

Balkerne Gardens Trust Limited

# Balkerne Gardens Trust

## Care at Home

### 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?

Outstanding ☆

# Summary of findings

## Overall summary

Balkerne Gardens Trust Care At Home provides personal care to people living in the local community. The service provides personal care support to people aged over 65 years of age, living in their own homes. The usual minimum length of a visit is for an hour. When we inspected on 19 and 23 December 2016 there were 53 people using the service.

There was 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 2008 and associated Regulations about how the service is run.

The registered manager provided exceptionally strong, clear leadership and ensured an enabling and person centred culture was firmly embedded in the service. People, relatives, stakeholders and staff spoke very highly of the leadership of the service, and held the registered manager and provider in high regard. In the two years since the service has been established, there was a clear commitment to putting people at the heart of the service. People using and working for the service were empowered to provide their feedback of the service provided and this was used to promote continuous improvement. The service was committed to 'putting the person first,' and working in partnership with them, this approach underpinned everything they did.

People told us they felt safe and trusted the care workers who came into their home. They were protected from the risk of harm, as management and care workers had undertaken training to recognise, respond and report safeguarding concerns. They felt confident to speak up if they had concerns which ensured referrals were made promptly to the appropriate professionals. Risks associated with care workers providing, and people receiving care and support in their own homes, were also well managed. This demonstrated effective oversight of potential or actual risks to people using and providing the service.

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

There were sufficient numbers of care workers to provide safe care. People were complimentary about care worker's timekeeping and the quality of the caring and friendly care workers. People were cared for by care workers who were safely recruited, inducted, supported, supervised, and appraised. Care workers received training in core skills to support them providing a safe service. The registered manager and management team kept up to date with models of positive care and shared the information with the rest of the team to promote good quality care. They observed care workers in their duties to identify areas of good practice and areas for development. The vision of the service was shared by the motivated staff team and put into practice.

People received care and support which was responsive to their physical and mental health needs, rights,

wishes and preferences. People, or their representatives, where appropriate, participated in the planning of their care. Care plans provided detailed information about the person and how they wanted to be supported. This ensured that people were supported as individuals and encouraged to maintain their independence in ways that were important to them. Where required, people were given the level of support they needed to ensure they took their medicines as prescribed and supported to have enough to eat and drink. Where care workers had identified concerns in people's wellbeing appropriate prompt action was taken to contact other health and social care professionals to support people's wellbeing.

There was a deep level of understanding of the impact of having robust and effective quality assurance systems which led to service improvements and continual development. The registered manager had good oversight of the service and was committed to gaining feedback from people, whether positive or negative. They were innovative in the ways they did this including arranging social events at the location's office, where people mixed with others using the service, enabling them to share their experiences.

There was an open and empowering ethos in the service. Management were innovative and dynamic, continually seeking to improve what the service offered people. The leadership was clear about their expectations relating to how the service should be provided. A vision shared by the staff who felt valued, recommended the provider as an employer who took an active interest in their safety and welfare, and supportive of being able to provide a quality service.

## 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 trusted and felt safe with the care workers who came into their home to support them.

There were sufficient numbers of care workers to meet people's needs safely. The service followed safe recruitment practices.

Where people needed support to take their medicines they were provided with this support in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supported to meet the range of needs of people using the service.

People were supported to make decisions about their lives in a way which maximised their autonomy and respected their rights.

People were supported to maintain their health and wellbeing and encouraged to eat a healthy diet.

### Is the service caring?

Good ●

The service was caring

People's privacy, independence and dignity was promoted and respected.

People had developed positive, caring relationships with their care workers who took a genuine interest in their lives.

People, and where applicable, their relatives, were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted on.

There were systems in place to ensure any concerns, comments and complaints from people would be investigated, responded to and used to improve the quality of the service.

**Is the service well-led?**

**Outstanding** 

The service was extremely well-led

The service had a positive, person-centred and open culture. There was a strong emphasis on driving continual improvement and best practice which benefited people and staff.

Management were innovative and dynamic, continually seeking to improve what the service offered people. People, relatives, and staff spoke highly of the management, and were confident in their ability.

There was a range of robust audit systems in place to measure the quality of the care delivered and so that improvements could be made.

# Balkerne Gardens Trust

## Care at Home

### **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 announced inspection was undertaken by one inspector over two days; 19 and 23 December 2016. The provider was contacted on Friday 16 December 2016 and given short notice of our intention to carry out the inspection. This was because the location is a community based service and we needed to be sure that someone would be present in the office.

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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We visited four people who used the service and spoke with three people's relatives. We also received survey feedback from 16 people and five relatives. We spoke with the registered manager, the provider's representative, and seven members of staff, which included administrator, senior care workers, and care workers.

We saw records relating to five people's care, three care worker's files and records relating to the management of the service, recruitment, training and systems for monitoring the quality of the service. We also looked at documentation about the service that was given to care workers and people using the service

and policies and procedures that the provider had in place.

# Is the service safe?

## Our findings

People told us they were being provided with safe care, trusted their care workers and felt safe when they were in their homes providing care. One person described care workers as, "100% trust worthy." This reflected the feedback given in the provider's survey with all 27 people saying that their care workers made them feel safe.

The provider had policies and procedures in place to support care workers and ensure they had clear guidance about how to respect people's rights and keep them safe from potential harm and abuse. The registered manager and care workers received training and understood their role in keeping people safe and protected from any avoidable harm. Care workers were able to relate it to practice by providing examples of the different types of abuse which could occur within the community setting. One care worker said, "Unexplained bruising," would always trigger a concern. They were aware of their duty in reporting any concerns which could impact on a person's safety and human rights to senior staff. Also what action they should take in speaking with external bodies such as the local safeguarding team and Commission if their concerns were not being listen to / acted on.

People's care records included risk assessments and guidance for care workers on how assessed risks for people were minimised, whilst promoting their independence. These included risk assessments linked to individual care tasks, such as supporting people with their mobility and those associated with the environment as care was provided in the person's home. People, and where applicable, their representatives, were involved in the planning and reviews of their own risk assessments to ensure they were up to date and reflected their current needs.

Records showed that 'spot checks' were carried out by senior staff as part of monitoring care worker's practice to ensure they were providing safe care. This included, where appropriate, following safe infection control and using mobility equipment correctly. Also ensuring care workers were being 'vigilant for hazards' which could impact on their ability to carry out a care task safely, or could impact on the person's safety and welfare. The registered manager said any identified shortfalls were recorded and action taken to address them. For example a rug being identified as a trip hazard and asking the person if it could be moved.

Care workers told us as part of monitoring people's safety, that following any incident they completed an incident form which was taken to the office, copied, and returned to the person's care file. This ensured both the management and others involved in the person's care knew about the incident, and any actions taken. Records showed that the information was then analysed, to see if appropriate action had been taken at the time to ensure the person's safety and welfare. Also to see if any learning from, and action needed to prevent /minimise any chance of the incident happening again.

People and relatives said there were enough care workers available to meet their needs and provide continuity of care. One person said on the rare occasions care workers had been held up by traffic, they, "Always let us know," so they were not left worrying, even if it had been a few minutes.



Records showed that there were sufficient numbers of care workers to keep people safe and provide a flexible service. To support continuity of care, senior staff covered unplanned sickness. The usual minimal time spent on a visit was one hour. The registered manager said by setting this as a minimum, supported the service's values of putting the person first, by providing unrushed visits. People told us that care workers always stayed for the agreed length of time, and completed all the tasks given in their care plan.

Care workers provided examples of where people had required a longer than scheduled visit to ensure their safety and well-being, such as a fall or became unwell. In these cases they contacted the office, who either sent out another care worker to their next call, or came and took over. This demonstrated the ability of the service to work flexibly to support people.

Before accepting a new care package, the registered manager checked to ensure they had enough care workers, with the appropriate skills. They told us they would, "Rather not," take on a new person, unless they were confident that they had the staffing structure in place. With many of their current people, "Increasing their care packages," their priority was to ensure they accommodated these people first, before taking on new care packages. This was to ensure they were able, "To carry on giving the quality service." When a person wanted to increase their number of visits, they said staff had shown them, "What we have available," so they could see and agree any new times slots.

There were contingency plans in place to ensure continuity of service due to situations outside their control. For example adverse weather conditions including snow. To support care workers getting to rural locations, the service had access to, "Off road vehicles." This ensured that the service had systems in place to ensure that the risks of missed visits were minimised.

There were systems in place to check care workers were of good character and were able to care for people who used the service. The service's 'customer guide' informed people that all care workers who visited their home had Disclosure and Barring (DBS) check 'which ensure that they are suitable to work with vulnerable people.' Recruitment records confirmed this. Two new care workers also confirmed that their recruitment process had included ensuring they had a DBS in place and references from their previous employers, before they were able to start work.

Where people were supported with their medicines, there were safe systems in place to ensure they received them as prescribed. Discussions with care workers and records seen, showed that they had received training to ensure they followed procedures for the safe management of medicines. Records showed that audits and checks on care worker's competency were carried to ensure they were following safe practice.

People's care records contained information on the medicines they were taking, why they were taking them, and the level of support they required. One person told us care workers would always, "Ask if I want," their medicines first, then provide the required level of assistance as given in their care records. The person added that the care workers, "Then tick and sign," medicines administration records (MAR) to confirm they had been given.

A care worker provided examples of how they supported individual people with their medicines. Where the support required administration and supervision, they told us, "I always make sure I stay with the [person] whilst taking [their] medication." Offering a drink to help them swallow, "And check it is gone." They completed the person's MAR to confirm the person had taken them. If a person did not want to take their medicines, they told us this would also be recorded, and reported to the office, so the situation could be monitored and appropriate action taken.

There were safe systems in place to prevent and control the potential risk of infection which could impact on people's health and wellbeing. All the people completing our questionnaire confirmed that care workers were following safe practice.

# Is the service effective?

## Our findings

People we spoke with and received completed surveys from; all agreed that their care workers had the skills and knowledge to meet their individual needs. One person remarked, "These carers are excellent... all trained the same way."

Care workers told us they received training to support them in providing good quality care. Records showed the training supported the range of people's needs using the service. The registered manager told us how they kept an oversight of people's pre-admission and on-going needs, arranging additional training where needed to ensure people's needs were constantly being met. This included making arrangements for care workers to attend further dementia training in 2017 to reflect the needs of people they were supporting in the community who were living with dementia.

New care workers were working towards gaining their care certificate. This is a recognised set of standards that care workers should be working to. One care worker described the training they had received as, "Fantastic." Another told us how they used their training, knowledge and experience to, "Tailor the care to the individual." They provided examples how they put their training into practice. For example if they came across a person who had collapsed, or had a minor wound, and how they would support the person. Their responses showed that they had understood their training and related it to practice.

The provider had systems in place to ensure all new care workers gained an insight into their role and to support them in getting to know the individual routines and preferences of the people they would be supporting. This included working 'shadow' shifts. A person told us how this system supported new care workers to gain the skills and confidence to meet their individual needs. By first observing then, "Getting more and more involved." This enabled new care workers to put their training into practice, and gain further insight and confidence in their role alongside an experienced care worker.

People were supported by care workers whose work was supervised and appraised. The provider information returned (PIR) told us, 'the current system of supervisions and appraisal are an effective measure of staff development.' As well as providing the opportunity to review with care workers their individual performance, it enabled them to discuss their development and identify any additional learning needs. One care worker spoke about the benefits of receiving regular supervision, "Can talk about any concerns we have," and that it included both professional and personal concerns that could impact on their ability at work. Another said how receiving regular feedback about their work helped them keep focused, "Keeps your feet on the ground." They said that the supervision sessions were not just a, "Tick box exercise," but a valuable support resource, "I value those sessions."

People said their consent was sought before any care and treatment was provided and care workers acted on their wishes. One person who told us their care workers, "Always ask, so I tell them [and they] do it [provide support] exactly how I have asked them." Care records identified people's capacity to make decisions and they were signed by the individual to show that they had consented to their planned 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Discussions with the registered manager and care records seen showed that they had a good understanding.

Care workers were able to demonstrate that they understood the principles of the MCA. A care worker said how training they had undertaken in this area raised their awareness of good communication with people, for example ensuring a person who was hearing impaired, "Has understood what I have said," to ensure they were giving informed consent. Records showed that no applications had been made to the Court of Protection.

Where identified in their plan of care, people were being supported to eat and drink enough and maintain a balance diet. A care worker said how they, "Naturally," monitored what people were eating and drinking. They carried nutritional assessment forms with them, which they used if they had concerns. For example, where it had been noted that a person was losing weight, and found that the person had not eaten a sandwich they had made in their previous visit, "I would ask the [person] if they are okay," and identify if they had eaten something else instead, or not eaten at all. They said, "I would come into the office and say [my] concerns," so it could be followed up. Another said how they promoted choice, and asking the person, "What's on the menu today? Open the fridge and the person says what should we rustle up."

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's health and wellbeing. Records showed that where concerns were identified, health professionals had been contacted with the consent of the person. When treatment or feedback had been received this was reflected in people's care records to ensure all care workers were aware. This ensured any guidance and advice given by professionals was followed to ensure the person's wellbeing.

## Is the service caring?

### Our findings

People and their relatives described staff that they had come into contact with as friendly, kind and compassionate. One person told us that their care and support was, "Always provided with kindness, care and friendship." This reflected those surveyed by the provider; with 25 saying 'excellent', and two 'good', when asked to rate the caring nature of their care workers. One person had written, "Everyone kind and helpful. I am very, very pleased."

People were encouraged to maintain their independence, and care workers asked if they wanted help. This approach supported people to retain life skills. One care worker provided examples of how they promoted people's independence, and maintain life skills by them asking for the person's help when doing light domestic tasks.

Management and staff spoke with all understood why it was important to interact with people in a caring, kind, compassionate and empowering way. This included engaging in meaningful conversations to promote people's wellbeing. The values promoted by the registered manager included ensuring that people were treated as a person, "Not a commodity."

A care worker said, "There is a [professional] boundary, but at the same time you build up that relationship," with both people and their families. This reflected the feedback we got from people using the service and our own observations when visiting people. Another care worker said how they supported people to have choice, "It's about talking to each other," and gave examples of the different people they supported and the meaningful discussions they had about hobbies, family, employment history, interests, and life experiences. Another commented that when they had completed all their care tasks, they would make the person a cup of tea, sit and, "Enjoy a chat." This demonstrated that they had taken the time to get to know the person they supported, not a list of tasks to be completed within a set time.

This was further demonstrated by the matching process, where the service focused on matching care workers to the needs, interests and personality of the person receiving the service. The registered manager said during the person's initial assessment, "We ask ourselves who they would get on with." In assisting them to do this, a care worker said how the provider had asked them to complete a form, setting out their interests, for example, "I like swimming and old films, playing board games." Another care worker said, "We are all very different [with] different life experiences," and that was taken into account by the registered manager when choosing a person's care team.

People told us that they were treated with dignity and respect. One person told us, "I would soon let them know if they didn't," but hadn't needed to. People knew the names of the staff that made up their 'team' of care workers. One care worker said how they had been, "Introduced to everyone," before they provided care; which was confirmed by people we spoke with. Another told us how they usually, "Visit the same people all the time...we try to be consistent."

A relative told us, "I am always within the house during personal care and I cannot speak too highly of the

respect, gentleness and understanding which is given to [person] during these visits." A care worker said they always ensured any aspect of their work with people was carried out in a dignified and respectful way. How they tried to put themselves in the person's 'shoes', asking themselves, "How would I like to be treated ... looked after...mutual respect."

The location's office with its 'shop front' located in a shopping area, provided easy access for people wanting to ask about the service, or discuss any issues in person. The administration staff were seen welcoming visitors, taking telephone calls, and dealing with any enquires in a polite and compassionate manner. With information leaflets linked to accessing community services and advice agencies, it also provided point of information for people. One person described the administration staff as the, "Amazing face of the organisation." People visiting were provided with a comfortable seating area, as well as a private office, this enabled both confidential and informal discussions to take place.

We read thank you notes from relatives of people who had been provided with end of life care, which had enabled them to stay in their own home. One wrote, "I know [person] was grateful for all," the care and support they had received, "And we were comforted by the knowledge that [person's] last weeks were happy ones."

A care worker told us staff had worked with the local hospice team, to ensure the person's wishes were met, "Please don't send me into hospital...more relaxed at home." They had supported the relatives, as well as the person, "Got to know the family very well." They told us that they answered any questions the family had, and, "Things we couldn't answer, put them in touch [with] the correct people." This included the hospice team and community nursing team. The provider's representative told us how there was always someone on call to support care workers and relatives when a person had passed away.

## Is the service responsive?

### Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. A person's relative told us, "I am very happy with the care [person] has received...unfortunately, been in and out of hospital several times as an emergency and the service has been incredibly responsive."

One person said senior staff, "Regularly visits," to ask, "If everything is all right," checking that the care being provided met their current choices and preferences. The registered manager told us how they viewed people's care plans as an ever evolving document, and were continually working with people and care workers to ensure the contents were person centred. This ensured care plans were individual to that person, to enable their holistic needs to be met.

All of the people visited were aware of their care plan. They told us that care workers always looked at the file when they visited to check if there had been any changes they needed to be aware of. A care worker told us once a new person's needs had been assessed by senior staff, they visited the office to view the information, "So I have some idea," of the person's needs before they met them. Their smart phones also provided care workers with information on people's needs.

With their permission we spent time with one person going through their care plan. They told us it reflected the level of care and support they received, as well as their individual preferences on how the support should be given. This showed that the information was being kept up to date and reflected people's needs and choices.

Care workers demonstrated a good insight into the diverse needs of the people they supported. These included knowledge about people's lives, family connections and how a person's physical, mental and health needs impacted on their life and daily routines. We asked the registered manager and care workers questions about people's individual needs, and the information they gave us reflected what we had read in people's care plans. This demonstrated that care workers had read the documents and had a good insight into people's needs.

Daily records sometimes focused more on the tasks carried out, rather than the quality of interaction that people and care workers had spoken about. The provider's representative said how they were working with care workers to address this; without impacting on the time they spend with the person. For example instead of listing each of the tasks, writing a short statement 'care provided as per care plan', so they could concentrate more on recording about the person's wellbeing.

People's care records provided information on what they were able to do independently, and where staff might need to offer / provide support. Care workers told us about the importance of supporting people to maintain their independence to prevent them losing life skills. That when supporting with personal hygiene, knowing what a person was able to themselves, then offering assistance when required. For example not being able to reach down to their feet. This told us that the service was responsive to people's needs without

taking people's independence away.

Care workers told us how they were aware that some of the people they supported were at risk of becoming socially isolated. They spoke how the service's office, was used as a base to encourage people to visit, socialise and make new friends, to reduce this happening. We saw the different forums being used to bring people together which included facilitating a book club, and a 'social and well-being group,' one of the activities was a strawberry cream tea in July. The Balcerne Gardens Trust newsletter kept people updated on forthcoming events. Which included for January 2017, attending the book club being held in the office premises and listening to audio from 'Speeches That Changed the World.'

There was a complaints procedure in place and people knew who to speak with if they needed to raise any concerns. They said that they felt confident that their comments would be listened to. One relative had not needed to use the complaints procedures because they had not had any, "Concerns or complaints," about the service.

The provider had a system in place to record and act on any concerns or complaints. Records showed that no complaints had been received during the last 12 months. The registered manager told us if they were to receive a complaint, that they would take action to acknowledge, investigate and respond straight away. If shortfalls in practice were identified, that they would take learning from it to improve the service.



## Is the service well-led?

### Our findings

People were highly satisfied with the service provided and the way it was managed. One person told us they were provided with an, "Excellent quality," service. People said they would definitely recommend the service to others. One person who had the service recommended to them, having experienced the quality of the service said they now, "Recommend them all the time."

The registered manager said most of their new work came from, "Word of Mouth", or from people who may have started being supported with domestic chores and companionships, increasing their care package as their needs increased. This further demonstrated the confidence people had in the quality of the service being provided.

The service's 'customer guide' stated that one of its objectives was to ensure the 'provision of motivated, dedicated staff who deliver consistent and continuous services.' One person told us they were achieving this and spoke about the, "Consistently excellent service," being provided.

We found a very positive, open and inclusive culture empowered people using and working for the service to voice their opinions, which were always acted on. One person spoke about the management's commitment to providing a high quality service, "They want to get it right." They did by listening and acting on what they said, "Couldn't believe, what they said they will do, they do...anything ever asked, or spoken to [registered manager] not once they haven't done," what had been asked of them.

The service actively sought the views of people, relatives, stakeholders and care workers to drive continuous improvement. This included the use and assessment of quality survey questionnaires, meetings with people, and through contributing to their monthly newsletter. The analysis of the provider's April 2016 customer feedback questionnaires showed that 27 out of the 40 people had responded. All had stated that the service was well led. When asked to rate the overall service they received, 25 rated it as excellent, and two as good. Comments included, "Excellent service which provides peace of mind to all the family," and, "Keep up the good work I think you're brilliant."

Care workers were encouraged to meet up and get to know each other, as part of developing a supportive network. One care worker told us, "We have meetings and social events so we can meet up." The provider had a clear whistle blowing policy which stated 'we would rather that you raised the matter when it is just a concern, than wait for proof.' That if they had any doubt to raise it with senior staff and all reports would be taken seriously and supported.

All the staff we spoke with demonstrated the same level of motivation and commitment to provide a quality service. They felt valued by the provider. Care workers spoke about how they enjoyed and took pride in their work. One care worker said where staff's relatives were being supported by the service; they felt this demonstrated the real 'mum's test'. All staff demonstrated their understanding of the provider's values through the answers and examples of practice they gave us. They did this by promoting the provider's vision and values which placed the person at the heart of the service and was underpinned in care worker's

practice. One care worker said how they, "Followed their [people's] directions," so they were provided with the care they wanted.

The provider as part of their quality assurance strategy stated that one of their 'main drivers for quality within the Trust are a highly visible senior staff team.' When visiting people in their own homes we were introduced by the provider's representative and registered manager who then left so people could speak freely. From the response they received from people, and conversations initiated, we could see that they had regular contact and were well known to them. The provider's representative and registered manager provided excellent role models for care workers by involving themselves in all aspects of the service. This included quality assurance work, providing hands on care, social events, training and having a visible presence. This provided them with a good insight into the needs of people using the service and their significant others, and also the quality of work and personalities of the care workers they employed. To achieve the quality service they would want for themselves and their own families, they said they would only employ staff who shared the values of, "Putting the person first."

Throughout the inspection, the registered manager demonstrated a good knowledge and understanding of people's individual needs, and changing needs; demonstrating an excellent oversight of the service. The registered manager viewed it as a, "Privilege to be going into people's homes." Conversations often included, "It's about what the customer wants." Further demonstrating the provider's values, ensuring the service provided 'fits' around the person's needs, not around the needs of the service. An example they gave was ensuring care workers kept to the timings agreed with people. Even if, due to a cancellation the care worker waited for an hour until the next person's due time for their visit and not bring the visit forward to fill the gap. This was because it could impact on the person's routines, the registered manager said, "It is about what the [person] wants... going in early is as rude as going in late."

There was a robust and effective quality assurance system in place to drive continuous improvement within the service. The areas were linked to evidencing how they were providing people with a safe, effective, caring, responsive and a well led service. Any actions identified from the quality audits, quality assurance surveys and meetings, were acted on.

There was an emphasis on continually striving to improve. The provider's representative and registered manager told us how they read other provider's reports to support them in identifying what was good and outstanding service looked like, as part of driving improvements. For example, promoting a culture of trust, where people had confidence that were provided with a quality service, by staff they knew and at the times agreed. To support them in doing this, the provider had invested in a software system which recorded when staff, arrived and left a person's home, which we saw in use. The data provided enabled management to effectively monitor people were receiving the scheduled visit length at the correct time; and investigate any variations. For example the person had said they didn't need them any longer as all the tasks had been completed. Both verbal and survey feedback, demonstrated that the system was working, as all those surveyed and spoken with, had confidence in the reliability of their care worker. One person told us, "You can set your clock by them."

The registered manager and had a clear vision for the future. They told us that, "Passion really is the main driver in developing," and growing the service. That the first two years had been focused building up the service, not growing too big or too fast. They told us how they had the support of the Trust to do this. For example no new care packages had been taken on since October 2016. This was to accommodate the requests to increase individual care packages, and ensure people continued to receive a consistent quality service whilst continuing to recruit the right staff, with the right values.

