

Catchers Care Limited

Catchers Care Limited

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

We carried out a comprehensive inspection of Catchers Care Ltd on 25 October 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Catcher's Care support older people and younger adults, people with physical disabilities, sensory impairments, dementia and mental health needs. At the time of the inspection 36 people were using the service.

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 2008 and associated Regulations about how the service is run.'

The service was last inspected on 29 and 31 August 2017 and was rated 'Requires Improvement'. We asked the provider to act to make improvements as we found risks to people and medicines were not being managed safely. At this inspection we checked to see if the provider had taken actions to address these issues. We found that they had.

People were receiving safe support with their medicines. Staff had regular medicine administration training and competency assessments. There were systems and audit processes to help make sure that people received their medicines safely.

Risks to people were managed safely. Assessments of risks for people and their homes had been carried out. These identified any potential hazards to people's well-being and considered how to respect people's choices and minimise restrictions on their independence. Staff demonstrated a good understanding of how to manage risks safely.

At the last inspection we identified people had not always had assessments of their mental capacity to make certain decisions, accident and incident reporting and quality assurance systems were not always operating effectively. We also found statutory notifications had not always been submitted in a timely manner. The provider had acted to make improvements in these areas during the last inspection process. At this inspection we checked to see that these improvements had been embedded and sustained and found that they had.

Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. People's mental capacity to be able to make decisions about different activities was assessed and recorded. Staff monitored people's individual capacity and reviewed their assessments regularly. Where appropriate, people with authority to act in people's best interests were identified and involved in consenting to any decisions made on their behalf. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in

the service support this practice.

Accident and incident reporting processes were understood and followed by staff. Incidents and accidents were reported appropriately to external agencies and reviewed by the registered manager and provider. Any necessary actions were put in place. Staff discussed outcomes and any learning following accidents and incidents to look at why incidents might be happening and agree ways to try and prevent them happening again.

The provider had reviewed the service quality assurance systems, introducing more varied and frequent audits to comprehensively cover all areas of service delivery. This helped identify any safety and quality risks and act to address them. Since the last inspection, when necessary, all statutory notifications had been submitted by the registered manager in a timely manner, as required.

People told us they felt safe using the service. One person said, "I feel very safe." A person's relative told us, "I would say without doubt that [name] is safe in the hands of the carers from Catchers." Staff had received safeguarding training and understood how to recognise signs of abuse and their responsibilities to report any concerns. There were safe recruitment practices and the service had enough staff to meet the needs of the people using the service.

People's physical, psychological and social needs had been assessed before they started to use the service. People and any other relevant persons, such as social care professionals were involved in this process. This identified the support people required and the outcomes they wanted. People received the support they wanted and this helped them have a good quality of life.

Staff received equality and diversity training and did not discriminate when helping people achieve their care and support choices. A social care professional said, "Their staff work in a non-judgemental way and are always willing to go the extra mile for all of their clients."

Staff worked well with each other and with other organisations to co-ordinate people's support. For example, staff regularly liaised with a district nurses and other health and social care professionals to share information and arrange the joint delivery of people's care. This helped people consistently receive effective support when moving between the care of different services.

Staff received a comprehensive induction and on-going training and supervision to make sure they could deliver effective support. Where people needed this, staff supported them to eat and drink enough and to maintain a healthy balanced diet.

For people who required this support, staff helped them to make and attend health appointments and understand information about their care and treatment options. Staff regularly checked on people's well-being and could help people to make referrals or access medical services quickly if their healthcare needs changed.

Everyone we spoke with said they thought staff were caring and treated them kindly and respectfully. A person said, "They are what they are, they are carers. They are people who like looking after other people." A relative told us, "It obviously makes me feel at ease knowing my relative is well cared for and likes the staff that attend him."

Staff knew people well, involved people in decisions about their care and promoted their independence. People's privacy, dignity and confidentiality was respected. People told us they received personalised care

that met their needs. People contributed to the planning of their care and support and had care plans detailing the support they wanted and needed as well as information about their personal life.

Where people had a disability, intellectual impairment or sensory loss related communication need, this was identified and information about their support was available for them in accessible ways. People's care was regularly reviewed and information from reviews was quickly shared amongst the staff team. This helped ensure there were no unnecessary delays if any changes needed to be made to people's support.

Staff were aware of the level of support people might need to maintain or develop relationships and to access any social activities. Where people needed this, staff supported people to make sure they did not become socially isolated and could follow their interests. People were aware of how to raise a complaint and were provided with information about how to do this when they joined the service. A record of all complaints was kept and reviewed by the provider and the registered manager to see how to improve the service.

People told us the service was well-managed, delivered high quality care and helped people achieve good outcomes. One person said, "Yes I do think it is well-managed because they always come and they are always on time." Another person said, "It is a well-run company...I am very grateful...I don't think they could do anything better."

The provider had a clear vision of delivering high-quality person-centred care. Staff understood and were committed to realising this vision. There was a positive and open team culture, the registered manager and provider were visible and supportive of staff. Staff and people's views about how to develop and improve the service were encouraged and acted on.

Staff and management worked in an open way with external agencies, such as the local authority and community healthcare services, to share information about people's support. This helped identify and agree how best to work in partnership, so people could receive consistently effective support.

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.

Systems and processes were in place to help protect people from abuse.

Accident and incidents were reported and actions taken to keep people safe and prevent them happening again.

Risks to people were monitored and managed to help keep people safe from avoidable harm.

Medicines were managed safely.

There were safe recruitment practices and enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People consented to their care and the service was operating within the principles of the Mental Capacity Act 2005.

Staff worked well with each other and with other organisations to co-ordinate people's support when they moved between or used different services.

People's needs were assessed and they had support to achieve good outcomes and have a good quality of life.

Staff received training and supervisions to help ensure they had the right skills, knowledge and experience to meet people's needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and communicated with people in appropriate and accessible ways.

Staff listened to people and provided support for their emotional well-being.

People's privacy, dignity and confidentiality were respected.

People were involved in making decisions about their support and were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their support and had as much choice and control over their care as possible.

Staff knew people well and people had care plans that detailed the support they wanted and needed in all areas of their lives.

People's care was regularly reviewed to make sure they got the support they wanted and needed without any unnecessary delays.

People knew how to make a complaint and any complaints were dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by management to help understand their roles and responsibilities so they could deliver the best quality care.

Quality and safety risks were identified and actions taken to address any issues.

Service performance was evaluated by the registered provider and manager to help the service to continually improve.

People, staff and relatives were involved in developing the service.

Catchers Care 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 25 October 2018 and was announced. We gave 48 hours' notice of the inspection to allow enough time for the provider to arrange for us to visit people in their own homes on the day of the inspection.

The inspection team consisted of an 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.

We used information the provider 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 reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we spoke with 16 people using the service and three relatives. We spoke with four support workers, the registered manager and the registered provider's responsible individual - who was also the owner of the Catcher's Care Limited. We received email feedback from three health and social care professionals who had worked closely with staff to deliver support to people using the service.

We reviewed care records for four people receiving personal care support and 'pathway tracked' two of them to understand how their care was being delivered in line with this. This included visiting these two people in their own homes to speak with them and observe the support they received from staff.

We reviewed staff training, supervision and recruitment records, medicines records, care plans, risk assessments, and accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they thought the service was safe. One person said, "I feel very safe." A person's relative told us, "I would say without doubt that [name] is safe in the hands of the carers from Catchers."

At the last inspection we identified the provider was not always ensuring medicines were managed safely. This meant the provider was in breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. At this inspection we checked that improvements had been made to meet these breaches of legal requirements and found that they had.

People had Medication Administration Records (MARs) that included details about how their medicines should be taken or used and how often. This included MAR for any pre-packed 'blister packs' of medicines and for topical creams. We observed people being supported to receive their medicines safely, with staff following instructions on MARs and signing to say they had given people's medicines. This helped ensure that people got their medicines as intended.

People had assessments of the level of support they needed with their medicines. People's levels of independence were respected and self-administration was promoted where appropriate. There were body maps in place to help staff know how to administer people's prescribed topical creams. People had guidance for when to offer and administer any prescribed 'as and when required' (PRN) medicines. This ensured people were not receiving inappropriate or excessive medicines or topical creams.

Staff received regular medicine administration training and supervision. MAR were regularly audited by the registered manager. This helped to identify any issues with people receiving their medicines and this being recorded. For example, there had recently been occasions where staff had forgotten to sign the MARs as required. The registered manager had acted immediately to confirm no medicines had been missed and had formally addressed the issues. More staff support had been arranged, including increased observations and training and providing a new improved MAR format. This had helped reduce the risk of the errors reoccurring.

At the last inspection, we identified that accident and incident reporting systems were not always operating effectively and this meant it was not always evident that risks to people were being managed safely. Actions taken in response to accident and incidents had not always been reported internally and externally for review. The provider had acted to make improvements in these areas during the last inspection process. At this inspection we checked to see that these improvements had been embedded and sustained.

Assessments of risks for people and their homes had been carried out. These identified any potential hazards to people's well-being and any actions that were needed to keep them safe. Risk assessments considered how to respect people's choices and minimise restrictions on their independence. Staff demonstrated a good understanding of how to manage risks safely. For example, there were risk assessments that identified any equipment people needed and how staff should use this to keep people

safe. One relative said, "Always two carers come each time, they use the hoist very well and very safely." This meant the person could get up from chairs and leave their bed safely so they were not confined to being in one place all day.

Staff completed daily notes and specific report forms that detailed any accidents or incidents. If an incident or accident did occur this was immediately shared with the registered manager and provider. They then reviewed what had happened and acted to ensure that people were kept safe. There was an on-call system, which meant the manager or provider was always available 24 hours a day, 7 days a week to contact for advice and direction if an incident occurred.

The accident and incident reporting system worked well and everyone was quickly made aware of any actions that needed to be taken or had been put in place. One staff said, "We will get a call back and all the carers get an immediate text to say what has happened. The manager will then follow up as soon as possible and let us know changes to people's care we need to know about." Outcomes and learning following accidents and incidents were discussed in more detail at staff meetings. This helped look at why incidents might be happening and agree ways to try and prevent them happening again.

Staff had received safeguarding training and understood how to recognise signs of abuse and their responsibilities to report any concerns. Staff were confident about who they should contact if they had any concerns and how they could do this. Any safeguarding concerns that had been raised by staff or people were reviewed by the registered manager and provider. If appropriate, these were then reported to the local authority safeguarding team. This helped other relevant agencies be aware of any concerns and agree the best way to act to keep people as safe as possible.

Staff helped people to understand about keeping safe and encouraged them to raise any concerns they might have, so they could get help if necessary. One person said, "I've had a few problems...they made sure I was safe and made me feel safe...the carers know and doctors and everyone now knows all about it...it is all fine now."

There were enough staff to meet people's needs safely. People received their support and staff stayed for the right amount of time on care calls. Staff always arrived within a time agreed with people. If staff were going to be exceptionally late, people said they would be contacted to let them know. The service was currently short staffed. Although this was not affecting support delivery, the provider had recently voluntarily reduced the number of clients using the service until they had recruited more staff. This helped reduce the risk of people's support being late or missed. It also helped prevent staff being over stretched by having to regularly work extra hours, which could potentially affect the quality of people's support.

There were safe recruitment practices. All staff had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. In addition, all staff also had to supply two satisfactory references and complete a successful competency based interview before they started work. There was then a further induction and probation period, as well as on-going training, to support staff and assess their suitability to work safely.

Staff induction training included infection control and food hygiene modules. We observed Personal Protective Equipment (PPE) was available and used by staff when supporting people with personal care tasks. Suitable bags, containers and disposal equipment was available and in use by staff when supporting people to manage any hazardous waste. Staff followed food hygiene best practice guidance when supporting people with preparing and handling food.

Is the service effective?

Our findings

People told us they thought the service was effective and the support they received helped them have a good quality of life. One person said, "The staff are great, they definitely know what they are doing. A person's relative said, "Yes, they definitely meet [name's] needs and he gets on well with them. I think they are trained and have enough competence and experience."

The Mental Capacity Act (MCA) 2005 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.

At the last inspection we identified people had not always had assessments of their mental capacity to make certain decisions. The provider had acted during the inspection process to ensure that this would be done moving forward. At this inspection we checked to see that these improvements had been embedded and sustained and found that they had.

Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. Where appropriate, people's mental capacity to be able to make decisions about different activities was assessed and recorded. Staff monitored people's individual capacity and reviewed their assessments regularly. Where people could not make certain decisions, the person or people with authority to act in their best interests in this area, were identified and involved in consenting to any decisions made on the person's behalf.

People's physical, psychological and social needs had been assessed before they started to use the service. This identified the support people required and the outcomes they wanted. People were involved in these processes and, where relevant, staff also liaised with relatives and local authority social and healthcare services to share assessment information. This helped arrange the best possible support to meet people's individual needs. One person said, "I had NHS when I came out of hospital and they recommended Catchers. They came to see me to check what I needed and what facilities I had. I was consulted throughout."

Each person had a record of their desired support outcomes in their support plans. Staff had a good understanding of what people's individual outcomes were and the importance of helping them to achieve these. People received the support they wanted and this helped them have a good quality of life. Staff received equality and diversity training and did not discriminate when helping people achieve their care and support choices. One staff said, "You always respect people's individual beliefs and cultural backgrounds." A social care professional said, "Their staff work in a non-judgemental way and are always willing to go the extra mile for all of their clients."

Staff worked well with each other and with other organisations to co-ordinate people's support. For

example, staff regularly liaised with district nurses and other health and social care professionals to share information and arrange the joint delivery of people's care. This helped people consistently receive effective support when moving between the care of different services. A social care professional said, "I have always found the Catcher's staff professional, they always give a prompt response to any queries...and are always available to attend their clients' reviews and reassessments with us."

Staff had a comprehensive induction and probation programme that met Care Certificate Standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Staff performance was supervised with regular support from the registered manager and provider. All staff had to demonstrate they were meeting the expected standards during their probation and induction period. This helped to make sure staff could deliver effective support.

After successfully completing induction and probation, staff received regular training, spot checks, supervisions and appraisals to support them to deliver effective care in line with up to date professional guidance. Staff training was regularly updated via an on-line system. Some staff had recently raised that they did not feel that the on-line training was comprehensive enough to give them all the skills and knowledge they needed. The provider had acknowledged this and was arranging some face to face taught courses to support staff who felt they needed these.

Staff could request any additional training if they felt they didn't have enough experience in a specific area. For example, one staff had recently requested some dementia training as they had not felt confident they would be able to meet the needs of people who had dementia effectively.

For people who required this support, staff helped them to make and attend health appointments and understand information about their care and treatment options. One person said, "If I have a doctor's appointment and ask to arrange for someone to take me, they do." People's care plans contained details of all their medical and health care support needs and staff regularly checked on people's well-being. This helped staff to be able to monitor people's health and know if people needed help to make referrals or access medical services quickly if their healthcare needs changed.

Where people needed this, staff supported them to eat and drink enough and maintain a healthy balanced diet. One person said, "They do all my meals. It is all fine. I am perfectly happy with what I eat and drink." Where people had complex eating and drinking needs, people had been supported to have referrals to specialist eating and drinking services, such as dieticians or speech and language therapists. This helped staff to know how to support people to manage any risks associated with their eating and drinking needs, such as choking or malnutrition.

Is the service caring?

Our findings

Everyone we spoke with said they thought staff were caring and treated them kindly and respectfully. One person said, "All the staff are more than caring." Another person said, "They are what they are, they are carers. They are people who like looking after other people." A relative told us, "It obviously makes me feel at ease knowing my relative is well cared for and likes the staff that attend him."

People told staff how they liked to be supported, their personal history and what was important to them as an individual. This information was recorded in an 'All about Me' document that was kept in their care notes. Staff used this information to get to know and respect the preferences of the people they were supporting. One staff said, "I know people really well, it helps build a respectful relationship." People said this made them feel that staff cared about them. One person said, "They know what I like, especially about football." Another person said, "They are very pleasant, almost friends, we talk about family matters."

Staff talked with people in ways they could understand, maintaining eye contact, explaining things using appropriate language and allowing them to respond in their own time during conversations. Staff were patient and always acknowledged what they were saying, which made them feel like their opinions mattered. One person said, "They always listen to me, they are good in that way." Another person said, "It is good to know you can speak to somebody about whatever you want to talk about."

Staff asked about people's welfare during their care visits and regularly checked how they were feeling. Staff responded when people expressed emotions and gave appropriate support to help maintain their well-being. One person said, "The staff make me feel good. If I'm down they lift me up. I don't get down very often but it's good to know they are there for me." A relative gave an example of how staff had acted compassionately to their loved one following a bereavement, "When [name] lost [name] they were very kind and caring and I was grateful for that."

Staff made sure people had information and were offered explanations about their care. People were given advice about other services and organisations they could contact if they needed support and advice about meeting their needs. This helped to make sure people were involved in decisions about their care and remained in control of their support as much as possible. One person said, "I have the care explained to me. I'm in charge of what is happening." A relative said they had been given help to contact a local carers group. Their family member had also had help to access a community cognitive care support group.

Staff helped people to be as independent as they wanted and to do as much as they could for themselves. One staff said, "We always encourage people to do things themselves if they can." Another staff said that one of the expected outcomes when supporting any person was to "help them to remain as independent as possible." A person said, "They always let me transfer into the shower on my own but they are standing by if necessary. They do make me feel independent and I feel they encourage me."

The provider and registered manager discussed the importance of making sure people's privacy and dignity were respected with all staff. Staff understood this expectation and we saw them displaying this respect

when supporting people with personal care. Staff allowed people time alone in the bathroom when they did not need support, made sure doors were shut and asked for permission to re-enter when the person was ready. One person said, "They ask first before they do anything (when supporting with personal care). I've never felt uncomfortable with anything they do." One person was very sensitive and their relative told us staff always respected this saying, "They take care to be gentle with them and listen to them".

There were data protection and record keeping policies in place that staff followed to make sure that people's personal information was correctly stored, used and shared. People were given information about this when they joined the service and had signed to say they understood this. Staff we spoke with understood their responsibilities to maintain people's confidentiality. A social care professional gave us an example of how when supporting a person staff were, "Always completely professional with (the person's) sensitive information."

Is the service responsive?

Our findings

People told us they received personalised care that met their needs. One person said, "They are all aware of my situation...I am very grateful I have the service." A social care professional told us, "I have found Catcher's Care to be responsive and go above and beyond their duties...the service manages customer care needs well and professionally."

People contributed to the planning of their care and support. The nominated individual, registered manager or senior care staff carried out initial meetings with people to find out the physical, mental and emotional support they wanted and needed. Where necessary, other relevant persons, such as relatives and social workers, were also involved to help share information about people's strengths and levels of independence.

This information was then recorded in care plans, along with information about people's routines, things they liked to do, important places and people in their lives and their social and cultural preferences. This helped make sure staff understood people's support choices and knew how to meet their individual needs.

As well as reading care plans, staff spent time talking with people and their relatives to get to know their history, , background and likes and dislikes in more depth. People were often booked the same staff regularly and people and staff knew each other well. This helped people to receive consistent personalised care. One person said, "This is what I like. Most days I get the same staff."

Where people had a disability, intellectual impairment or sensory loss related communication need, this was identified and information about their support was available for them in accessible ways. For example, large print versions of care plans and other written correspondence, or formats of documents with different coloured backgrounds for people with dementia. Staff could also read correspondence and other written materials to people, so they understood information about their support.

People's care was regularly reviewed and information from reviews was quickly shared amongst the staff team. This helped ensure there were no unnecessary delays if any changes needed to be made to people's support. This meant that people's quality of life was affected as little as possible. A social care professional praised the flexibility and commitment of staff to adapting their service in response to people's needs. They gave an example of a person with complex and multiple needs and said, "Catchers care have always changed their times, staff and routines to fit in with the person's ever-changing care needs. Their tireless work and dedication to this customer is a truly stalwart effort."

Staff were aware of the level of support people might need to maintain or develop relationships and to access any social activities. Where people needed this, staff supported people to make sure they did not become socially isolated and could follow their interests. One relative told us about how the service had arranged for extra support for their family member when they had needed a break from caring for them, "They know I need breaks too and they were able to support [name] when I went on holiday for a week. They came in at lunchtimes which was extra and at the weekends too."

People were aware of how to raise a complaint and were provided with information about how to do this when they joined the service. Most people we spoke with had not had to do this but felt confident to do so if this was ever necessary. People who had made a complaint in the past told us the issue had been resolved quickly and to their satisfaction. A record of all complaints was kept and reviewed by the provider and the registered manager to see how to improve the service.

Is the service well-led?

Our findings

People told us the service was well-managed, delivered high quality care and helped people achieve good outcomes. One person said, "Yes I do think it is well-managed because they always come and they are always on time." Another person said, "It is a well-run company...I am very grateful...I don't think they could do anything better." A social care professional told us, "The senior staff are very competent and conscientious and the carers I have met are very thorough, caring and client centred."

At the last inspection we identified quality assurance systems were not always operating effectively. Audits to monitor the quality and safety of the service had not always identified issues and this meant actions were not always taken to make any necessary improvements. The provider had acted to make improvements in these areas during the last inspection process. At this inspection we checked to see that these improvements had been embedded and sustained.

The provider had reviewed the service quality assurance systems, introducing more varied and frequent audits to comprehensively cover all areas of service delivery. This helped to accurately measure how the service was performing against current statutory and regulatory compliance and best practice guidelines. The provider and registered manager then reviewed this information and acted to address any issues. Senior support worker positions had recently been created and these positions included quality assurance responsibilities. This helped make sure there were enough resources to carry out the audits, implement actions and to drive improvements.

Social care services are required to notify the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check the action the service took and if necessary request additional information about the event itself. At the last inspection, we found that statutory notifications had not always been submitted in a timely manner. The provider had acted to make improvements in these areas during the last inspection process. At this inspection we checked to see that these had been sustained and found that they had. Since the last inspection, when necessary, all statutory notifications had been submitted by the registered manager in a timely manner, as required.

The provider had a clear vision of providing high quality, person centred support. To realise this vision, staff were expected to display values such as being empathetic, caring, respectful and promoting people's independence. The provider and registered manager had regular meetings, supervisions and appraisals with staff to help them to embed these values into all aspects of their roles and responsibilities. Staff found this support helped them understand their accountabilities and encouraged their commitment to achieve the provider's vision. One staff said, "We want to give the highest quality care and care for people like you would your own parents." Another staff said, "We are all on the same page, clients come first."

There was a positive, supportive, and inclusive team culture. The registered manager and provider were visible and always available for staff. Staff were encouraged to come to the office at any time and there was a 24 hour on-call service if staff needed support. As many of the staff worked alone, the registered manager and provider made sure they had weekly face to face meetings every Friday with as many of the team as

possible. This allowed for a regular open discussion and review of issues and achievements across the service. This helped everyone to understand and agree on how to overcome any risks or challenges and celebrate individual and team successes.

The registered manager valued staff opinions and their input was used to suggest and discuss any changes and agree how best to act in response to service delivery issues. This helped to improve and develop the service. For example, changes to medicine recording books had been made following staff suggestions about how this could help prevent errors and ensure the quality of people's support.

The registered provider promoted equality and inclusion in their staff team and respected staff well-being. They said, "You have to look after staff". The regular staff meetings and supervisions were used to review how individual staff and the team were feeling. Any issues could be addressed in a timely manner, which helped to maintain morale and motivate staff to provide a quality service. Staff said this support made them feel valued and that they could talk openly with the provider and manager about any issues and that they would listen and help them to find solutions.

The registered manager and provider encouraged accessible and open communication with people who used the service. People received weekly emails and calls about their individual care, such as rotas and staff information. Regular letters and memos were sent out to all people to update them on the latest service developments. People were encouraged to visit the office at any time to share their experiences of using the service. Surveys were also sent out annually and the provider had recently introduced monthly and six-monthly telephone calls to capture people's thoughts on what was and was not working. This information was reviewed to help identify actions that would improve the service.

Staff and management worked in an open way with external agencies, such as the local authority and community healthcare services, to share information about people's support. This helped identify and agree how best to work in partnership, so people could receive consistently effective support. A social care professional told us, "The service always reports relevant information to the Social Work team and to the Occupational Therapy Team. Another social care professional told us, "Every time I've had interactions with Catchers Care...it was taken seriously and dealt with efficiently."