

A Caring Company Limited

# A Caring Company Limited

## Inspection report

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Date of inspection visit:  
22 June 2016  
23 June 2016

Date of publication:  
05 July 2016

### 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

A Caring Company is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection approximately 51 people were receiving support with personal care.

The inspection was announced and took place on 22 and 23 June 2016.

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

People felt safe with the support they received from staff and were protected from the risk of abuse. Staff had a good awareness and understanding of how to identify abuse, and knew how to respond appropriately to any concerns that arose. People had risk assessments in place to enable them to be as independent as they could be and risks to their safety had been assessed so as to minimise the potential for reoccurrence.

There was sufficient numbers of staff on duty and we found that staff numbers were based upon the amount of care that people required. These were flexible and adaptable to ensure that people were kept safe. Robust recruitment procedures ensured that only staff who were considered suitable to support people worked within the service.

Medicines were managed safely. Systems were in place to ensure that people received their medication safely and in line with their prescriptions.

New staff received a robust induction which prepared them suitably for their role and assessed their competencies against essential standards. Staff also received a wide variety of training to help them carry out their roles and meet people's needs. Regular supervision and annual appraisals, to further support and develop staff were also provided.

People were supported to make decisions about all aspects of their life; this process was further reinforced by the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Wherever possible, people were actively involved in decisions about their care and support needs. The registered manager had a good understanding about how the service was required to uphold the principles of the MCA.

People were supported to take an adequate dietary intake, based upon specific dietary needs, if this was an assessed part of their care package. On-going engagement with healthcare professionals took place when needed to ensure that prompt action was taken in response to any changes in people's physical and mental health.

People were very happy with the care and support they received from staff. They felt that staff treated them

with kindness and compassion, in a friendly and caring manner. The delivery of care was based upon people's individual needs and enabled them to have an active voice in the decision making process. Staff were also very knowledgeable about the specific needs of the people they supported and used this information to ensure that people received person centred care. Privacy and dignity was maintained at all times.

People's needs were assessed prior to them being provided with care and support. This process helped to ensure that their needs could be met by the service. Care plans were person centred and written in a way which described people's individual care needs with clarity, They were updated on a regular basis, or as and when people's care needs changed so that they remained reflective of people's current requirements.

People knew how to make a complaint and were confident that the service would listen to them if they made one. Where action was required to be taken to address complaints, we found that lessons were learnt from this to drive future improvement and to improve the delivery of service to people.

There was an open culture at the service. People were positive about the care they received and were happy with the staff they saw. Staff were aware of their roles and responsibilities and were motivated to perform them well and meet people's needs. People and staff were positive about the leadership at the service. They felt well supported and were able to approach the registered manager and team leaders whenever they needed to. There were management systems in place to monitor and review the quality of care being provided and to identify areas for development.

## 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 aware of, and understood, the principles of safeguarding, and used this knowledge to protect people from harm.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

Staffing arrangements meant there was sufficient staff to meet people's needs. Staff were recruited using robust procedures to ensure that staff were suitable to work with people.

Systems were in place for the safe management of medication.

### Is the service effective?

Good 

The service was effective.

New staff had received a robust induction designed to equip them with the essential skills to support people. Staff also received a wide variety of ongoing training to enable them to perform their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

People could make choices about their food and drink and were provided with support when required.

People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

### Is the service caring?

Good 

The service was caring.

People were very happy with the care provided and had strong and meaningful relationships with staff. Staff treated people

with kindness and compassion.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs. Staff demonstrated they had a good understanding of the people they were supporting.

People were able to make decisions about their required care and support. They were consulted about their assessments and involved in developing their care plans.

People were treated with dignity and respect, and had the privacy they required.

### **Is the service responsive?**

**Good** ●

This service was responsive.

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

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

### **Is the service well-led?**

**Good** ●

This service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service.

There was a very open and positive culture at the service. Staff were well motivated to perform their roles to a good standard.

Systems were in place to ensure people and staff were fully supported by the management and the provider.

Robust quality control systems were in place to ensure care was delivered to a high quality standard and that any areas for development and further improvement were identified.

# A Caring Company 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 June 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken by 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. They supported us in this inspection by contacting people by telephone to gain their views of the service delivery.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people.

We spoke with 10 people who used the service 10 relatives. We also reviewed written comments from six further people. We spoke with the registered manager, the deputy manager, and four members of care staff.

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

# Is the service safe?

## Our findings

People told us they felt very safe and secure with the staff that supported them. One person said, "I feel very safe with them." One relative said in respect of their loved one, "[Name of Provider] are very reliable and trustworthy - so yes she feels safe and we both know how to raise a concern if we have to." Another relative told us, "My sister uses the service. She feels safe with the staff that support her." People were confident that staff worked hard to protect them from harm or abuse.

Staff showed a good understanding of the types of abuse that could occur, the signs they would look for, and the action they would take if they thought someone was at risk of abuse. They spoke to us about the reporting process that they would use, and were confident that any allegations would be fully investigated by the registered manager. One member of staff said, "I would always notify the office if I saw any bruises or changes in someone's condition." Another staff member told us, "I would try and establish the facts and inform the management, you never know what goes on; so we should not make assumptions."

Staff told us that where required, they would escalate any safeguarding concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC). Records confirmed that staff attended regular training on safeguarding people from abuse, and also had their competency checked, so that where there were any gaps in knowledge, these could be addressed to ensure that people were kept safe. Staff worked in conjunction with local authority to ensure that people were kept safe. People were protected from the risk of harm and abuse because staff were able to take appropriate and timely action when needed, to keep people safe.

Accidents and incidents were monitored to ensure that people were kept safe. Staff told us that they would report any accidents or incidents to the registered manager, should these occur because they wanted people to be as safe as possible. The registered manager told us, "It is important that we review all accidents to make sure we have taken the right action to keep people safe." Where necessary, we found that incidents were reported to external organisations, such as the local authority or CQC. A root cause analysis of the incident was completed to establish if any lessons could be learnt. Records confirmed that accident or incidents were investigated and appropriate action taken as a result.

People were protected from the risks associated with their care because staff followed appropriate guidance and procedures. Staff told us that risk assessments were really helpful tools in supporting people, as they provided them with robust information to guide them as to specific action to take. One staff member told us, "Anything that helps us to look after people and to keep them safe has to be good. The risk assessments give us enough information to know what to do, we work with people as well to find out what they think they can do and involve them in the process."

Risk assessments included reviews of people's moving and handling ability and potential hazards within people's home environments. The information in these documents was detailed, up to date and reviewed regularly, but more frequently when someone was new to the service or their needs had changed. Where risks had been identified, practical guidance was included in the written record to direct staff as to how risks

could be minimised. Information was used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. Where appropriate, these had been signed by people. People had individual risk assessments in place to promote and protect their safety.

People told us there was enough staff on duty. One person told us, "I have continuity and the same carers." A relative said, "Carers arrive, but if the regular is off they eventually send somebody else to cover those shifts. [Name of Provider] usually contact me via telephone to let me know in advance. My sister has regular carers but if she's off sick or on holiday - it's somebody else. When new ones are introduced, the [Name of Provider] phone and say - it will be so and so visiting you today. Staff have never missed a visit."

Staff also felt there were enough of them to meet people's needs safely. One said, "There are enough of us and we cover if we need to. The managers are all very good and help out as well if we need it." Another staff member said, "We have a consistent group of people to visit which really helps us. We get to know the route and how we can get there easily. There are enough of us to look after people well." Records showed that staff were allocated a particular geographical region for continuity of care and to help them build up effective relationships with people. When needed, office staff could also work within the field to provide additional cover. Staffing levels were therefore flexible to accommodate busy periods or cover sickness, and were reviewed regularly and adjusted when people's needs changed. " We found that there were sufficient numbers of staff available to keep the current group of people who used the service safe.

The registered manager and senior staff told us that there was an out of hours on call system in operation, that ensured that support and advice was available for staff when needed. There was always a senior person available to support staff and give advice in times of emergencies. One staff member said, "It is great to have that back up, to know there is always someone you can ask. Arrangements were in place to enable people and staff to contact the office out of hours should they require support or advice.

People were protected because the service used robust recruitment procedures to ensure that staff were suitable to work with people. One staff member told us, "I was not allowed to start until they had both my references back and my Disclosure and Barring Service (DBS) checks had come back. They really check who I was." The registered manager said, "We make sure that staff are suitable, they have been checked thoroughly before we allow them to start. We don't take any chances." Records were well organised and showed that staff had completed application forms, which included a full employment history. We saw interview questions and answers and completed skills tests with evidence of Disclosure and Barring Service (DBS) checks, proof of identification and two references. There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

People were supported to take their medicines as prescribed. One person said, "Staff help me with my medication." Staff told us they could only administer medication following training to ensure they were equipped with all the relevant knowledge to help keep people safe. All staff felt the medication systems, including the layout of the medication administration records (MAR), enabled them to provide safe medication management. One staff member told us, "It's a bonus to have a running balance of medication and the colour coding makes it easy as well." Another staff member said, "We are given lots of support to make sure we give people their medicines in the right way." The registered manager spoke to us about the MAR charts and explained how they felt the medication systems were now strong, because the charts enabled staff to see the running balance of the medication, which meant that any errors could be identified more quickly. We found that MAR charts had been signed following medication administration and that there were no gaps in the records. The correct codes had been used and when medication had not been administered, the reasons were recorded. Regular audits were maintained to ensure that there was



oversight of the medication systems and processes used within the service. People were protected by the safe administration of medicines.

## Is the service effective?

### Our findings

People and their relatives were confident with the support they received from staff. A relative told us, "Yes, I would say the carers know what they are doing." Another relative said, "Staff have all been trained so they can operate the standing hoist. I've done the course myself so I can tell that they're doing things in the right way." Everyone told us that all the staff had the right skills, and the knowledge they needed to care for them appropriately.

Staff felt they were able to do a good job because they had received a robust induction before they commenced lone working within the service. One staff member told us, "I had time to shadow other staff and watch what they did, to learn from them. It was great and really put me at my ease." Another staff member said, "They don't drop you in at the deep end, they make sure you are happy and work at a pace that is right for you." Staff explained that this process was valuable in giving them experience of the work they had been employed to do and enabled them to feel confident and competent. We were told that there was no set period of time for the induction process, which meant it could be tailored to the individual needs of staff members. One staff member said, "I never felt pressured, I had enough time to learn what I needed to."

The registered manager explained that all new staff attended an induction training programme, which provided all the mandatory training expected by the provider. They told us that they were in the process of making changes to the competency based side of the induction, having listened to what staff had told them and having evaluated the competency based aspects of the process. Records confirmed that the provider induction programme accommodated the essential standards within the Care Certificate. Competency was assessed through a series of observations, in areas such as administration of medication and moving and handling people, during spot checks in people's homes.

Staff told us they were supported to gain the right skills and knowledge to meet the needs of the people they care for. They received regular training to maintain their skills and keep their knowledge current and up-to-date. One staff member said, "We have regular training, food, manual handling, safeguarding, dementia and medication. All of it that we need, we get." Another staff member told us, "We work through books to ensure our competency; it makes you think and checks that you understand things enough." We were also told, "Training is really good, and it stops you from messing up, it makes you do things as they should be done." The registered manager told us they provided staff with training that could be given at times to suit staff and in small groups to enhance understanding. We found that the registered manager had attended train the trainer courses and maintained their professional nursing qualifications, which meant they had the right skills and knowledge themselves, to be able to provide staff with training and development. External training courses were also sought for staff when this was appropriate. Training was considered a necessity to ensure that staff could provide people with the best possible care.

Staff received supervision on a regular basis. One staff member said, "Supervisions are useful, we can talk about worries or concerns, training needs and anything we want to really." Another staff member told us, "They help us to touch base with the managers but we don't have to wait for them. We can call or go in to

the office at any time. We are never alone and always really well supported." If they had any problems or questions between supervisions, staff told us they could go to the registered manager and other senior members of staff, who they said were really very supportive and always accessible at any time of the day. Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings.

People told us that that staff always asked for their permission before they offered them support. Staff felt that it was important to provide care and support which recognised and responded to people's wishes. One staff member said, "I wouldn't want any one doing anything to me that I didn't want, so I always ask them, even if they normally go along with something, that doesn't mean they will always do that. So I ask each time." Records confirmed that people's consent had been sought and documented, for example, in respect of medication and provision of care.

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. The registered manager and staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. One staff member told us, "If I thought that someone's capacity had changed, I would always inform the office. I know the people I see and can pick up on any changes, so wouldn't leave things like that." Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their finances.

People told us that that if they needed it, support was provided by staff with nutrition and meal preparation. One person said, "I have help sometimes and it is just what I need." Staff said information was incorporated into people's care plans and risk assessments, so that the food people were supported to have was in accordance with their specific dietary preferences. Guidance showed whether people needed support with meal preparation or feeding, where appropriate food and food intake was monitored to ensure that people maintained a healthy weight and did not become nutritionally compromised.

The service ensured that people's healthcare needs were met in a timely manner. People told us that staff supported them by making contact with healthcare professionals, such as the continence service or district nursing team and GP. Staff told us if they had any concerns about people's health that they would assess the situation and contact the GP or ambulance service for immediate attention, and would then also contact the office for further advice. Records showed that staff had taken appropriate steps if they had any concerns and liaised with other health professionals. Care records showed that there was regular contact with healthcare professionals, including GP's, district nurses, and dieticians.

## Is the service caring?

### Our findings

There was a positive and caring relationship between people and members of staff. People told us that they saw regular staff members and were able to build up a strong relationship and understanding with them. People were extremely happy with the care and support they received and the kind and caring way in which staff went about their roles. One person told us, "I think [Name of Provider] are absolutely amazing, they are very good." Another person said, "I'm sensible with my carer, we have discussions and are open and honest with each other. We don't sit there like stuffed dummies. It's always nice to do something and be looked after well, and I'll tell you what I think - opportunities are lovely. I promise you, money isn't wasted, what better service can you get? You should come and visit one day to see for yourself!" A relative said, "The communication between us and the carers is often very friendly; we have a bit of a chat unrelated to care aspects. Staff seem very caring, and generally a brilliant bunch of people. I have a feeling that majority recognise our needs and boundaries as to where they lie and not to overstep the mark." Another relative told us, "Staff do not rush her, they are very patient, encouraging and let my sister work at her own pace." People and their relatives thought that staff were kind, caring and compassionate.

The written comments that we reviewed also confirmed that people and their relatives were very satisfied with the high quality of care they received from the service. One read, "You and your team are amazing, talented ladies, simply the highlight of my day." Another stated, "She could not have had better care or been treated with better kindness and consideration." We also saw, "They did such a good job and showed compassion." People felt very strongly that staff were dedicated and gave them the time they needed to talk and receive the care they needed. This made them feel very valued as people.

People told us that staff were cheerful and happy when they provided them with care and were able to spend time chatting and joking with them in a social sense, which helped to foster trust and meaningful relationships between them. They told us that they were treated with kindness and compassion by staff that had their best interests at heart. One relative told us, "We have a great relationship with all the carers that come to us." Where specific carers were requested, we were told by the registered manager that this would be accommodated where possible. Staff told us that the office staff worked hard to ensure that people were known to them and regularly attempted to allocate the same group of staff to people, so that people received continuity of care from the service and were supported to build up meaningful and caring relationships.

Staff members were positive about their roles and told us that they enjoyed spending time with the people they cared for. They explained that they felt it was an important part of their role to ensure that people's care needs were met, but it was equally important to meet people's social needs and to help them feel included and involved in the service. Staff members told us that they were proud of the care that they provided people with and felt that people's needs were well-met. One staff member told us, "I love doing what I do, it is the best and I get so much from it." Another staff member said, "It is such a good feeling being able to help people. I get so much from being able to see them and help them. We all want the same in this company, to give really good quality care to people; to be the best." Staff were passionate and enthusiastic when talking to us about the care they provided people with. They were very motivated to provide good care for people

and to ensure they felt valued and cared for.

People told us that they felt involved and included in the service. They explained that they had been involved in planning their care and that their views and opinions had been listened to, which meant they received the care and support they needed and wanted. In addition, they told us that they were provided with information about their care, as well as the service. This meant they knew what to expect from the service, as well as how to raise suggestions or concerns. The registered manager told us that they provided people and their families with information about the service when they were assessed. This came in the form of a welcome pack which included the care fees and the types of support offered, and also provided people with sufficient information to determine if the service was right for them.

People told us their privacy and dignity was always respected by staff. One person told us that staff always knocked on their door before entering. Staff said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. One staff member told us, "I would make sure the top half was covered if I was supporting someone to wash, and close the curtains and close the doors. It's quite a big thing, having someone help to wash you and we have to make sure that people are feeling ok about it." When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required. Staff worked hard to promote people's independence, privacy and dignity whilst providing care and to ensure that people's confidentiality was maintained at all times.

## Is the service responsive?

### Our findings

People told us they had been visited prior to the package of care being commenced. One person told us, "I was introduced to staff at the beginning; they were very pleasant, very helpful and very informative." The registered manager told us that pre-admission assessments of people's needs were carried out prior to a package of care being commenced. People and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced. Likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to a package being agreed.

People felt they received personalised care because of their involvement within their care planning before the service commenced. One relative told us, "Yes I'm involved in making changes to care plans." They told us they were asked for their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. Records confirmed this to be the case and helped the service to ensure they could meet people's needs appropriately.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, in respect of support with personal care or meal preparation. During our conversations with staff it was evident that they had a good knowledge and awareness of people's needs. One staff member said, "If someone changes, their needs increase or their condition worsens, we would always refer this back to the office as we know they can arrange for a review of care to take place. Communication about things like that is really good, always good as we want people to have the right care to help them." Where changes were needed to a package, we were told that this information would be conveyed to the office who would then arrange for a review of the person's needs. This process would always involve the person and their relatives if appropriate.

Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. They were reviewed on a regular basis and updated as and when people's needs changed. People had the opportunity to contribute to their care and tell the agency if the support still met their needs. One relative told us, "If changes in her care plan were needed we would be involved in reviews and we basically keep in touch via the helper who is a regular person at the time." Another relative said, "Staff understand my sisters needs and she's got a proper care plan in place, including all information. I can be involved in making changes and decisions to better my sister's quality of life. The paperwork is here and staff will fill it in every day with what they've done."

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. One staff member said, "The care plans are really good here, they tell you everything and more that you need to know." Any changes in people's needs were

passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. One person said, "I know how to raise a concern." A relative told us, "One day I complained, but it was dealt with straight away. We were quite satisfied with the response." Another relative said, "I know we would confide in each other if we weren't happy about anything, but we can trust these people." We were also told, "We have all of the procedures for any complaints and if you make individual concerns when the carer is here then everyone is open." People told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. The registered manager told us they welcomed complaints from the people as they used them as an opportunity to learn and develop the service.

There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future. In addition, we saw that the service had received a number of positive comments and thank-you letters from people who were currently receiving care, people who had received care in the past and people's family members.

People were also supported to express their views about the provision of service through means of annual questionnaires. One relative told us, "We are asked our thoughts annually or every six months. We get a questionnaire and no complaints have been made. Everything has been good so far, including the communication system." The registered manager told us they sent out questionnaires to each person who used the service to determine how the service was performing. In the most recent questionnaire sent out in November 2015, 68% of people rated their care as excellent. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements.

## Is the service well-led?

### Our findings

The service had a registered manager in post who was also the provider. People were aware of who the registered manager was and their role at the service. They explained that they were able to talk to them if they needed to and felt that they were a positive influence at the service. Staff told us that the registered manager offered support and advice and was accessible to both staff and people. We were told that they were mainly office based but very 'hands on' in their approach, willing to work in the field and support staff at any time. This approach was appreciated by people, relatives and staff who were very positive in their comments about how well the service was managed.

We found that the registered manager was supported by a deputy manager and office staff along with a team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them. Office staff were able to turn their hands to care work should this be needed, which meant that the service had robust contingency plans in place should these be needed.

There was a positive and open culture at the service. People were happy with the care that they received and the way the service was run. One person said, "I would describe A Caring Company as very efficient, very well managed and run." They told us that they felt comfortable with how their care needs were being met, thanks to the support they received from the service. One relative told us, "Absolutely, as far as I can see its run well and we have been quite satisfied overall. " Another relative said, "I'm so pleased with A Caring Company - no improvements can be made, I'm so pleased we found this company because they are by far one of the best care companies I've ever come across." People were happy to talk with us and share their experience and clearly felt at ease with the support they received from staff. People and their relatives told us they were treated as individuals and that staff were committed to their role.

Staff told us that there was positive leadership in place, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member said, "This is the best, I really love working here, I have never worked for such a good company." Another staff member told us, "I think the care is fantastic, I feel very valued and love working here." All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the service. Staff members felt that the leadership of the service had helped to forge a strong team in which all staff member felt valued and part of the running of the service.

The registered manager was also very positive about the staff team and the deputy manager at the service. They explained they were confident in the ability of the deputy manager to run the service in their absence. The deputy manager had been empowered to make decisions and implement changes at the service, to help resolve any issues quickly and efficiently. The deputy manager told us that the registered manager was always available to provide them with support and advice.

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by



phone or face-to-face. During our inspection we observed a number of staff passing in and out of the office, to collect paperwork or equipment. We saw that they were relaxed and exchanged jokes and positive communication with one another. They also used these opportunities to share information about people and their care with the senior staff and registered manager. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. They told us how they looked to analyse feedback and compile action plans when necessary, so as to identify areas they could work on to make things better for people and provide the best service they could do. In order to enhance this, we saw that they also worked closely with staff, working in cooperation to achieve good quality care and providing hands on care to people when this was required. The registered manager and deputy manager told us that by working alongside staff, this enabled them to understand what staff faced and to determine ways to improve things for them.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements.

There were systems in place to monitor the quality of care at the service, as well as to identify areas for development. The team leaders explained to us that they carried out a number of checks and audits as part of their role to check that staff had completed their roles as was required. For example, they showed us weekly medication audits which helped them to ensure that people received their medication correctly. There were also care plan audits and tools in place to monitor the progress of staff training and supervision, which helped them to highlight when courses or meetings needed to be scheduled.