

MiHomecare Limited

MiHomecare - Ramsgate

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

This inspection was carried out between 26 February and 7 March 2018 and was announced. Two days' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults, older adults, people living with dementia or mental health needs, physically disabled people and people with a learning disability or autistic spectrum disorder. There were 141 people receiving a service from MiHomecare Ramsgate at the time of our inspection. One person told us, "The job staff do, actually enables me to stay in my own home".

The registered manager had been working at the service since November 2016 and was registered with the Care Quality Commission (CQC) shortly before our inspection. A registered manager is a person who has registered with the CQC 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.

At the last inspection on 25 November 2016, we asked the provider to take action to make improvements to the way they supported staff, assessed and mitigated risks, and ensured that information within care plans reflected people's assessed needs and preferences. At this inspection we found that all the shortfalls had been addressed and the service that people received had improved.

Everyone we spoke with told us the staff were kind, caring and friendly, and treated them with dignity and respect at all times. They told us staff knew them well and provided their care in the way they wanted. People were given privacy. Everyone was supported to be as independent as they wanted to be. People received care in the way they preferred at the end of their life from staff and health professionals.

People's medicines were well managed. Guidance was available to staff and people received their medicines as their healthcare professional had prescribed. Changes in people's health were identified quickly and staff supported people to contact their doctor. People were supported to eat and drink enough. Staff followed safe practices to prevent infections.

People received care tailored to them. Assessments of people's needs and any risks had improved since our last inspection. Guidance was now available to staff about how to keep people safe and provide each person's care in the way they preferred. Staff supported people to take part in leisure activities they liked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Everyone was able to make decisions for themselves and staff supported them to do this. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had checked to make

sure no one was deprived of their liberty.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. People and their representatives told us they were confident to raise any concerns they had with staff and that these would be acted on. Complaints received were investigated and responded to. Action was taken to prevent them occurring again.

Staff arrived at the agreed time and stayed for the required length of time. People told us they knew if staff would be late and who would provide their care. Staff rotas were planned in advance and any gaps were covered. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Checks were completed to make sure training had been effective and staff were competent. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The provider and registered manager had oversight of the service and checked the service people received met the standards they required. People, their relatives and staff were asked for their feedback and any concerns were acted on and used to improve the service. Accidents and incidents had been analysed and action had been taken to stop them happening again.

Staff felt supported by the registered manager, they were motivated about their roles. They shared the provider's visions of a good quality service. An experienced member of staff was always available to provide the support and guidance staff needed, including outside of office hours. Records in respect of each person were accurate and complete and stored securely.

The registered manager had plans in place to contact other local providers and community organisations to share best practice and continually develop the service.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in their public office and on their website.

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.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to stop accidents and incidents happening again.

There were enough staff who knew people well, to provide the care people needed.

Staff practice prevented and controlled infection.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed with them when necessary.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care and treatment people needed.

People were supported to eat and drink enough to help keep them as healthy as possible.

People were supported to remain healthy.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people and reassured them if they were worried.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their care.

Is the service responsive?

Good ●

The service was responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in leisure activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

People were supported to plan the care they preferred at the end of their life.

Is the service well-led?

Good ●

The service was well-led.

Checks were completed on the quality of the service and action was taken to remedy any shortfalls.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Staff worked with other agencies to ensure people's needs were met.

MiHomecare - Ramsgate

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 26 February and 7 March 2018 and was announced. We gave the service notice two days notice of the inspection site visit because we needed to be sure that people who wanted to speak to us were available during the inspection.

The inspection included talking to and meeting people using the service and their loved ones, interviewing staff, reviewing of records and speaking to people about their experiences. We visited the office location on 26 February and 7 March 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

We looked at five people's care and support records, associated risk assessments and medicine records. We looked at management records including three staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff in their own homes and spoke to them about their experience of MiHomecare. We spoke with the provider operations manager, the registered manager, six staff, and 19 people who use the service and their relatives.

The inspection team consisted of three inspectors 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. We used information the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Is the service safe?

Our findings

People and their relatives told us they felt safe in the company of staff and with the care they received. Their comment included, "I do feel very safe using this agency and if I didn't feel safe about anything I would get straight on the phone to the office" and "I feel safe and content with the staff and they all know just what they are doing".

At our last inspection we found that risk assessments were not always detailed enough to inform staff how to care for people safely. At this inspection we found that staff had discussed the management of risks with people and agreed how these would be managed. Detailed guidance was now in place in people's homes and followed by staff to manage risks. This included the risks associated of people falling. For example, details of the equipment people used and the support they needed to use it safely. Risk assessments were reviewed regularly and identified changes in the care people needed. Office staff informed care staff about changes in the way risks to people were managed before the visited. Changes were also recorded in people's records for staff to refer to.

People's medicines continued to be managed safely. People told us they received the support they needed from staff to take their medicines. People's comments included, "Staff help with all my medicines and are very prompt and on the ball" and "The staff deal with all my other medication and they are very good and careful with it". Staff supported people to manage their medicines as independently as they wanted to and took action when they noticed a change in a person's needs. Staff had noted one person was becoming confused about their medicines and was not taking them correctly. They discussed this with the person and their family and staff now gave the person their medicines.

Policies and procedures followed by staff were up to date and reflected the latest guidance on managing medicines for adults in community settings. Staff were trained and their competency was regularly assessed. Guidance was available to staff in people's home about each of their medicines, including 'when required' medicines. Medicine administration records were fully completed and the application of creams was recorded. Staff advised people about safe storage of medicines when needed, including medicines which required secure storage.

Environmental risk assessments had been completed for each person's home and guidance had been provided to staff about how to manage potential risks and respond to emergencies. One staff member had noted a smell of gas in a person's home. They had taken action to keep the person safe and warm and waited with them until an emergency gas engineer visited and made the gas appliance safe. The person's relative had written to the registered manager thanking the staff member for the action they took to reassure their loved one and keep them informed.

Accidents and incidents happened rarely and were used as learning opportunities. The provider had a policy for the management of accidents and this was accessible to staff electronically if they needed to use it. All staff had a 'lifeline' card which had detailed guidance about what they needed to do if there is an incident or accident.

Investigations into any accidents were completed to identify any patterns or trends and reduce the risk of them happening again. Three staff had been involved in a medicine error in which a person did not receive their antibiotic correctly for a couple of days. Staff had been supported to reflect on their practice, and had completed refresher training including following the processes in place to make sure further mistakes did not occur. There had been no further medicines errors.

People told us staff practice protected them from the risk of infection. Staff completed training around infection control annually and were provided with sufficient stocks of gloves, aprons and other equipment to protect people from the risk of the spread of infection. Staff had completed food hygiene training when they began working at the service, to ensure they prepared food safely.

People told us staff usually arrived on time, stayed for the required length of time and had time to meet their needs in the way they preferred. People's comments included, "There are occasional problems with arriving on time, but nothing to worry about. They always call to let us know" and "The staff ring me personally if they're going to be late". Care staff let the office staff know when they arrived and left each person's home using an electronic device. Office staff were alerted if staff did not arrive on time and contacted them to check they were safe and find out when they would arrive at the person's home. Staff knew people well and new staff were introduced to people before they began to provide their care. One person told us, "I know all the ladies and they know me. If there ever is a new person they are always introduced to me first and told what to do and how to do it". Other people we spoke with confirmed this was the same for them.

Staff deployment was planned in advance and action was taken to cover any gaps. Cover for sickness or holidays was provided by other staff members and people told us they always knew who was coming to support them. An on call system was in operation to support staff at in the evenings and at weekends.

Contingency plans were in place for bad weather and other emergencies. These plans were put in to operation during our inspection due to heavy snow. One staff member told us before the snow, "I'm prepared for the snow. I've said that there will be no problems no matter what tomorrow as all my calls are walking distance so I will make sure everyone is ok". Everyone who was assessed as being at high risk because of their needs and lack of alternative support received the support they needed from staff to keep them safe and well during the bad weather. Staff had contacted other people to check if they needed support and had provided this where necessary. Staff worked together including one staff member's relative taking staff to visit people in a four wheel drive car.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed and they had completed training essential to their role.

People told us they felt safe from abuse and harm and were confident to raise any concern they had. One person told us, "I would not think twice about calling the office to say I felt unsafe or worried, that's what they're there for, to help".

The registered manager was aware of their safeguarding responsibilities and followed the provider's policies which reflected local authority safeguarding procedures. Records showed that the registered manager had acted on any concerns they received. They had informed the local authority safeguarding teams, acted on their advice and shared information and attended meetings as required. Staff had completed training about different types and signs of abuse and confidently described their safeguarding responsibilities to us,

including what they would do if they suspected someone was being abused. They felt supported by office staff to raise concerns and were confident that any concerns would be dealt with appropriately.

Is the service effective?

Our findings

The registered manager met with people and their relatives where necessary, to talk about their needs and wishes before they received a service. An assessment was completed which summarised people's care and treatment needs and how they liked their support provided, including their personal history, any support provided by their relatives and religious and cultural beliefs. This helped the registered manager make sure staff could provide the care and treatment in the way the person wanted. One person told us, "I had a thorough sort of interview discussion with the manager and they assessed how much or how little help I needed".

Further assessments of people's needs had been completed, in line with best practice, such as moving and handling assessments and the risk of people developing pressure ulcers. These were reviewed regularly with people to identify any changes in their needs. Information from the assessments was used to plan people's 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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

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 application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Where people are at risk of being deprived of their liberty and live in their own homes applications must be made to the Court of Protection. No one had a DoLS authorisation in place. The registered manager understood their responsibilities under DoLS.

People were able to make decisions about all areas of their lives. Staff described to us how they supported people to make decisions such as showing them items to choose between. People confirmed staff gave them the information they needed in ways they understood. One person told us, "Staff take time to explain things and make sure I fully understand".

Some people told us staff prepared the food and drink they liked, in the way they preferred. Other people told us staff supported them to remain independent. People comments included, "Staff will get me a sandwich, but I am getting better at doing things for myself and they will encourage that", "I get ready meals for myself but if I ask they will pop them in the oven for me" and "They don't make meals for me I can do that, but they will always make a cuppa for me and grab a biscuit if I want one".

Staff supported people to maintain good health and noted any changes in their health quickly. People told us staff encouraged them to contact their GP or community nurse when they felt unwell or did this on their behalf with their permission. One person told us, "The staff will call a doctor or the district nurse if they think

that I need it". When people asked, staff supported them to see their health care professionals by arranging home visits or accompanying them to appointments.

People and their relatives told us staff had the skills they required to meet people's needs. Their comments included, "I think that the staff are very well trained and very bright. They always know what they're doing" and "The staff have regular training events. Sometimes one girl or another can't come because they are having training, so I know that they are fully up to date with that".

At our last inspection the registered manager had identified that not all staff had completed training to the levels the provider required and had put a plan in place to address this. The plan had been effective and the staff had received the training they needed to undertake their roles and meet people's individual needs. This included completing a four day classroom based induction and shadowing experienced staff for at least two week before they worked alone with people. Staff who did not hold recognised qualifications in care also completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life.

All staff received regular training and updates. Refresher training for practical skills such medicines administration, prevention and control of infection and safeguarding was arranged to keep staff skills up to date. One person told us, "I feel that the staff are very well trained and that this training is an on-going affair, the girls will often say that they are just off to do some more training". Some care staff also held recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard. The registered manager told us it was important that all staff had opportunities to "grow their knowledge".

Office staff completed regular checks on staff's ability to perform their role, including unannounced spot checks at people's homes. People confirmed this, one person told us, "They are all well trained girls and there is sometimes a spot check from head office". Another person told us, "Sometimes a supervisor comes to watch to make sure the girls know fully what they are doing and that they are doing things correctly".

All staff received regular supervision and annual appraisal which enhanced their skills and learning. Staff told us they found these sessions helpful. Discussions included training and development opportunities and staff told us they received the training required to develop. One staff member told us they had asked to complete a higher level of vocational qualification and the registered manager had arranged this for them.

Is the service caring?

Our findings

Everyone we spoke with told us the staff were friendly, kind and caring. They told us the staff took time to chat with them and were "like real friends". People's comments included, "The girls are wonderful I can't fault them", "They are lovely girls, absolutely wonderful" and "The girls I have are just amazing, I often phone the office to say how amazing they are".

Some people told us the staff went above and beyond their role to support them. One person told us, "The day my relative took four pills instead of the prescribed two they didn't leave us once, and my relative is not even the customer I am. They stayed until they knew that my relative was safe and that I had calmed down as I got so upset". Another person told us, "I am on the top floor and life is very difficult, so they will help me with anything from taking the rubbish to collecting the post".

Staff treated people with dignity and respect. One person told us, "We leave the door open for the staff, we trust them so much. They always make sure that they knock first, even if we say don't bother they are most respectful". People were referred to by their preferred names and we observed they were relaxed in the company of staff. Two people told us they had "a good laugh and a joke" with staff. People had been asked if they had any preferences about the gender of the staff member who supported them and these were respected.

People were treated as individuals and their choices and lifestyles were respected. People had shared information about their life with staff before they began using the service and staff knew people well. One person told us, "The girls know me and always have a chat. They remember what we have chatted about from one visit to the next. I look forward to their visits". Staff gave people time to chat privately about their personal relationships if they wanted to and supported people to maintain relationships with people who were important to them. People had been asked about their cultural and spiritual beliefs and staff supported people to follow these when they wanted to.

People told us staff knew what caused them to become anxious and supported them to remain calm. One person told us that they did not like staff to touch them as this made them anxious. They told us staff only touched them, to help them wash, at their request and explained everything that they were doing so they did not 'surprise' the person. The person told us this had helped them relax and allow staff to give them support when they needed it.

Everyone we spoke with told us staff supported them to maintain their independence for as long as they wanted. Information about what people were able to do for themselves was available for staff to refer to in people's care plans and reflected what staff and people told us. Staff described to us what each person they supported was able to do for themselves and the support they needed, such as pulling their trousers up to their knees so the person could pull them up to their waist by themselves. One person told us, "When the girls arrive they always ask if there's anything I'd particularly like them to do and if there is anything I have had difficulty doing on my own".

Staff knew how people let them know about the care and support they wanted and how to chat with them. Staff understood how each person communicated including facial expressions and signs. One person told us, "I always fully understand what the girls are saying to me and they understand me too". We observed staff respond appropriately to what people told them.

People and their relatives told us staff gave people the privacy they wanted, such as leaving the room when requested. One person did not like to take their medicines in front of staff and choose to take them when staff left. Staff followed the guidance in the person's care plan about this and the person told us they were pleased with the support they received. Another person told us, "The staff definitely respect my privacy 100% and respect that this is my space and my home, they never just open doors or drawers without asking first". Personal, confidential information about people and their needs was kept safe and secure. Staff completed training in maintaining confidentiality as part of their induction, and this was refreshed regularly.

People who needed support to share their views about their care were supported by their family, friends, case manager and power of attorney. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The manager ensured people were provided with information in ways they understood, such as pictures and large print, to support people to tell staff about their needs and wishes and be involved in planning their care.

Is the service responsive?

Our findings

People told us they had been involved in planning their care with staff and staff provided their care in the way they preferred. People's comments included; "I make sure they do things the way I want, and they do always make sure they stick to my plan", "I have my care plan here and I make sure together with the office staff that it is updated" and "I have a running dialogue about my plan and needs and I'm confident that the staff have my best interest at heart".

At our last inspection we found that people were not always supported in a personalised way and care plans did not contain detailed guidance to staff about people's needs and preferences. This had been identified by the management team and improvement plans were in place.

At this inspection we found that the improvement plans had been effective and care plans we looked at had been updated and with people and their relatives to make sure staff had all the information they needed to deliver people's care in the way they preferred. Care plans had been regularly reviewed with people and updated as their needs and goals changed. One person told us, "I am constantly asked about what sort of help I want and what help I will want going forward". Staff told us the information in the care plans was correct and they had access to all the information they needed to provide people's care.

People told us staff provided the care they wanted and were flexible to their needs. They told us staff asked about the care the support they wanted each day and provided the support they asked for. One person told us, "If my loved one needs an extra wash or a bath, the staff adapt from the usual routine and help them with whatever is necessary". People told us staff provided their care at the pace they preferred and did not rush them. Their comments included, "The girls know not to rush me, as I simply can't rush and they respect that" and "I can honestly say I am never rushed at all they take their time and help me take things in my own time".

Some people used equipment to help move around their homes including hoists. Guidance was included in people's care plans about each piece of equipment and how to use these correctly. People and their relatives told us staff supported people to use the equipment safely.

Each person had a log book in their home where staff detailed the care and support people had received each day. The information in the log books was detailed about the care people had received and people confirmed they were accurate. Staff used the log books to handover important information to the next member of staff. Staff were informed of changes to people's care by the office staff and care plans were updated promptly.

People's care routines were included in their care plans. This was important as some people liked their care in a particular order each day. One person told us, "The staff always make sure they are doing things the way I like them to be done. I am quite fussy". Another person told us they liked their home and equipment left in a certain way so they could be as independent as possible. We observed that staff left the person's things exactly as they wanted.

People were supported to continue to participate in activities and leisure pursuits they enjoyed, such as reading, crosswords and watching television. One person told us they had danced competitively but were no longer able to dance. A staff member had arranged for the person to hand out trophies at a local dance school and speak about dancing. The person told us they had really enjoyed doing this.

Staff supported people to stay in contact with people who were important to them, including their family and friends, to prevent them from becoming lonely and isolated. One person who did not have any close friends or relatives had told the registered manager that they felt lonely at times. The registered manager had contacted a local charity and given the person information about a befriending scheme.

People had been offered the opportunity to plan their end of life care with their family, staff and health care professionals, including consideration of their cultural and spiritual preferences. No one using the service was having support at the end of their life. Staff had supported people to stay at home at their end of their life when they preferred and worked with health care professionals including community nurses to support people to be comfortable. The provider had an end of life policy and procedure which staff followed.

Records of any advanced decisions, such as do not attempt cardiopulmonary resuscitation (DNACPR), were recorded. Staff had supported people to make sure visiting health care professionals, such as paramedics were aware of their decisions. We saw one person had chosen to put their (DNACPR) on the wall next to where they sat.

People and their relatives told us they were confident to raise any concerns they had with the registered manager and staff. People's comments included, "I would not hold back one little bit if I was worried and would be very confident to raise a concern" and "I am always calling the office but I feel that they always listen and want to help".

A complaints, suggestions and compliments policy and procedure was available to people and their relatives and had been followed by staff. Complaints had been investigated according to the provider's policy. Complaints were followed up to make sure they had been resolved to the complainant's satisfaction. One person had commented to the registered manager, "I am very pleased that things have been actioned, I have complained in the past with nothing being done. I am happy to know that there is a manager who deals with things".

The provider and registered manager welcomed complaints and saw them as an opportunity to learn and improve the service. Ten similar complaints had been received about letters relating to outstanding bills. The registered manager had raised the issue with the provider and the accounts were looked at. They identified that the situation should have been managed differently and had changed process to prevent it happening again. No further complaints had been received.

Is the service well-led?

Our findings

People told us they felt the service was well led. Their comments included, "I think the service has great staff and is very well managed at the top" and "I think the service is well led and well organised. If I ever have a query I just have to pick up the phone and they will listen to me and try to help. They are very responsive and they do their best".

Since our last inspection the manager had registered with Care Quality Commission (CQC) and was leading the service. They understood the role of the Care Quality Commission (CQC) and the requirements of the fundamental standards. The registered manager was supported by the provider, a finance administrator and four supervisors. People and staff told us the registered manager was approachable.

Supervisors told us the leadership at the service had improved and staff were now being managed. Staff told us they were clear about what changes had been made and why. No staff had left the service because they did not like the new management approach. Staff performance had improved, for example, sickness levels had reduced. Staff were held accountable for their actions and the registered manager used any shortfalls as learning and development opportunities. When a staff member had failed to adhere the provider's processes, the registered manager followed the disciplinary procedure and supported staff to reflect on their practice and complete refresher training.

Since our last inspection the registered manager had taken action to improve the service with the staff team and had achieved the goals on their improvement action plan. The registered manager told us, "They are the best team I have ever come across for their work ethic and wanting to do well". Checks were completed regularly to make sure the improvements had been sustained. These included an analysis of any incidents, complaints and safeguarding concerns. Six people's records and six staff files were checked each month and action was taken to address any shortfalls. The most recent check done in February 2018 that three minor shortfalls were noted and records showed these had been addressed three days later and were now complete. The provider completed annual checks of the service, the last one was completed in April 2017 and another was due. Shortfalls they identified had been addressed.

Supervisors checked staff were providing care to the required standards every three months by completing 'spot' checks. They attended one of the staff members care visits and observed them supporting the person, including whether they followed what was in the person's care plan. Any shortfalls were addressed immediately and discussed at staff supervision meetings.

Records of people's medicines were checked regularly. Any shortfalls were identified and action taken to address them. For example, one check identified that staff had not completed the records in black ink as the provider required. The staff member had been given a black pen so this did not happen again.

People, their relatives and staff were asked for their feedback about the service each year. The last surveys were sent out at the end of 2017 by the provider's head office staff, who also received and analysed the responses. The registered manager was awaiting the outcome of the 2017 survey from the provider. The

provider shared any concerns they received as part of the feedback promptly with the registered manager so they could address them with people. No concerns had been received at the time of our inspection.

The provider subscribed to the Quality Compliance System which was based on recognised sources such as the National Institute for Health and Social Care Excellence to keep up to date with good practice and changes in legislation. Staff were informed about changes in the provider's policies and systems by electronic alerts and training when required. The registered manager checked that staff had read the new policies using electronic reports and staffs' understanding was checked at one to one meetings.

The registered manager attended the provider's monthly managers meetings and shared information with staff on their return. They met with office staff monthly and care staff every six months. The registered manager told us staff were "engaged and interested" in what was happening at the service and the provider organisation. Minutes of staff meetings showed staff had been encouraged to raise any concerns they had and make suggestions to improve the service.

The provider and registered manager had a clear vision of the quality of service they required staff to provide and had developed a new set of values since our last inspection. These included being honest, respectful, reliable and accountable. A copy of the values had been sent to staff and people told us staff followed these at all times. Staff described to us how they provided good care to people by supporting them to be as independent as possible and involving them in everything they did.

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. The registered manager had worked with the staff team to develop a culture of 'respect and teamwork under clear leadership'. Staff were clear about their roles and understood what was expected of them. They were reminded at team meetings and during one to one meetings. Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. One staff member told us, "I'm proud of what I do on a daily basis. I'm proud of what I can achieve, I do a good job, I'm appreciated". When compliments were received about a staff member they were passed on to the relevant staff member. Staff told us they were confident to raise concerns and felt sure they would be appropriately addressed.

Staff told us the registered manager and supervisors were supportive, approachable and open to discussions about the service and suggestions they made. One staff member told us, "I've never been made to feel like anything I've said has been ignored. Things always get picked up really quickly. I raised a concern that I thought someone needed more bathing equipment and the next day someone had been in to assess it, they are very good at responding". Staff members said it was reassuring to have access to support outside of office hours and that they received useful guidance and support when they needed it.

It was the registered manager's aim to continually improve the service, including involving people more in the service. Everyone had been invited to the staff Christmas party. Several people had attended and told us they had enjoyed themselves. The registered manager planned to hold more events where people and staff could meet socially. They also planned to make links with community groups and other local home care providers to share good practice and consolidate the improvements which had been made to the service.

The registered manager kept their skills and knowledge up to date by reading guidance from reputable sources and attending training with organisations including Skills for Care. They had recently completed training to 'lead to succeed'.

Records of people's needs and the care they had received were accurate and up to date. All staff had access

to information about people in the person's home. They told us this meant they always had the information they need to support people.