

Godiva Care Services Ltd

# SureCare Coventry & South Warwickshire

## 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

SureCare Coventry & South Warwickshire is a domiciliary care agency which is registered to provide personal care support to children, young people and older people in their own homes. At the time of our visit the agency supported 11 people with their personal care and employed 10 care workers.

This was the first inspection of SureCare Coventry & South Warwickshire since registering with the Care Quality Commission in November 2016.

The service had a registered manager. A requirement of the provider's registration is that they have a registered manager. 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 is also the provider for this service and is referred to as the provider throughout this report.

Relatives were confident people felt safe with their care workers and care workers understood how to protect people from abuse. Risks to people's safety were assessed and care workers understood how these should be managed to ensure they kept people and themselves safe.

Care workers had been recruited safely and received a comprehensive induction when they began working at the service to prepare them for their role. There were enough suitably qualified care workers to provide all planned care calls to meet people's individual needs. The on-going training care workers received equipped them with the skills and knowledge needed to support people effectively.

People received their care calls from care workers they knew and with whom they shared a common interest. Care calls were consistently made at, and for the length of the time agreed. Care workers practices were regularly checked to make sure they worked in line with the provider's policies and procedures.

The provider understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make decisions about their care and support. Care workers gained people's consent before they provided personal care and respected people's decisions and choices.

People were supported with dignity and respect and, where possible, their independence was encouraged. Relatives felt care workers were respectful and caring. Care workers supported people to maintain their health and wellbeing and to see healthcare and social care professionals when needed. Systems were in place to manage people's medicines safely and care workers had received training to do this.

Relatives were involved in planning and reviewing their family members care and support. Care workers understood people's needs and abilities because they read care plans and shadowed experienced staff

when they started working for the service. Care records reflected people's current needs and gave care workers the information needed to ensure care and support was provided in a way which respected people's differences and preferences.

Relatives and care workers felt the provider was approachable. Care workers felt supported and valued by the provider who was 'always' available to provide guidance and advice. Relatives knew how to raise any concerns or complaints and were confident any issues raised would be listened and responded to effectively.

The provider and care workers shared common values about the aims and objectives of the service. The provider had established effective procedures to check and monitor the quality and safety of the service people received and regularly sought feedback from people and their relatives. Relatives were very satisfied with the service provided and the way the service was managed.

## 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.

Risk associated with people's planned care had been assessed and care workers understood how to keep people and themselves safe. The providers systems to ensure the safe management of medicines were effective. People felt safe with their care workers and there were enough care workers to provide people's planned care calls. Staff were recruited safely and care workers knew how to safeguard people from harm.

### Is the service effective?

Good ●

The service was effective.

The provider understood their responsibilities under the Mental Capacity Act 2005. People's capacity to make decisions was established and recorded and care workers gained people's consent before care was provided. Care workers had been inducted into the service and had completed training the provider considered essential to ensure they had the knowledge and skills to deliver safe and effective care to people. Care workers supported people with their nutritional needs and to access health care when needed.

### Is the service caring?

Good ●

The service was caring.

People were supported by care workers who were caring and respectful. Care workers had a very good knowledge and understanding of people's differences, needs and preferences. People were supported to be as independent as possible by care workers who showed respect for people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received their care calls at the times they needed from care workers they knew and who understood their individual needs. People's care was planned with their family's

involvement. Care plans were detailed and provided care workers with the information they needed to provide individualised care. Relatives had access to information about how to raise a complaint.

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

The service was well-led.

Relatives were very satisfied with the service provided and spoke positively about the way the service was managed. The provider supported care workers to carry out their roles. Relatives considered the provider to be supportive and approachable. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed. The provider ensured care workers received clear guidance and direction. Care workers felt valued and enjoyed working with the provider.

**Good** 

# SureCare Coventry & South Warwickshire

## **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.

Before we visited SureCare Coventry and South Warwickshire we reviewed the information we held about the service, for example, the Provider Information Return (PIR) and statutory notifications. A statutory notification is information about important events which the provider is required to send to us by law. The PIR 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. During our inspection we found the PIR was an accurate assessment of how the service operated.

We also contacted commissioners of the service to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They provided positive feedback about the service.

We conducted telephone interviews with six relatives to obtain their views about the service provided to their family member. This was because their family members were not able to speak with us themselves.

The office visit took place on 24 October 2017 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers.

The inspection was undertaken by one inspector.

During our visit we spoke with three care workers and the provider.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required.

We also looked at other records related to people's care and how the service operated; including checks the management took to be assured that people received a good quality service.

## Is the service safe?

### Our findings

Relatives told us their family member's felt safe with the care workers who supported them. One relative said, "I know [person] feels safe because they would tell me if there was a problem." Another relative described how the 'excitement' displayed by their family member in anticipation of the arrival of their care worker was a 'clear indication' they felt safe. Relatives told us they would speak with the provider if they had any concerns about their family member's safety.

The provider protected people from the risk of abuse and safeguarded people from harm. Care workers had received training in how to protect people from abuse which included information about how people may experience abuse. One care worker told us, "The signs of abuse could be an unexplained bruise, a change in a client's behaviour or a client suddenly having no money."

Care workers demonstrated they understood their responsibilities to report any witnessed or allegations of abuse to the provider. One told us, "We get a handbook and all the information you need about what to do is in it. We would immediately tell [provider]." They added, "The whistle blowing policy is in it as well." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

The provider was clear about their responsibilities to inform the local authority safeguarding team and the Care Quality Commission if there were any concerns about people's safety. Records showed the provider managed safeguarding according to their policies and procedures which helped to keep people safe.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to care workers starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the provider.

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One relative told us, "Part of planning the service was agreeing the times we needed. Unlike other agencies they are very good and come when they should. They have never let us down." Another relative told us the service varied the times of the care call to reflect the relatives working pattern. The provider told us it was important for the service to be 'flexible' to ensure they could provide care and support when it was needed.

The provider confirmed there were enough care workers to allocate all the planned and additional calls people required. They explained this was because they had a dedicated, reliable, and stable staff team who were available to provide cover when needed. The provider told us they also covered care calls when needed and did not use agency care workers. They explained this was because 'consistency' of care workers was an important element of the way the service provided person centred care.



There were procedures to identify potential risks related to people's care, such as risks in the home or risks to the person. We saw risk assessments had been completed and care was planned to manage and reduce risks. For example, one person was at risk of falling, and could injure themselves. Care workers were informed how the person should be assisted to move around, the number of staff required to support them, and what equipment should be in place to minimise the risk of them falling. Records showed care workers followed these instructions. Risk assessments were regularly reviewed and updated if people's needs changed.

However, we saw other 'falls risk assessments' which had been photocopied and the rear page was missing. This meant care workers did not have all the information they needed to inform them of how to reduce the risk. We discussed this with the provider who was aware of the issue and was taking action to address this. The provider gave assurance all parts of the risk assessment records in people's homes were available.

Care workers demonstrated they had a good knowledge of the risks associated with people's care and how these were to be managed. One care worker told us, "Individual risk assessments are in the folder [kept in the person home] they are very clear and detailed so we know what to do to keep people and us safe." Another care worker said, "As things change, which they do, we talk to [provider]. They come straight out to review things and update the assessment. They added, "[Provider] is very good at keeping us informed when things change."

Records of accidents and incidents were completed and the action taken was recorded. The provider told us they regularly reviewed accidents and incidents to identify any patterns or trends. This meant action was taken, when needed, to respond to patterns of risk and to minimise the potential for a reoccurrence.

Relatives told us care workers supported their family member's to take their medicines if this was part of their planned care package. One relative said, "They are very good with making sure [person] swallows the medication." Another relative explained care workers completed a medicine record at each visit to show they had supported the person to take their medicines.

Records showed care workers had completed medicine training and had their competency assessed by the provider on the first occasion they supported people with their medicines. One care worker told us, "I felt nervous being observed but I understood it was important for me to show I could do it correctly and safely." They added, "We [care workers] get regular checks to make sure we continue to do it right."

We looked at three people's medication administration records (MAR). Two records contained gaps which meant we could not be sure people had received their medicines as prescribed. We discussed this with the provider. They explained the service provide to these two people was flexible and did not take place every day which is why staff had not signed the MAR. Daily 'communication sheets' completed by staff confirmed this.

However, when we reviewed the care records for these two people it was not clear that the service was not provided daily. Furthermore a recently completed medicine audit had not identified gaps in MAR we found. The provider told us, "I did the audit and didn't highlight the gaps because I knew there was no care call." They explained this issue had been highlighted during an audit completed by the business development manager, the day before our visit, and action was being taken. The provider acknowledged information in care records was not clear and took immediate action to update records with the necessary detail.

## Is the service effective?

### Our findings

Relatives were confident care workers had the right skills and knowledge to meet people's individual needs and preferences effectively. One told us, "From day one it was evident to me that the staff are well trained not just about how to use a hoist but about being patient and sensitive and observant."

Care workers told us they had an induction when they first started working at the service. One care worker who had not worked in a care setting before described their induction as 'excellent'. They said, "I learnt so much. It really gave me a good foundation to build on." The care worker explained their induction had included completing training the provider considered essential to meet the needs of people using the service and working alongside an experienced care worker before they worked unsupervised. They added, "Being introduced to the clients I would be supporting and learning from the other carer was invaluable."

Records showed care workers induction training included supporting new staff to achieve the national Care Certificate. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Care workers told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported. Records showed new care workers were signed off as being competent by the provider once they had completed their induction.

Care workers received regular training to enable them to keep their knowledge and skills up to date and to provide effective care to people. We saw the provider maintained a record of training care workers had completed, including moving and handling, infection control, dementia care, equality and diversity and safeguarding. Records showed training was up to date.

Training was tailored to enable care workers to meet the individual needs of people they supported. For example, one care worker told us they had completed 'autism awareness' training which had helped them to understand the experiences of some of the people they supported. The provider told us they were in the process of arranging training for staff to enable them to support a person who was fed through a tube in their stomach. The provider said, "This training is really important because it will help reduce the pressure on the family."

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 so that they can 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. We found the provider understood the relevant requirements and their responsibilities under the Act. They confirmed no one using

the service at the time of our inspection had restrictions on their liberty; however they were aware of when this may be applicable for people.

Care workers had received training to help them understand the Act and were clear they should assume people had the capacity to make their own decisions. One told us, "They [people] have the right to make decisions even if we think it may be unwise we would respect it."

People's care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests. For example, one person's next of kin had been 'legally' appointed to make decisions about the person's finances.

Relatives told us care workers sought permission before providing care and support. One said, "They [care workers] are very respectful they ask [person] at the start of the visit what they would like assistance with." Care workers had a good understating of the principles of the MCA and understood the importance of obtaining people's consent. One said, "We always get consent before doing anything. Imagine how you would feel if someone touched you [to provide personal care] without asking you first."

People's nutritional needs were met by care workers if this was part of their planned care. Daily 'communication records' completed by care workers showed where people were reliant on care workers to assist with eating and drinking choice was offered. Where care workers supported people with meal preparation, care plans included information for care workers on what people liked to eat. For example, one person's care plan informed care workers, 'I would like you to prepare my breakfast. I always like toast with marmalade or jam with a cup of strong tea with milk but no sugar.'

People were supported to see health and social care professionals when they needed to meet their healthcare needs. A relative told us, "The staff are very observant. They tell me about the slightest concern or change in [person] so I can check things with the doctor, if needed." Records confirmed the involvement of health and social care professionals in people's individual care on an on-going and timely basis. For example, social workers, doctors and district nurses.

## Is the service caring?

### Our findings

Relatives described the care workers who visited their family members as, 'wonderful', 'caring', and 'brilliant'. One relative told us their family member's care worker had a 'lovely demeanour'. They add, "This really helped to quickly build a good bond with [person]." Another relative described how their family member 'smiled' when their care worker arrived because they enjoyed spending time with them.

We asked care workers what being 'caring' meant for them. One told us, "Putting the person first. Doing what they want. Being friendly, sensitive and having fun. Seeing the person not the disability and doing things in a way that gives them [people] a good life."

Care workers told us about how they built relationships with the people they supported, this included learning about what was important to people, talking and listening to people, and ensuring people's choices were respected. One care worker told us this approach ensured people felt involved and were 'in control'. Another said, "Because we get to know our clients we can make sure things are done when they [people] want and in the way they want. We work hard to earn clients and their families trust and respect."

People were supported, where possible, to maintain their independence. One relative described how staff 'really took their time' which enabled their family member to do 'small things themselves' which was 'important to the person'.

Care workers understood the importance of helping people to be as independent as possible. Talking about one person they supported, a care worker told us, they had seen a 'real change' in the person's level of independence because the person could now stand up in the shower with very little support. They added, "It makes my heart melt. I am so proud of [person]." Another care worker described how they encouraged people to be independent by ensuring they had choices and made decisions. For example, choosing what clothes to wear. They added, "It's about us [care workers] empowering the clients."

Relatives told us and records confirmed they were involved in planning and reviewing their family member's care and support. One relative commented they were 'impressed' with the way the provider sought their views and ensured they were included in making decisions. They added, "This approach is very different from my past experiences of care services. It's very good."

People's care records included the person's religion, culture, family and significant events and invited people to express their sexuality if they wished to share this information, which helped care workers to understand people's habits and motivations. Care workers were enabled to support people to maintain their individual personal, cultural or religious traditions because they had training in equality, diversity and human rights. One care worker said, "Respecting clients differences underpins how we work."

People's privacy and dignity was respected by care workers. One relative described the way in which care workers assisted their family member with their personal care as, 'dignified and respectful'. They explained care workers always ensured the person was covered with a towel, that the bathroom door was closed and

care was provided at the person preferred pace, which changed on a daily basis.

People's records held in the office which contained personal information were secured and kept confidential. Discussion with care workers demonstrated they understood the importance of maintaining people's confidentiality.

## Is the service responsive?

### Our findings

Relative's told us they were very satisfied with service provided because the service was reliable and was provided by consistent care workers who were responsive to people's needs. One said, "As a family we are very happy with the service. In fact it is the best care [person] has ever had in her life so far." Another relative commented, "We were particularly keen to have one care worker because personal care is a very private thing. We have been delighted with the service so far."

Feedback we received from a local authority social worker described how care workers had built positive relationships with people and family members and that, "The service demonstrated a real consistency in the provision of their staff which was integral to the success of both of these packages."

We looked at the call schedules for three people who used the service. These confirmed care calls were planned in advance, at the times agreed and people were allocated regular care workers.

People or where appropriate relatives had signed care plans to confirm they had been involved in planning and agreeing their care and support. Care plans were personalised and included instructions for care workers about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move around. Records of calls completed by care workers confirmed these instructions had been followed. Care plans we viewed had been reviewed and updated as needed.

Care workers had a very good understanding of people's care and support needs. They told us this was because they visited the same people and read the information contained in care plans. One said, "Continuity is key particularly when you are working with a client who has autism. People with autism don't like change." They added, "Because we have allocated clients you can really get to know them and their families and we build relationships. My client are important to me."

Care workers were kept up to date about any changes in people's care needs. One told us, "If anything changes [provider] will make sure we are updated." They added, "If we see a change we are responsible for informing [provider] so they can update the care plan."

Prior to the service starting the provider completed an 'initial assessment' of people's needs and expectations to ensure these could be met. A relative told us the provider had been 'very patient' taking time to listen and check their understanding of what care and support was needed'.

The provider explained how they used 'initial meetings' as an opportunity to enable people and their relatives to feel comfortable to discuss any issues of equality and diversity. They said, "I explain we [service] respect people's individual differences and preferences and that all staff are trained. My aim is to understand what is important to them, their lifestyle choices. This helps us plan meaningful person centre care." The provider told us they used this information to help them make a 'good match' with a care worker. For example, one person had been 'matched' with their care worker because of a shared 'love' of animals.

Another person received their care calls from a female worker because the person had said this was important to them.

Relatives and care workers told us sufficient time was allocated to carry out care calls without having to rush and there was flexibility to stay longer if required. One relative told us because the minimum call time the service provided was one hour everything needed could be 'done comfortably'. Another said, "Sometimes we have to tell them [care workers] to go because their time is up but they are so conscientious they check and check [person] is ok before they will leave." A care worker commented, "If you are working in a person centred way then you give clients time to be involved, to do things themselves, so you never rush." They added, "If I thought the time allocated meant I was rushing a client I would discuss it with [provider]."

We looked at how complaints were managed by the provider. Relatives told us information about how to complain was provided when the service started. One told us they had raised a 'concern not a complaint' with the provider about a care workers time keeping. They added, "It was dealt with it straight away and there have been no issues since." Other relatives told us they had no cause to complain about the service but knew how to raise a complaint or concern. One said, "The provider gave me their mobile number just in case they were away from the office and I wanted to speak with them."

Care workers knew how to support people or their relatives if they wanted to complain. One told us, "Clients have the right to complain and I would be responsible for supporting them to do that." Another said they would 'get the person's agreement' to share their complaint with the provider and they were confident concerns would be dealt with effectively. They added, " [Provider] would take it very seriously because we want clients to be happy.

Records confirmed the provider had not received any complaints but had received numerous compliments. For example, one relative had written, 'A very reliable, professional, punctual and efficient service.' Another commented, 'Care worker filling the role well caring for [person]...engages well which is fantastic as she is non-verbal'.

## Is the service well-led?

### Our findings

Relatives were very positive about the service their family members received and how the service was managed. Comments made included, "[Provider] is very approachable and willing to listen.", "Communication is very good and the agency is reliable. It's the best we have had.", "So far we are delighted with the service." and, "The manager has always been available if I needed to talk."

The service had a registered manager who was also the provider for the service. The provider told us they were responsible for the day to day operations of the service and for developing the business. They explained due to the recent growth of the business they had appointed a care co-ordinator and team leader. The provider told us strengthening the management team would enable them to continue to focus upon ensuring, "Our person centred values are put into practice and staff are supported and nurtured so they always provide a flexible, reliable, quality service."

Care workers knew the management structure and understood who to report concerns to.

There was a positive culture within the service driven by the provider who was passionate about, and committed to consistently providing good quality person centred care. The provider had very clear expectations about how the service was to be provided. They told us, "We are not a service who rush in and rush out to do the practical tasks. Communicating, giving clients time and making them feel valued and respected is what's important to us. Being flexible and tailoring the service to meet each client's needs."

Care workers, demonstrated in the way they spoke about the people they were supporting and their families they had adopted the same ethos and enthusiasm. One told us, "What makes it so good here is [provider] requires you to spend time getting to know clients and their families. There is also consistency so you really learn what's important to people." Another care worker told us they found their job 'rewarding' because the support provided helped people to achieve their goals. All care workers said they 'loved' working for the service.

The provider completed regular audits and checks to monitor the quality and safety of the service and to drive forward improvement. These included checks to ensure medicine records were accurate, recruitment was safe, and care records were up to date. Additional quality checks were also completed by a business development manager from the provider organisation. We saw the most recent check on 23 October 2017 had identified shortfalls we found during our visit. For example, gaps on MAR records not clearly explained and information missing from risk assessments. The provider was taking action to address these issues.

Relatives told us they were encouraged to share their views about the service provided through a system of telephone calls and home visits from the provider. One relative described how this regular contact made them feel 'listened too'. They said, "Communication with [provider] is very good. She is very open and shows a genuine interest in making sure the service provided is what we need." The provider told us, "Face to face contact is really important in developing relationships and trust. I want service users and their families to know who I am and that they can talk to me." Records confirmed quality monitoring through telephone and home visits took place at regular intervals.



The provider also invited people and relatives to provide feedback about the service and any areas for improvement through an annual 'satisfaction survey'. We saw the results of the most recent satisfaction survey undertaken in July 2017 showed all five respondents were very happy with the quality of the service provided; felt listened to and would recommend the service to others. No suggested improvements had been made.

The provider's PIR stated, "We have introduced a newsletter for service users to keep them up-to-date with changes in the organisation, anything that may affect them and to also provide them with another route to feedback to us on the service they receive. During our visit we saw the 'Autumn 2017' edition newsletter. This included information about the results of the '2017 satisfaction survey' and free NHS flu jabs. People and relatives were invited to contact the office if they needed assistance to arrange a flu vaccination.

Care workers told us they had regular individual and team meetings with the provider, which they said were positive and helped them be more confident and more effective in carrying out their role. When discussing individual meetings, one care worker said, "I think they're really valuable. It's nice to be able to sit and talk things through and get feedback." Commenting on team meetings another care worker told us, "We can talk openly about what is working well and things we could change. [Provider] gives us feedback in a supportive way which makes me feel valued."

Care workers told us they felt supported and valued by the provider. One told us, "The manager [provider] empowers you by explaining and giving you information. You really feel that your role is making an important contribution." Another told us their 'personal and professional' confidence had grown because the provider invested their time to support the care worker. A third care worker explained they felt valued because the provider operated an 'on-call' system so they could seek management support outside of normal office hours. They told us, "It's reassuring to know if you need help or advice it's there."

The provider's PIR stated, "We have also introduced a staff recognition scheme and employee of the month to improve staff retention and motivation." We discussed this with the provider who told us, "I believe it is important to nurture, develop and value my staff. Happy staff not only helps with staff retention but means they [care workers] look forward to going out on visits and providing the right care. Providing the right care means people and relatives are happy." They added, "The recognition scheme is one way of sharing the positive feedback we receive and celebrating staff's achievements."

The provider worked in partnership with other organisations. The provider's PIR stated, 'We are members of Coventry Older Voices Group...we regularly communicate with adult and children's social services and regularly met with the college and schools in Coventry to further understand how we can further support the child and young people (and their families) that require our care and support services.' The provider told us developing and maintaining links with the community was important in order to help them understand 'gaps' in service provision so they could develop the service to meet these needs.

The provider understood their responsibilities and the requirements of their registration. For example, they had sent notifications to us about important events and incidents that occurred and completed the provider information return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The Provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

During our inspection we asked the provider what they were proud of about the service. They told us, "It makes me and the staff feel proud when we get positive feedback. Seeing a smile on a client's face and

knowing that's because I made a good match with their care worker and when we have a really good outcome for people. That's what makes it all worthwhile."