

The Care Company (SW) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Care Company provides care and support to people who live in their own homes in the South Hams and Torbay areas. The services provided include assistance with personal care and domestic work as well as 'live-in' carers for those people who require a higher level of care and also companionship.

One of the company directors held the role of registered manager and managed the service on a day to day basis. 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.

This announced inspection took place on 8, 11 and 15 July 2016 and included visits to the office, staff interviews and visits to people in their own homes. At the time of this inspection 83 people were using the service, of which 45 were receiving support with their personal care needs. Domestic help is not regulated by us, and therefore this inspection looked at the care and support of those people who received assistance with their personal care. The service was previously inspected in January 2014 when it was found to be meeting the regulations at that time.

People, their relatives and staff told us the service was well-led. One relative said, "They are unbelievably good. It is a very well run organisation." The registered manager demonstrated a commitment to continually improve and develop the service. People said they felt safe with the staff when receiving care. They said they had a regular staff team whom they had come to trust and know well. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy and said any issues would be dealt with thoroughly. One member of staff said, "our concerns would never be ignored."

Risks to people's health and safety had been assessed and regularly reviewed. These assessments included information about how to minimise the chance of harm occurring to people and staff. Staff were provided with step by step instructions about how to help people safely, and in a consistent manner which promoted people's confidence. One person told us staff needed to use equipment to help them change their position. They said they were confident when the staff used the hoist and said staff always checked the sling to make sure it is safe before they used it. Should an accident occur in a person's home, the circumstances of the

accident were reviewed to identify any actions to reduce the likelihood of a reoccurrence. The service supported some people to take their medicines. Care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they received their medicines as prescribed.

The service employed sufficient numbers of safely recruited and well trained staff to meet people's needs. Staff told us they had "lots of training" including diabetes, dementia care, care of someone following a stroke as well as health and safety topics. Should a person have very specific care needs, such as the care of a feeding tube, this was undertaken directly with the person and their staff team. One person told us they found the staff, "well trained, competent and excellent in their work". Staff told us they "loved" their job and felt valued by the registered manager.

People told us they had never had a missed call, and if the staff were going to be late they always received a phone call to notify them. Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

People and their relatives were very positive about the way staff supported them. Each person we spoke with told us their care staff were kind and compassionate. One person said, "The staff are excellent and charming, I couldn't be happier with them". The registered manager reviewed staff performance through observation, spot checks and supervisions to ensure they were meeting people's needs and following the guidance in people's care plans.

A number of people were receiving support from a 'live-in' carer. This meant a carer moved into the person's home to provide care and support. People and their relatives told us this had worked very well for them and it meant people had been able to remain at home rather than move into care home. One relative described the "outstanding care" their relation was receiving.

Care plans were developed with each person and people told us they had received a copy. These plans described the support the person needed to manage their day to day needs and to remain as independent as possible. Staff knew people well and were able to tell us how they supported them. The service was flexible and responsive to changes in people's needs. For example, one person told us they had been admitted to hospital in an emergency and the staff had increased their visits to prevent their wife having to go into a care home.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005. Staff said they asked people everyday about whether they were happy to receive care and to allow them to make what decisions they could.

The service recognised some people were at risk of social isolation and found it difficult to spend time out of their home. They arranged regular social events for people and their relatives to attend and provided staff and transport if necessary.

People and their relatives had no concerns over the care and support they received and they felt able to make a complaint if something was not right. One person told us, "I have no complaints whatsoever. I am absolutely happy with the care, the girls are marvellous." The service had received three complaints in January 2016. These were investigated in line with the service's policy and the outcome recorded and discussed at the following month's staff meeting. Records showed the complaints were resolved to the

complainants' satisfaction.

Regular management and staff meetings provided opportunities to review the development and continued improvement of the service. Staff told us the registered manager and providers were very approachable, were keen to hear their views and were always available. A reward and bonus scheme recognised staff's professionalism and commitment to their work and was much valued by staff.

Audits were carried out monthly to monitor the quality of the service. Unannounced checks to observe staff's competency and interaction with people were carried out on a regular basis. The service sought regular feedback from people who used the service and the results of the most recent surveys sent to people in May 2016 were very favourable. The registered manager kept up to date with current issues in the care profession by accessing care related websites, attending external training events, meeting regularly with other care providers, as well as the local authorities' commissioning groups.

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.

People and their relatives told us they felt safe when they received care. There was an on call system for people to ring in the event of an emergency out of office hours.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. Infection control practices were safe and staff's practice was regularly monitored.

The service employed enough staff to carry out people's visits and meet their needs safely.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Good ●

The service was effective.

People had a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff had completed training and had the opportunity to discuss their practice. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff treated them.

Staff were respectful, kind and compassionate.

People were involved in reviewing and making decisions about their care needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans described in detail the support people needed to manage their day to day health and personal care needs.

The service was flexible and responsive to changes in people's needs.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

The registered manager knew about the needs of the people who used the service. People and staff found the registered manager and senior care staff approachable.

Staff enjoyed their work and told us the management were always available for guidance and support.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements.

The Care Company (SW) Limited

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 was 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 8, 11 and 15 July 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 people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included previous contacts about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also sent questionnaires to 14 people receiving a service to gain their views on the quality of the care and support provided by The Care Company: six were returned.

On the day of our visit, 83 people were using the service, 45 of those were receiving assistance with their personal care. We used a range of different methods to help us understand people's experience. We visited eight people in their own home and two relatives. We spoke with a further three people and two relatives over the telephone. Following the inspection, we also received an email from a relative who wished to share their views with us. We spoke with five care staff, three administrative staff, the registered manager, and received feedback from one social care professional.

We looked at seven sets of records related to people's individual care needs; three staff recruitment files;

staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at the way in which the service supported people with their medicines.



Our findings

People told us they felt safe with the staff when receiving help with their care needs. They said they have a regular staff team whom they have come to know and trust. All the people who returned a questionnaire to us also said they felt safe from abuse and harm.

Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. One member of staff said, "our concerns would never be ignored."

Risks to people's health and safety had been assessed prior to them receiving a service and risks to people's health and safety had been regularly reviewed. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or the safety of kitchen equipment. Staff were guided with information about how to minimise the chance of harm occurring to people and themselves. Information was provided to staff about how to provide support safely. For example, one person's care plan said they had lost confidence in walking since they had suffered a number of falls. Staff were provided with step by step instructions about how to help the person sit on the side of the bed, stand from the bed and walk a short distance. This ensured the person was helped in a consistent manner to help them regain their confidence. Another person's care plan instructed staff to stay with them when they were eating as there was a risk they may choke due to swallowing difficulties. Some people received several visits a day to minimise the risk of developing pressure ulcers due to being unable to change their own position. We saw the care plan for one person instructed staff to change their position every visit and to check their skin for signs of redness. Should the staff have any concerns over the person's skin condition, they were to report this to the office staff who in turn would notify the community nursing team. This person told us they were confident when staff used the hoist to help them change position and said staff always checked the sling to make sure it was safe before they use it.

The service supported some people with their medicines. Care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they showed us the medication administration records (MAR) staff completed after they had given them their medicines. The MAR sheets were fully completed and this showed people had received their medicines as prescribed to promote good health.

Staff recruitment practices were safe and relevant checks had been completed. Many of the staff had

worked at the service for several years. We looked at the recruitment files for three staff, including the most recently recruited staff member. All three files included the necessary pre-employment checks including proof of identity, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support.

The service employed enough staff to carry out people's visits and meet their needs safely. People told us they had a regular staff team and they always knew who was coming to them. They said the service sent them and their relatives, if requested, a copy of the rota every week. Some of these rotas were written in very large print, one day's rota per page, to enable people to follow these more clearly. People said their visits were never cut short by staff leaving early and they had never had a missed visit. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. The staff told us that if they were going to be more than 10 minutes late, they were to telephone the office and the office staff would let people know. One relative told us their relation had received care for a number of years and said, "we are utterly happy with the care he receives."

Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time. One relative told us the staff never rushed the care for her relation and they felt staff had time to care for them properly, especially as "he's not a morning person". Should there be a need for extra staff at short notice, the registered manager and a member of the management team would also work alongside the care staff.

There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always someone to seek advice from.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. The office staff would then call to person's relatives to inform them. A report providing details about the accident was recorded onto the service's electronic care system. These reports were reviewed at the time of the incident by one of the management team, as well as monthly by the registered manager. These reviews identified how the accident had come about, whether any action was necessary to reduce the risk of a repeat and to assess for signs that people's needs may be changing. The registered manager confirmed they always alerted the local authority or GP when someone had a fall or whose needs appeared to be changing. Where people had other healthcare professionals involved in their care, such as the community nurse, an occupational therapist or a physiotherapist, these were alerted as well to people's potentially changing needs. Records showed staff had recently met with an occupational therapist who demonstrated how to support a person safely as their mobility had declined and they required more support to maintain their safety.

Staff were provided with gloves and aprons and they told us these were freely available from the office. Each person's care records held a statement reminding staff to, "Please wash your hands before and after your work and wear the gloves and aprons provided at all times." Records showed staff were provided with infection control training and the spot checks of staff's care practices were used to ensure they followed good infection control principles.



Our findings

People told us the staff knew them well and they were happy with the care and support they received. Everyone we spoke with, and those people who returned a questionnaire to us, said they had a regular team of staff who had the appropriate knowledge and skills to meet their needs. One person told us they found the staff, "well trained, competent and excellent in their work".

A senior member of staff oversaw staff training and ensured updates were provided when necessary. This member of staff was a trainer for moving and transfers using equipment, medicine administration and infection control. They were able to provide training in these topics as and when needed by the service, such as when a new member of staff was employed, or when a person's needs changed. Staff told us they had "lots of training" including diabetes, dementia care, care of someone following a stroke as well as health and safety topics. Should a person have very specific care needs, such as the care of a feeding tube, this was undertaken directly with the person and their staff team. Records showed all of the staff had completed or were undertaking Diplomas in Health and Social Care at varying levels. For example, 48% of staff had completed the Diploma at level 2 and 30% at level 3. Two senior staff were working towards the higher level 5 Diploma which included the management of care services.

New staff completed training before going out to visit people. One new staff member told us they had undertaken medicine and moving and transferring training before commencing their 'shadow' shifts with experienced staff. They confirmed they were also undertaking the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff told us they were all undertaking elements of the care certificate to review their knowledge and understanding and to identify training topics they all may benefit from. Training was also discussed at the regular staff meetings where staff were able to discuss people's care needs, watch training videos and undertake quizzes to test their knowledge in relation to specific care topics.

Staff felt well supported by the senior care staff and the registered manager. They told us they received a telephone call every week to ask if they needed anything, were happy with their rota or if they had anything they wished to talk to the management team about. In addition, staff received regular individual and group supervisions where they were able to discuss people's care needs, identify any concerns and plan their training and development support. The registered manager and senior staff members carried out observations of care staff in people's homes. These observations included how the staff member engaged with people, whether people's care needs were being met in the manner they preferred and whether there

were any safety issues to be addressed. People and staff confirmed these checks took place regularly. Records of these spots checks were maintained and used to support staff supervision and to identify training and development needs.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained that if a person's ability to make decisions about their care changed, they would discuss these changes with the person, their family and any relevant healthcare professionals to support a mental capacity assessment to be carried out. Staff said they asked people everyday about whether they were happy to receive care and to allow them to make what decisions they could.

Two members of staff were being supported to undertake training to become 'Dementia Care Champions'. This meant they encouraged others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help. All the other care staff were being supported to become a 'Dementia Friend', showing they had a good understanding of how living with dementia affects people's abilities and how to offer help to promote people's independence and well-being. The registered manager said they had arranged for a person living with dementia to speak at their next staff meeting to share with the staff their experiences of how dementia was affecting their lives.

People were supported to access healthcare services. The registered manager told us they made medical appointments for people and staff accompanied them if there was no family member to go with them. This ensured people received the continuing healthcare support they needed. During our visit to the office, a member of staff telephoned to raise concerns over the health of one of the people they were supporting. The office staff immediately telephoned the person's GP for a home visit and alerted the person's relative. This staff member later told us they thought the person "just wasn't themselves" and they were worried they had not been drinking enough to maintain their health. They said the registered manager gave all the staff a telephone allowance to ensure they would always be able to telephone the office with any concerns no matter how minor.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. One person's care plan described how they were unable to verbalise their choices, and staff had provided them with a number of photographs of different meals and drinks to enable them to point to what they would like. Staff were aware of people who were at risk of not eating enough to maintain their health and kept records of how well people were eating and drinking. We saw these records in one person's home and staff had ensured the total for each day was recorded allowing them to monitor if this fell below a safe level. One relative told us their relation had gained weight since the carers had started to support them with their eating and drinking. The registered manager told us the service had close links with the community nursing teams and would notify them, and the person's GP, if they had concerns someone was not eating and drinking enough.



Our findings

People and their relatives told us the staff were very kind and caring. Their comments included, "The staff are excellent and charming, I couldn't be happier with them" and "We are very happy with all the girls. Mum has a good relationship with them all."

People told us the staff were respectful and polite and many had become friends over the years. One person said, "We have become very close to the staff now." These views were shared by relatives who said they had a close relationship with the staff and were involved in discussions about how their relative should be, and would like to be, supported. One relative said, "I'm very much included in mum's care."

Staff spoke about people with affection. One staff member said, "I love learning about people and listening to their stories. My job means everything to me" and another said, "It's a joy making a difference to people's lives. If I can see someone smile or a laugh I've done my job." A staff member talked about how it was important to ensure people were comfortable when they left them. They said, "It's the little things that matter to people. We always ask, every single time, if they need anything else."

A number of people were receiving support from a 'live-in' carer. This meant a carer moved into the person's home to provide care and support. People and their relatives told us this had worked very well for them and it meant people had been able to remain at home rather than move into care home. One relative told us their relation receives, "Outstanding care from the live-in carer who has an excellent relationship with my father. It is beyond my expectations" and they went on to say the carer had "got to know my father well as they spend a lot of time together."

People told us staff respected their dignity; they said staff always attended to them kindly and discreetly. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. A senior member of staff and the registered manager observed staff's practice to make sure they used these values within their work.

Staff encouraged people to be as independent as possible and were patient to allow people time to complete care tasks themselves. This was reflected in the comments were received from people prior to and during the inspection. All those people who returned a questionnaire to us told us the staff supported them with their independence. A staff member told us, "We are guests in their home; we are helping them to stay at home." People's care plans were clear about what each person could do for themselves and how staff should provide support. The care plans included the statement, "Members of the team to offer with any

additional tasks that may benefit the client with their independent living." People were regularly asked about their care needs and whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager.

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training and they told us they were proud to be able to continue to care for people at this time: they knew it meant a lot to people to remain at home.



Our findings

The Care Company's aim and objectives were described by the registered manager as providing professional, high quality, flexible support to people to enable them to remain at home. People and their relatives told us the service does this very well. One relative told us, "They accommodate my mother's care needs well, we are very happy with the service"

Care plans were developed with each person, and their relatives if appropriate, following their initial assessment. People told us they had received a copy and they had been able to read these and agree their content before being provided to staff. These plans described in detail the support each person needed to manage their day to day needs. This included information such as their preferred routine and how they wished to be supported, their health care needs as well as any risks involved in their care. People also shared information with staff about their past social history and their interests and hobbies. This was particularly important for people who were living with increasing memory loss as staff were able to talk to them about their lives and interests. Records showed these care plans had been reviewed every six months or more frequently as people's needs changed. Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. One person told us, "My carers are very helpful in all aspects of wellbeing for which I am very grateful."

People told us a senior member of staff and the registered manager visited regularly to review and discuss their care needs. The service was flexible and responsive to changes in people's needs. For example, during our inspection we heard staff rearranging a visit time to better suit a person's plans for the day. One relative told us, "They have increased their visits to us. I'm very grateful for this as my wife can stay with me at home." Another told us they had been admitted to hospital in an emergency and the staff had increased their visits to prevent their wife having to go into a care home.

The service recognised some people were at risk of social isolation and found it difficult to spend time out of their home. They arranged regular social events for people and their relatives to attend and provided staff and transport if necessary. A previous tea party raised money for MacMillan Nurses and a forthcoming tea party had been arranged for October 2016 to raise money for The Alzheimer's Society.

People and their relatives had no concerns over the care and support they received and they felt able to make a complaint if something was not right. One person told us, "I wouldn't hesitate to raise a concern." Another person said, "I have no complaints whatsoever. I am absolutely happy with the care, the girls are

marvellous." People had a copy of the service's complaints procedure and they were confident their concerns would be taken seriously. The service had received three complaints since January 2016. These were investigated by the registered manager in line with the service's procedure. The outcome of the investigations were recorded and discussed at the following month's staff meeting. Records showed the complaints were resolved to the complainants' satisfaction.



Our findings

Without exception, people, their relatives and staff told us the service was well-led. The registered manager was passionate about the people the service cared for. They were committed to ensuring people received a high quality service that met their expectations. They did this through having a clear management structure, with staff having identified roles and responsibilities, by providing staff with the skills and knowledge they required to support people safely, and by continually reviewing the quality of the care and support people were receiving. All those we spoke with throughout this inspection told us they would recommend the service to others.

The feedback we received from people and their relatives showed a very high level of satisfaction and demonstrated the registered manager put in to practice their aims and objectives of the service. These were described on their website as "providing specialist one-to-one care and promoting dignity and independence" and "we are dedicated to helping each person to enjoy lives that are as independent, active, and fulfilled as possible." One relative, whose relation had a complex health condition, told us they were receiving an "excellent" service from skilled staff and the care was "beyond their expectations."

People said the registered manager or the senior member of care staff were always willing to come out to talk to them about their care needs or if they were worried about anything. One relative told us, "They are unbelievably good. It is a very well run organisation." Another relative told us the service communicated closely with them to ensure they were fully involved in their relations' care.

The service had a good relationship with other agencies such as the community nursing teams and the local authority. A social care professional told us, "The service communicates well and they are very flexible. They always try to resolve issues. People tell me they are very happy with the care they receive".

The service had a clear management team, each with identified responsibilities. The registered manager was supported by a senior member of staff who was responsible for care assessments, reviews and staff training; and three care supervisors, each responsible for a geographical area. Administrative staff were available in the office and had responsibilities for rota planning and finance management. Staff told us the registered manager and the senior care staff were very approachable and were always available. Several of the staff had worked for the service for many years. They said they did so because they liked the professionalism of the service, the support they received and the recognition of their hard work. One member of staff said, "they (the registered manager) are very easy to talk to. If you had a problem, she would sort it out." Another said, "(name of supervisor) is fantastic. She always checks I am OK." When we asked staff

what they felt the service did well, their comments included, "provide continual, consistent care", "we don't let people down, we don't have missed calls" and "we never place people at risk, we always make sure people are safe." The service had recently received an award for being a 'parent friendly' employer.

Management meetings were held between the company directors to review the support people received and to look at ways to develop and improve the service. Each company director had a specific role with the service which included employment matters, finance issues and the day to day management. Recent minutes showed the service included the principles of a 'fair culture of behavior' towards people and staff. The meeting discussed how to involve staff in the company, and the aims and ethos of the service. The directors rewarded staff for their continued commitment. The reward schemes included recognising a 'staff member of the month', a Christmas bonus and an annual staff award for 'outstanding commitment and performance'.

Regular staff meetings enabled staff to discuss ideas about improving the service as well as having a care topic at each meeting to talk about, such as dementia care, pressure area care or what it was like to be fed by another person. The registered manager said one of the themes of a previous staff meeting had been to consider what it was like to live with a hearing impairment. A hearing aid specialist had attended the meeting and staff had experienced wearing a hearing aid. They were also provided them training about how to ensure it was fitting and working correctly. This demonstrated the registered manager's commitment to staff and their continual learning to ensure they have a good understanding of people's care needs.

A 'questions and answers' session for each meeting allowed staff to add topics to the agenda items and minutes of each meeting were provided for all staff. The minutes included a statement which said, "your suggestions are vital and valued", which encouraged staff to share their views, which they said the registered manager genuinely wanted to hear. Another way in which the registered manager demonstrated their valuing of the staff was to hold the meetings at a pleasant venue, not in the office, to make them more of a social event. Staff told us the registered manager paid for them to attend the meeting and always provided drinks, snacks and cakes. They said this meant a lot to them as it showed the registered manager thought highly of them. Staff were very positive about their role, they told us they "loved" their job and they all worked well together. Because of the level of support they received, including the registered manager working alongside them, they were willing to undertake extra shifts and to help out at short notice, such as at times of staff sickness. Any extra shifts staff undertook were reflected in the level of Christmas bonus they received each year.

A quarterly newsletter provided staff with information about the service, upcoming training events and as well as the reward scheme and the benefits staff can access through their employment. The service's website had a staff forum area to access information, policies and procedures and request training.

Audits and reviews were carried out monthly to monitor the quality of the service. These audits included reviewing whether there had been any accidents and how these had come about and whether any visits had been late. Visits were made to people's homes and records were checked to ensure they were completed correctly. Unannounced checks to observe staff's competency and interaction with people were carried out on a regular basis. Any issues were dealt with either individually by the registered manager or through discussion at the staff meetings to promote continual improvement of the service.

People told us they were always asked about the quality of the service, either during visits or through the monthly care plan reviews. In May 2016 the service had sent questionnaires to people and the feedback from these showed people were very satisfied with the care and support they received. These questionnaires were sent to people every six months and allowed people to make suggestions about the service and how it

was managed. In May one person had requested another copy of the service user guide and this was then sent out to everyone to ensure they had up to date information about the service. The service paid attention to people's individual needs, such as providing large print rotas which were easier to read for people with a sight impairment.

The registered manager had recently undertaken a self-assessment to ensure the service could answer CQC's five key questions, (is the service safe, effective, caring, responsive and well-led?). They provided evidence to show how the legal requirements relating to these questions were being adhered to. They kept up to date with current issues in the care profession by accessing care related websites, attending external training events, meeting regularly with other care providers, as well as the local authorities' commissioning groups. They ensured staff benefited from this by sharing information through the regular staff meetings and care reviews.

The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.