agency to ensure documents produced as identification were genuine. If suitable references and relevant checks were received the prospective care staff were invited to attend a two week training course.

People told us that they had confidence in care staff to support them with the medicines when required. Care plans contained clear guidance on how the person received their medicines. For example one person required all their medicines in liquid form and the care plan contained guidance on how to administer this. Care plans also gave details of how a person's medicines were obtained and stored safely.

We looked at medicines records in people's homes and found these were fully completed demonstrating what medicines had been given, at what time and by whom. Medicine records were returned to the office where they were checked for completeness.

Outstanding ☆

Is the service effective?

Our findings

People's needs were consistently met because the provider focussed on the importance of ensuring they invested in staff who had the right skills, competency and knowledge.
People told us that staff had the skills and knowledge they needed to carry out their roles and responsibilities. One person said, "They are always very good and professional about personal care, they have been well trained." Another person said, "They've been well trained, they find out how I like things done [personal care] and that's what they do." A relative said, "They have all been very competent and helpful. I have no concerns. They have been well trained."

When new staff began work with the service they undertook a two week residential training course at the service's dedicated training unit. The service was delivered in the dedicated training unit which had equipment for care staff to develop their skills and class room for lectures. The training was provided by the service's in-house training team. Within the training team were trainers who had individual specialisms such as moving and handling, dementia and learning disabilities. This meant that training was provided to a high standard reflecting up to date best practice. As well as general competencies, specialist training had been developed and as a result of this care staff had the knowledge and skills to support those with more complex needs. Trainers had attended courses run by the Multiple Sclerosis Society and Parkinson's UK. Christies training team had then adapted the courses to fit the circumstances likely to be encountered by a live in carer. One person said, "I have an infusion line and an epi pen which all needs careful monitoring. I have to have confidence in them and we have to get on with it together. Christies make sure they have the pharmaceutical training and then I have confidence." If a staff member expressed a interest in or aptitude for a particular area of care they were supported to develop in that area, for example further dementia training. A member of care staff said, "The training is fantastic, LD [learning difficulties] training is brilliant."

To ensure the service met the needs of people at the end of their life the service ran a two day residential course on palliative care. This had been developed with the UK Home Care Association and St Elizabeth Hospice. It prepared care staff to support and assist people with their daily care needs towards and at the end of their life covering a person's religious and spiritual needs and collaborating with other professionals. We were given an example of this training being put into practice when the service supported a single parent towards the end of their life.

The service supported care staff to work towards recognised accreditation skills. Within the training team were staff that supported care staff to gain recognised qualifications, for example The Care Certificate and a Health and Social Care diploma. Care staff were motivated to provide a quality service by the support they received from the service. Before agreeing to work with a person care staff were provided with a summary of the care plan with the person's needs to ensure they would be happy to work with that person. When carers begin working with a new person the support team rang them daily to ensure that all was working well and that they and the person they were supporting was happy. This support could be reduced as the person's ability progressed. The advance information and on-going support motivated care staff to provide high quality care. One member of care staff told us, "You can ring any time for a chat. They will listen to you and support you."

The service had Champions for dementia and end of life care within the training team who provided support and guidance for care staff. The champions attend regular courses and ensured they were up to date with NICE guidance and other specialist services within their area of specialism. They also supported family members of people living with dementia. Support could be provided by telephone, sending information and guidance by e mail or on a face to face basis. This meant that if a member of care staff was supporting a person in their home and their condition changed up to date guidance and support could be obtained quickly.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. People told us that they were able to do the things they wanted and were offered choices. One person said, "I like to do everything – I like to help with the cooking, and so I do. Some things are more difficult but they [carers] help me and I do it." Another person said, "I have total choice about when I get up, what I do and my rights are respected, they always help me." Staff understood the requirements of the MCA and explained to us what they would do if they had concerns regarding a person's mental capacity.

The service had worked with solicitors, the Court of Protection and other professionals for a person who was living in a care home and was subject to a Deprivation of Liberty safeguard but had expressed a wish to return home. The person was subject to a Court of Protection order. Despite the complexities of the situation, the service put into place care which enabled the person to move back to their own home, supporting the person while necessary structural changes were made to the home. The carers selected to support this person had received further training in supporting people with behaviour which challenged. The person is now supported to live at home which was their expressed wish.

People were offered choice in what they ate and drank. One person said, "I have a list of likes and dislikes and they abide by that." Another person said, "I choose the food I want to eat." There was a strong emphasis on the importance of eating and drinking well. Where people found eating and drinking difficult or had special requirements with their food and fluid intake, the service involved professionals such as dieticians or speech and language therapists. Care plans contained comprehensive information for staff on people's dietary preferences and how to support them to eat a healthy diet. For example one care plan stated, 'Care worker should prepare nutritious, healthy meals and snacks for [person] throughout each day. [Person] can choose what they would like to eat but has a tendency to choose the same foods each day. Care worker to be creative with meals and offer [person] different choices each day to ensure a good balanced diet.' For another person the service was working with the person to independently prepare their own meals using fresh foods, therefore reducing their reliance on ready meals and enhancing their nutritional intake. Another person's care plan emphasised the importance of position to enable the person to eat comfortably and safely. This ensured that people's dietary and fluid intake were met.

The service was pro-active in identifying opportunities to support people to maintain good health. For example, one person expressed a wish to improve their fitness levels, they also had a love of dogs. The carer identified a local dog rescue centre which was looking for volunteers to walk their rescue dogs. The carer liaised with the rescue centre and arranged for the person to be a dog walker. The person is now walking dogs from the rescue centre regularly, thus incorporating their love of dogs into improving their fitness.

People told us that they were supported to maintain good health, have access to healthcare services and support. A relative said, "I feel confident that they would contact the doctor. They can also phone the office for advice." Another relative said, "They [carers] sorted out the hospital appointments and went with [relative]." Care plans demonstrated that people had received support from GP's, dentists and chiropodists where required. They also showed that carers regularly supported people to attend health care appointments, outcomes from these appointments were recorded in the care plan.

Good

Is the service caring?

Our findings

People told us that they were able to develop positive caring relationships with care staff. One person said, "They [carers] are really good because they look after me."

The service had a strong, visible person-centred culture. People were enabled to be involved in choosing care staff that supported them. When allocating carers to people the service had a system to match the assessed needs of the person to the member of care staff. This extended to hobbies and interests as well as care needs. A relative said, "They do try to match, [person] prefers older carers and so they try to do that as much as they possibly can." A member of the provider's support staff told us that, as far as possible, the service provided people with a consistent team of carers. People told us this supported the development of relationships with care staff who were living with them and that it also contributed to their feeling of safety. A relative said, "[Relative] now has a few regular carers and we have had to reduce the number of carers that work with [person] to keep [person] safe. They [Christies] are willing to make these kind of changes when we need them"

Support plans were person centred and demonstrated the involvement of the person in creating them. A relative told us, "They assess and come and find out likes and dislikes right at the beginning and then any change they would send an assessor in too." Easy read support plans had been written for people who found these easier to understand. These were written in a format which best suited the way the person communicated. For one person their support plan included people that support them in diagram form (circle of support). For another person the support plan was produced in their favourite colour and their activities were recorded in a picture format. This was a creative way of ensuring that the person found the support plan accessible. The provider told us in their PIR, that as a result of the success of the improved support plans the service would be developing support plans especially for people receiving end of life care. This showed that the service was continually striving to develop a tailored approach to supporting people.

Staff were highly motivated and inspired to offer care that was kind and compassionate. This was demonstrated when a person the service was supporting was due to be evicted from their property. As the service knew the person and their history well, they were aware that this had occurred before and of the distress it would cause the person. They worked with the person and a local housing association to find them a property not in the private rented sector to avoid the likelihood of the situation occurring again. A property was found in a location which met the person's needs and was in a suitable location. The service worked with the person and the local authority to ensure the move went smoothly. This included the carer supporting the person to pack their belongings for the move and choosing furnishings for the new property. This demonstrated an in depth appreciation of the person's individual needs and supported them to remain independent in their own home.

People told us that carers respected their privacy and dignity. One person said, "They always respect me and my wishes and we have quite a small area to live in, but they are good with privacy and we manage well." Another person said, "Personal care is difficult but the carers are very good and I feel OK about it because of that."

Outstanding ☆

Is the service responsive?

Our findings

People told us that staff had an excellent understanding of how to deliver care and support which was responsive to their needs. One person said, "I like to go to the gym and the carer comes and I like to go swimming and I do, my older carer comes with me. I go to the cinema with friends too." A relative said, "[Person] loves going to the day centre. Street markets and wildlife talks are favourites too and the carers go with [person]". This met people's social needs as well as their physical.

People and their relatives [where agreed] were fully involved in the assessment of their needs, before they began receiving care and support. One person was unhappy living in a care home but was nervous about receiving live in care. The service sent a carer to live with them in the care home. The carer spent four days with them working with the manager of the care home to ensure the transition into having carers living in their home went smoothly. Feedback confirmed that the support was meeting the person's needs.

A professional visiting the service told us it was focused on providing person-centred care which achieved exceptional results. They gave an example of how, following feedback, from a psychologist which had suggested that a person would benefit from a regular team of carers. Christies had introduced a regular care system which had reduced the person's stress and specific negative behavioural pattern.

Assessments of people's health, mobility, sight, hearing and communication were completed prior to them receiving care. From these assessments, care plans and risk assessments were written centred on the person's individual needs. Copies of care plans were kept in people's homes. The people we visited told us they were fully involved in creating their care plans. One person said, "The care plan is always in our house." A relative said, "They always involve us in decisions on care."

Where necessary care plans were written in easy read format to enable people to be involved with them. Where appropriate communication charts were included in the care plans. These described in detail how people who could not communicate verbally expressed their wishes. For example one person's chart showed that if they eyes were wide open and large this may mean that they felt they were being rushed. The chart then explained how to deal with this by giving the person time and space. This meant that staff had clear guidance to refer to and to help them support the person in the most effective way.

Care plans were regularly reviewed. A relative said, "Each time [person] comes out of hospital an assessor will come and they will sort out the care plan again." People were always encouraged to be involved in the reviews of their care. We saw examples of people being provided with a record of the review in easy read format to encourage their understanding of what had happened and promote further involvement in their care planning.

People were visited by their local area co-ordinator every three months. At these visits their care plan was reviewed and they were asked about the quality of the care they received. We observed a number of these visits and saw that people were encouraged to give their views on the care provided and raise any concerns. Where concerns were raised these were acted on. For example on older person living on their own was

becoming concerned about the changeover of care staff. The co-ordinator provided reassurance about the changeover and explored ways to alleviate their concern with the person. They did this by explaining to the person who would be taking over their care and support from the current carer and discussing exactly how the new carer would travel to their property. They also ensured that the person would receive the names of their care staff for the following month to reassure them as to who was allocated to them.

People were supported to increase their independence based on their individual capabilities. For example one person had moved into a supported living environment following challenges at home. Their behaviour became increasingly challenging, both verbally and physically. The service had worked with the person to become more independent and this had reduced the incidents of behaviours which challenged staff and others. An example of how this was done was identifying why the person was making frequent calls to the 999 service with fictitious complaints. The service analysed the behaviour to highlight that the person liked nurses and the care and attention they provided. It also transpired that their family had been nurses in the past. The person has been encouraged to get a bus to the hospital rather than dial 999. Staff had taken the time to understand the person and explore the behaviour patterns, which has eliminated the calls but now allows the person their freedom. The service is currently exploring the possibility of the person carrying out voluntary work at the hospital to further support this improvement in their lifestyle.

People were fully supported with their hobbies and community involvement. Before a carer began supporting a person the person was given a profile of the person that would be supporting them, these contained a photograph and details of the carers background and experience. Carers were encouraged to personalise them. This gave people the benefit of knowing a little more about the person who would be supporting them. One person said, "The neighbours always ask when [carer] is returning. They come to all my clubs with me and get on with everybody." One person enjoyed gardening and painting. This person had found an old wooden wheelbarrow. They were supported to paint it in bright colours and plant it with flowers. We saw a picture of this person proudly standing next to their completed project. They had a big smile on their face and demonstrated an enhanced sense of wellbeing.

The service not only supported people to attend activities that interested them but went the extra mile to put these activities on. A example of this was sponsoring a performance of Circus Petite. Tickets were provided free to people with learning difficulties supported by the service and further free tickets were provided to other organisations in the area such as Mencap and Leading Lights. The service learning disability team worked with the circus to ensure the performance was a positive, enjoyable experience for all and easily accessible for the audience.

People were actively encouraged to give their views and raise concerns or complaints. The service was developing the use of video feedback to allow people who may have difficulty with other communication methods to provide feedback. The registered manager told us that this was proving particularly popular with younger people resulting in increased feed back to the service.

The service had a complaints procedure which ensured complaints were investigated and appropriate action taken, for example disciplinary action for a care worker. Complaints were monitored for trends and any themes or trends identified were used to drive improvement. For example, due to monitoring the service had identified a high number of complaints and safeguarding's relating to medicines administration. The service had changed its medicines training, making it more practical. This had resulted in a reduction in the number of medicines related complaints.

Outstanding ☆

Is the service well-led?

Our findings

The whole staff team understood and shared the culture, vision and values of the service and its stated objective to be the most effective and innovative provider of live-in care in the UK. Staff we spoke with demonstrated the values of the service to put people first, take responsibility and put people first to delivery high quality care. They expressed their wish to provide people with high quality care and support. Interactions we observed between staff and people demonstrated an open and honest culture with people able to express their views.

The directors of the provider, one of whom is the registered manager, held weekly meetings where issues affecting the service and plans for improvement were discussed. Minutes of these minutes showed that issues discussed included recruitment, safeguarding and accident reports. The Directors met the heads of each department fortnightly to keep them up to date with current events in the service. Information was disseminated by Heads of Department to staff via face to face conversations and newsletters. This formal structure ensured that staff were kept up to date with any arising issues or service developments. The management team also communicated with staff in a less formal way. For example a director joins staff for lunch during their refresher training to discuss any suggestions they may have to improve the service and any niggles they may have. This promotes open communication and gives directors the opportunity to explain why and how decisions are made. Staff told us that the management team were open to suggestions for improvement and implemented suggestions made. An example of this was the improved interview and selection process which had been suggested by a member of staff. All carers and staff had access to the service business plan on the service IT system. This demonstrated an open culture with the management team willing to listen to staff suggestions to drive improvements.

The service currently holds the widely recognised Investors in People award at a silver level. They are working towards achieving the gold standard. The standards in this award support the organisation to improve leadership, support employees and drive improvement.

The service is working with the University of Kent, Personal Social Services Research Unit and the London School of Economics to develop the Adult Social Care Outcome Framework a measurement programme to capture information about an individual's social care related quality of life. At the time of this inspection they had received the first survey result and were working to interpret the date and analyse how it could be used to improve people's care and support.

The management team were also looking at client falls data, to see what trends there were, and to benchmark itself. This was being carried out in conjunction with competitors in the live-in care information hub, to be able to work to raise standards across the sector. At the same time, the service head of training had met the local NHS falls team, to explore extra falls prevention training for the training team, which would then be able to be passed onto carers.

Information from monitoring care such as the number of pressure ulcers people develop and the number of falls people had was used to drive improvement. For example analysis of falls data has caused the service to

explore how falls training could be improved to reduce the risk of falls for people the service supports. Falls in older people often result in a reduced quality of life and reducing falls would have a positive impact on people.

The service supported staff and protected their wellbeing. There was a pro-active attitude to supporting staff in the community to provide high quality care. One member of care staff said, "I would recommend this work to a friend." Another said, "The support team contact you regularly. They support you and listen to you." Local area advisors visited staff regularly when they were providing live in support to ensure that they were happy and that care was being provided to a high standard. We were given an example of where a carer was left alone in a large and isolated property when a person unexpectedly went into hospital. The service provided them with accommodation and supported them until the person returned from hospital.

The service valued their staff and recognised good practice in staff with a card, flowers or vouchers. Care staff received a card and gift on their birthday. There was a carer of the month award for those on induction and refresher training. For office based staff there was an award based on recommendations from the registered manager and other staff colleagues. Compliments received were passed on to staff. This encouraged staff to provide a high quality of care and demonstrated that they were valued for their contribution.

Staff were encouraged to improve their knowledge and maintain best practice by attending workshops seminars and conferences. Knowledge was cascaded via managers meetings and in-house training. A recent example is when attending a conference the managing director met a physiotherapist who specialised in preventing the postural changes associated with age resulting in decreased movement. The service has booked this person to provide training to their training team. This will then be incorporated into induction and update training to improve the quality of care people receive.

The service produced an annual quality report which was disseminated to staff and commissioners. This set out what the service had achieved and challenges it had faced. It also provided feedback to people on the results of the service satisfaction survey. The majority of the feedback from the survey was positive with both people who used the service and staff saying they would recommend the service to friends or family. One person had responded, 'The best laid plans…[relative] died yesterday afternoon.[Relative] was so pleased with all you did to enable her to spend another 3 years at home, enjoying all her friendships, the companionship of her carers and the hugely professional and thoughtful overall organisation of Christies. We are all so grateful and will recommend you every time! All good wishes and heartfelt thanks to you all.'

The directors of the service actively participated in organisations within the care sector such as the UK Home Care Association. One director, who is also the registered manager, is on the board of Suffolk Brokerage an organisation which supports access to funding for training and professional development for organisations across the county. This supported the service with knowledge of best practise and recent developments within the industry and enabled them to develop their service to meet people's needs. The service had received a large number of awards from a variety of organisations around the country in recognition of the quality of care provided. These included the Laing Buisson Specialist Care Award 2015, finalist in the personalisation section, Great British Care Awards, finalist in the dementia care section and home care co-ordinator section, East Anglian Daily Times business award winner of the customer care section. They are also finalist in the National Learning Disability and Autism awards, supporting older people with learning difficulties. The variety of these awards demonstrates the breadth of expertise of the service. A member of staff at Christies told us how participation in these awards made them feel. "It boosts morale while making you realise the company does notice you as a person/team, it makes for a better, all round working relationship too. I feel appreciated and it gives me a feeling of self-worth. It also allows us to

showcase 'Live in care' something I am proud of."