

Crediton Care Services Limited

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was the first inspection of the service since being re-registered with the Care Quality Commission (CQC) as a Limited company on 06 April 2016. The service had previously been registered with the CQC as a partnership.

Crediton Care Services Limited provides personal care and support to people who may be living with physical or sensory impairments or dementia and are living in their own homes in Crediton and the surrounding areas. At the time of our inspection there were 52 people receiving a service.

This inspection took place on 1, 3 and 11 August 2017.

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 service was exceptionally caring. People received support from caring, committed and compassionate staff. A strong caring ethos was promoted by the registered manager and company director, which ensured the staff team kept people at the heart of the service. Staff sought ways to improve people's lives and people using the service said staff frequently went over and above to assist them and ensure they were happy and safe. Comments included, "I find them excellent. The staff are very nice, caring people. I look forward to their visits"; "They (staff) are like part of the family...they make it easy and take away the worry" and "Although I am alone, I am not alone with them (staff)..." People described how the service had been essential in reducing the risk of social isolation.

There were sufficient numbers of staff employed to provide people with their planned service. People were supported by a stable, skilled and caring team, who knew each person well and provided continuity of care for them. People said they were safe using the service because it was reliable, staff were well trained and caring. Comments included, ""This is a service I can rely on..." and "I feel safe with the girls; they treat me well..." Missed visits were rare; there had been two missed visits due to a rostering error in the past 12 months.

Staff were knowledgeable in relation to safeguarding people from abuse and they knew how to keep people safe from avoidable harm. Risks to individuals had been identified and there was guidance for staff on how to keep people safe. Where people were assisted with their medicines this was managed safely. There was an effective recruitment and selection process in place and the necessary relevant checks had been obtained before new staff started to work alone.

People's right to make decisions for themselves was respected and staff sought consent when delivering care and support. People were supported to ensure they had a sufficient amount of food and fluid to promote their wellbeing. People received support from staff who understood and responded to their health

needs.

People's needs had been assessed before their care commenced. People and their relatives (where appropriate) confirmed they had been involved in creating and updating their care plans. All felt involved in making decisions about the care and support they needed. One person described the "partnership" of care that had formed, ensuring they were fully involved in their care and support.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

The provider had some systems for monitoring the quality of the service provided, but these were not always formally documented to evidence actions taken. However the provider was embedding the processes and making improvements to strengthen their systems.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm. They had confidence in the service and staff and felt safe and secure when receiving support.

Risks to people's health, safety or wellbeing were identified and addressed and staff had the time to care for people in a safe and consistent manner.

People had a regular team of staff who had the appropriate skills to meet their needs.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

Peoples' medicines were managed safely.

Good 

Is the service effective?

The service was effective.

The service ensured people received effective care that met their needs and wishes. Staff were provided with on-going training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Staff had an awareness of the Mental Capacity Act 2005 and ensured people's rights were protected.

People were supported with their health and dietary needs.

Good 

Is the service caring?

The registered manager and staff were highly motivated and provided compassionate care to people.

People experienced positive outcomes as a result of the service they received and gave us very positive feedback about their care and support. They valued the relationships they had with staff.

People were treated with kindness and respect and staff often

Outstanding 

went above and beyond their roles.

Staff had developed meaningful relationships with people and were given enough time to meet people's needs and provide social companionship.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their needs and preferences and they were involved in all aspects of their care.

The service had a complaints procedure and people felt able to raise any concerns with the registered manager or staff. They said any suggestions or concerns were acted upon.

Is the service well-led?

Good ●

The service was well led.

The provider had systems for monitoring the quality of the service provided, but these were not always formally documented to evidence actions taken. However the provider was embedding the processes and making improvements to strengthen their systems.

There was an experienced registered manager in post. People spoke positively about how the service was managed and had confidence in the staff and management team.

The management team promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

Regular feedback was sought from people to continuously improve the service.

Crediton Care Services 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.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available.

This inspection took place on 1, 3 and 11 August 2017 and was completed by one adult social care inspector.

Prior to the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider had 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.

During the inspection we visited the office and met the registered manager; director of the company and team leader. We reviewed three people's care records; staff training records, three staff personnel files and other records which related to the management of the service. We visited three people in their own homes with their permission and met with three relatives. We also spoke with eight other people on the phone. We spoke with nine staff members and contacted four health and social care professionals for feedback about the service; including a community matron; community nurse; commissioner and nurse specialist. We received feedback from three professionals.

Is the service safe?

Our findings

No concerns were raised with us about people's safety or welfare during the inspection. Everyone we spoke with said they felt very safe with the staff working for the service. Comments included, "Yes I feel safe. I have no reason not to...I am very happy with the service..."; "I feel safe with the girls; they treat me well..." and "This is a service I can rely on...they supervise my bath twice a week. That makes me feel safe..." Relatives were equally satisfied the service was safe. One told us, "This is a very good service. It makes us feel relaxed knowing they are here." Another said, "The service is invaluable...We have no concerns and feel (person) is safe." A professional described the service as "proactive" and "...a really good service" They added, "Let's hope they carry on the good work." A commissioner said, "...we have received a reliable service."

There were sufficient staff available to ensure planned visits were fulfilled. Two of the 11 people we met or spoke with had experienced one missed visit in the last 12 months. They said the service had apologised at the time and that the missed visit had not impacted on their safety. One person explained, "My daughter was here that lunchtime so it wasn't a problem." The registered manager said missed visits were "very rare" but that two visits had been missed due to a rostering error. The director explained to reduce the risk of any future missed visit, the rotas were double checked by them and the team leader to ensure all visits had been created on the rota system. The system highlighted any uncovered visits to ensure they were allocated to staff appropriately.

Other people said visits had never been missed; one said, "Never a missed visit...never late. A service I can rely on." A commissioner said, "We have not experience any missed visits on the four packages of care we have with them." People said staff arrived when expected and stayed for the agreed amount time at each visit. Comments included, "The service is excellent. They never rush me and always take extra time when I need it" and "I have been with them for three years and never a problem...I find them excellent..."

Staff confirmed travel time was allocated between visits and they had sufficient time to deliver the care and support required for each person at each visit. One staff member said, "You hear horror stories...but the time we have allocated is always enough. I am very happy and enjoy my job..." another said, "Crediton Care is totally different; it is so client driven. We are never rushed for time. If someone is unwell we let the office know we are running late and things are rearranged so we can stay with the person..." There was an on call telephone number for people to use in the event of an emergency outside of office hours. The registered manager and director managed the on call system. People told us the service always responded if called out of hours. One person described how staff had assisted them following a fall even though a visit was not due. They said, "I rang and they came to help me." Their relative added, "The service is invaluable..."

Staff understood their role in protecting people from harm or abuse. They had received training about safeguarding adults and were able to explain how they would respond to any incident of suspected abuse. Staff knew to report any concerns immediately to the registered manager or director. They were confident appropriate action would be taken to protect people. Staff were aware of external organisations to contact about concerns, for example the local authority or the Care Quality Commission (CQC). The registered manager understood their responsibility with regards to safeguarding people and had raised issues with the

Local Authority and police when concerns had been identified.

Risks to people's health and personal safety had been assessed and plans were in place to minimise these risks. For example, one person had a risk assessment and comprehensive moving and handling plan to manage risks associated with their mobility. The person said, "They (staff) make it easy. They take away the worry. I feel safe and confident when they help me with the hoist. They are very professional and I can't fault them in any way." Risk assessments also considered any risks within the home environment, for example hazards such as slips and trips. One person had experienced a fall in the bathroom in between visits and became trapped behind the bathroom door. As a result, the registered manager and director had reassessed the risk and arranged for the bathroom door to be re-hung to avoid the risk of the person becoming trapped again. Staff said they had a good level of support and guidance about how to support people safely. If they had any concerns, the registered manager was always available to discuss and was "very responsive." The majority of staff had undertaken training in health and safety, which helped staff to recognise any hazards and ensure they worked in as safe an environment as possible.

There had been no accidents or incidents in the past 12 months in relation to the delivery of care and support. However, should people experience accidents, incidents or near misses there was a process in place to record and monitor these to look for developing trends. Staff were aware of the reporting processes. When people had experienced an accident at home, such as a fall in between care visits, the registered manager and director reviewed the person's needs and made adjustments where necessary, to reduce any future risk. For example, reviewing the environment and removing identified hazards.

Staff were confidently able to describe what they would do in an emergency situation, for example if they found a person had fallen or if they could not get an answer at the door. This demonstrated the service had systems in place, which staff were aware of, to deal with and respond to emergencies as they arose.

Peoples' medicines were safely managed. People said they were happy with the level of support they received to manage their medicines. Some people were able to self-administer their medicines with support and prompting from staff, while other people required staff to administer prescribed medicines. The level of support required was recorded in individual care plans and staff recorded the support they had provided to people. Staff received training about how to manage medicines safely and their competency was checked during observation visits by senior staff. The registered manager, director and/or administrator checked medicine records regularly to ensure staff were following individual care plans. We checked these records and found them to be completed appropriately by staff. However, we found some medicine administration records (MAR) had been handwritten and not signed by staff to ensure accountability and accuracy. The registered manager said they would review this immediately and ensure records were signed by staff. They confirmed that no medicines errors had occurred in the past 12 months.

Suitable recruitment procedures had been followed to reduce the risk of unsuitable staff being employed. The required checks had been carried out prior to staff working at the service. Records contained a proof of identity, references, employment histories and a check had also been made with the Disclosure and Barring Service to make sure staff were suitable to work with people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People and their relatives said staff were well trained; had the right skills and experience and understood people's needs. Comments from people using the service included, "I trust them completely...they know what they are doing..."; "My carers are just lovely...I couldn't manage without them. I couldn't praise them enough" and "...absolutely wonderful girls...staff are so professional with everything they do..." A relative said, "The staff are brilliant, skilled and well trained..." And a professional told us, "The staff I have met seem to be well prepared for service users' needs. They know what they are doing...they are a very good service..."

Newly appointed staff were supported with an induction period, which included training for their role and shadowing experienced members of staff. The induction training aimed to ensure staff were sufficiently skilled to carry out the roles expected of them before working independently. The service had not implemented the nationally recognised Care Certificate for staff new to the care industry. However, the existing induction provided staff with the core training and support they required and was completed over a 12 week period. Staff said they were well supported by the registered manager, director and team. All confirmed they were never expected to undertake responsibilities they were not trained to do. Comments from staff included, "(Induction and training)...fantastic...we are never expected to do things we are not trained to. I always have the support I need..."; "I am experienced but I did two weeks shadowing shifts; I was introduced to people and didn't work alone until I felt safe and happy. Very good support..." and "I felt very supported at the beginning, that made all the difference."

Staff had also received training in a range of subjects relevant to their roles. For example, first aid; moving and handling; dementia awareness; the mental capacity act and food hygiene. Staff training was provided by a qualified external training consultant. Staff told us they received good training opportunities and very good support from the registered manager and director. Comments included, "We are always doing training and refreshers..."; "The support and training could not be better. They (the management team) are brilliant..." and "My training is all up to date. It is a good place to work. Very supportive..." 81% of staff had obtained a nationally recognised qualification in health and social care or were working towards these professional qualifications. Other staff were being supported to access these courses.

The provider and registered manager had introduced staff supervision and annual appraisals since being re-registered with CQC. Staff (and records we reviewed) confirmed they received supervision sessions through one to one meetings and observations that were completed when senior staff accompanied them on visits. Supervision enabled staff to discuss any concerns or training and support needs. They also received feedback about their performance. Staff said they could speak with the registered manager or director at any time should they have any concerns or requests for training or support. One said, "I have regular contact with (registered manager and director). There is always someone available to talk to or I can just go to the office." The registered manager and director often worked with staff to provide care and support to people, which enabled them to monitor staff's performance and model good practice.

The service worked well to ensure people's health and wellbeing was maintained and staff responded to people's changing health needs. The service had established good working relationships with local external healthcare services; for example, with the community nursing service and hospice care team. The service had involved the community nurses when there had been concerns about a person's skin integrity. Staff had reported concerns about a person's weight loss and advice was sought from the GP about additional supplements. This had result in appropriate weight gain for the person. Several people said staff regularly assisted them to attend GP; dental or optician appointments. One person said, "They (staff) are absolutely marvellous. They arranged a wheelchair to help me when I am out and they take me to my appointments..." Another person said, "They keep an eye on me...they call the nurse if I need them..." Professionals described the service as 'proactive' in relation to people's health care needs. A community matron said the service always alerted them to any concerns about people's health. They added, "As a company they are very helpful...communication with us is good. They (staff) see people regularly and notice the changes quickly...We have no concerns at all." Another health professional said, "Any concerns and they (staff) contact us. My experience is that they are reliable and provide a very good service..."

Where people required support in relation to food and fluids, this was documented in their care records. Some people received help from staff with preparing their meals and drinks. The amount of help people required varied; staff prepared full meals for some people and snacks and drinks for others. People told us staff prepared meals they enjoyed. Two people explained assistance from staff meant they were able to fully participate in preparing and cooking meals. One said, "That is important to me. They help me cook what I like." Staff were aware of people's nutritional risks. For example, where people were at risk of weight loss. They were able describe how they fortified foods (in line with healthcare professionals guidance); offered supplements and gave encouragement to people to help maintain their health.

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.

The registered manager confirmed people using the service had the capacity to make decisions about their day to day care. Individual care plans showed people's capacity to consent to care had been considered. People confirmed staff always involved them in decisions about their care and support and that staff sought their consent before delivering care or support. One person said, "The staff are very good like that. Things are done at my pace, the way I like them..." Another person described how they had been fully involved in developing their care plan, they added, "They want to get things right and make sure I am happy. It is team work, with me and them..."

Staff had received training about the MCA and they demonstrated an understanding of the MCA and how to apply it to their role. Staff explained they supported people to be as independent as possible when it came to making decisions. The registered manager and director were clear about the need to work alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

Is the service caring?

Our findings

People using the service; relatives and professionals consistently described a service which was personalised, friendly, exceptionally caring, and compassionate. The registered manager, director and staff were highly praised for their approach and people shared several examples of when staff had "...gone above and beyond the call of duty".

The registered manager and director placed a strong emphasis on personalised care and a caring approach towards all the people using the service. This was adopted by the staff team and people were placed at the centre of the care provided. The registered manager and director ensured people were supported by a small consistent staff team, which enabled them to build up trusting relationships. This helped people to feel safe and comfortable when receiving care and support from the service. One person said, "I know all of the girls. No strangers are sent to the house. They make me feel at ease, even the young ones...I look forward to their visits and feel fortunate to have them..." Another person said, "The girls are lovely...they treat me well..." Other comments included, "Staff always have a bright smile. It is a pleasure to see them...": "They (staff) are very nice, very attentive, kind and gentle with me..." and "They (staff) are happy friendly people and that makes me happy to see them in the house." A relative added, "Staff have been as good as gold. They all know (person) very well and he is very happy..." One professional wrote, "...staff often go the extra mile. Much appreciated by clients..."

Several people described how the service reduced their social isolation and how much they valued the visits from the staff. One person said, "I like to see them and love to have a chat." Another said, "I do look forward to seeing them (staff). We have a jolly time...they make my day..." A third person commented, "Although I am alone I am not alone with them. They give me confidence, which is difficult when you are alone...feels like I have a family here." People said staff always had time to chat about local news or family news. People felt staff were interested in them and what they had to say. One person said, "They (staff) are angels. They have time for me and listen to me. They are all wonderful people..."

A relative told us one person had wanted to go to the beach as they hadn't visited for some time. Staff arranged a trip to the beach which the person enjoyed greatly. The relative said staff were "very thoughtful and kind." The person was also supported by staff, in their own time and at no additional cost, to attend local events in the town. For example the Christmas concert and other musical events. The person said they had enjoyed the events very much. One person had been very reluctant to use the transport provided by the local day service and risked becoming socially isolated. To overcome this, the director provided transport for the person to attend the local day centre (at no charge), where the person had the opportunity to meet other local people and enjoy a meal. During our visits to the office one person 'popped in' for a chat with staff. They were welcomed with refreshments and chatted with staff for some time. The person said, "I come to the office regularly for coffee and company. Always get a warm welcome! I am very happy with their service..."

Staff were exceptional in enabling people to remain independent and supported them with their wish to remain at home. People stressed the importance of the service in enabling them to live at home and to be as

independent as possible, which was their preference. Comments included, "They help me to be independent and stay at home. I want to stay at home...I find them excellent..."; "They (the service) have helped so much..." and "The service has helped me stay at home and I wouldn't want to be anywhere else."

People shared examples of how the service had promoted their independence and choice. One person said, "Anything I need, they help me with. Staff came at 5.30am one day to help me get ready...they all fit in with us, making the visits as painless as possible." One person described how they had been unable to get out of the house to do their shopping. The director had arranged weekly shopping trips with the person; they had organised a wheelchair and drove the person to the supermarket (in their own time) so they could choose their shopping. The person said, "That is really helpful...absolutely marvellous." Another person told us that a member of staff did their laundry for them in their own home and at no cost, as they did not have the facilities in their home. They added, "I really couldn't manage without them..." Other people said staff were always happy to help with any additional tasks. For example, one person said staff helped them do their washing and peg it out. They explained they could no longer do this themselves, they added, "Nothing is too much trouble for them, they are so helpful."

People said staff respected their privacy and always treated them in a dignified way. Comments included; "The staff are always very respectful and professional but also very warm and friendly. I couldn't fault them"; "They always treat me very well. Lovely kind girls..." and "They always make sure I am decent. They think about the family as well; consider them. They (staff) are part of our family..." Staff paid attention to people's personal care needs. One relative said their family member was "always dressed lovely, everything is always matching." They explained this was very important to the person who had always taken pride in their appearance.

The service was not providing end of life care at the time of the inspection but they had cared for and supported people at the end of their life in the past. A hospice care nurse specialist felt the service worked well with them to ensure people received appropriate care at this time. They said, "This is a very good service. They go the extra mile. Staff are willing to collect medicines and prescriptions at short notice. It is a small and personal service."

The registered manager and staff were highly motivated to offer care that was kind and compassionate with a strong person centred culture. Staff comments included, "I love my job. It is very satisfying..."; "I so enjoy my job...they (the registered manager and director) make sure we do everything we are supposed to" and "...It's not like work. It is a great job...I want to do everything I can to help people and so do (the registered manager and director)...their approach is to deliver the best."

Is the service responsive?

Our findings

People described the service they received as "responsive; reliable and flexible". All said the service was meeting their needs and preferences. Comments included, "For me the service is excellent. They (staff) go beyond and above all the time..."; "I have been very happy with the service. It is one you can rely on" and "The service is absolutely wonderful..."

People's care and support was planned in partnership with them and/or their relative where appropriate. People confirmed that the registered manager visited them to discuss their needs and preferences before the service started. One person said, "(The registered manager) came and did a very thorough assessment and told me about the service. She gave me confidence from the start..."

Each person had a care plan, which contained information about the care and support the person required during each visit. This included the individual's personal care needs; skin care; moving and handling requirements, food and nutritional needs and preferences, and support required with medication. The information gathered also included people's life histories, likes and dislikes, preferences, and who and what was important to them. This helped staff to plan care and support in a person centred way. People had a copy of their care plan in their home and they were aware of its content. One person said, "I was fully involved in planning my care and the reviews...I have never found any problems with them (the service). They are responsive to any changes I request." The partnership approach to care planning and delivery helped to ensure care and support was provided which met people's needs and reflected their preferences.

Staff said care plans contained sufficient information to enable them to deliver safe and personalised care. They said communication about any changes was good. One staff member said, "The care plans are really helpful, but anything we are unsure of we ring the office"; another said, "We read the care plans; they give an overall personal sense of the person. They are up to date and we are always told about any changes."

Care plans were kept up to date with any changes recorded. Care reviews were completed three monthly to ensure people were happy with the support provided and any changes requested could be reviewed and included in the care plans. Records of care reviews showed people were very satisfied with the care. Copies of the care plans were kept in the office as well as in people's homes where they could be accessed by staff to ensure care was delivered in the agreed way.

The daily care records for each visit showed the care and support delivered; any food or drink prepared and taken by the person; as well as information about any observed changes to the person and details of when staff arrived and left. This showed the service was responsive to individuals needs and monitored this in a meaningful way.

People's feedback was valued and people felt that when they raised issues these were dealt with quickly. A copy of the complaints process was included in information given to people when they started receiving care and everyone was aware of how to raise a concern or complaint. No complaints were received during the inspection. People said, "I have none (complaints) but I would be confident to share any concerns with

(the registered manager). They are very professional..."; "I've had no cause to complain. I did mention that I didn't get on so well with one person and (the registered manager) changed the carer, no bother or fuss..." and "I have never had a complaint because it is so good. Staff do anything I want. I can't praise them highly enough." Another person explained they had mentioned to the registered manager that they liked their dish cloth squeezed out in a certain way so it could dry. They said the registered manager had feed this back to staff and they were now leaving the cloth as requested. They added, "They take even minor things like this seriously. You can talk to (the registered manager).

No formal complaints about the quality of the care and support provided had been received by the service. The registered manager and director were in regular contact with people, providing regular care and support to them. The registered manager explained this provided an opportunity to discuss any niggles or concerns. They said they liked to "nip any concerns in bud." A commissioner confirmed they had not received any complaints about Crediton Care.

The service had received many thank you's and compliments. For example, one person had written, "A very big and warm thank you...I would never have coped...in my heart and mind I will remember you fondly." Another person wrote, "Thank you for all the care and kindness extended to (person)..."

Is the service well-led?

Our findings

People using the service, their relatives and professionals said they felt the service was well managed and that they would recommend the service to others without hesitation. Comments included, "I wouldn't hesitate to recommend them. They are all very obliging..." and "I think they are exceptionally good and would happily recommend this service." A health professional told us, "I would recommend the service and have done...it's a really good service..." A commissioner said, "The communication is good between our brokerage team and Crediton Care."

The quality assurance systems were being embedded and to facilitate this, the service had employed an administrator and team leader. For example, the daily records and medicine administration records were returned to the office monthly, where they were reviewed by the team leader or administrator to identify any deficits. However no formal record was kept of the outcome of these record audits. The administrator explained that if any concerns were found in the records, these were discussed with staff. The registered manager recognised they needed to develop a formal way of capturing this information to demonstrate improvements made and learning from incidents.

The registered manager and director monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. Unannounced spot checks were also undertaken to review the quality of the service provided. This included arriving at times when the staff were there to observe if staff arrived on time, followed the care plan and treated people with dignity and respect. Staff practice was observed and they were provided with guidance to ensure best practice was followed when delivering care and support. Records were kept of each spot visit and any areas for improvement were discussed at staff supervision. Verbal feedback was also sought from people using the service during these visits. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

Formal care reviews were undertaken three monthly, which provided an opportunity for people to feedback about their experience of the service and to discuss any changes or concerns.

The provider also carried out an annual satisfaction survey to gain feedback from people about the quality of the service. Surveys were also sent to professionals and staff. The last surveys were completed in December 2016/January 2017 and the 41 responses from people were all positive, with comments such as; "I am very satisfied with the service provided"; "I am really happy with all the carers, all have been very caring and helpful" and "All the carers are delightful and I look forward to seeing them." Feedback from seven professionals was also very positive with professionals rating the quality of care provided as 'very good' or 'good'. Feedback from staff was also positive, with staff feeling they had good support and training as well as good information to help them deliver the care required. Where suggestions were made by staff, for example one staff member preferred to be called about changes rather than receive a text, this was acted on.

The leadership of the service promoted an open and approachable culture, which was willing to listen and

learn. People who used the service knew the registered manager and director and had regular contact with them. The registered manager and director were involved in the daily delivery of care and support and knew all of the people using the service very well. One person told us, "You can talk to (the registered manager). She is great. We can have a laugh and a good chat when she comes..." Another person said, "The service is very efficient, what I need and what I like. (The registered manager and director) are wonderful...we get on famously and roar with laughter..."

Staff were clear about their roles and responsibilities and all said they enjoyed working for the service. They said the registered manager and director were approachable and they felt listened to and supported if they raised any issues. Comments included, "We are a happy workforce here and it shows..."; "This is very different to other services I have worked for. In 20 years in care this is the best company I have ever worked for..." and "The support is fantastic...100% support and help. They always call us back and if we have concerns we can talk to them..." Another member of staff said, "I feel safe and well protected when working. The service is very well managed..."

Regular staff meetings had been established to provide an opportunity to share information with staff and review events with the registered manager and director. For example, staff were reminded that records were 'legal documents' and should be completed accurately at every visit, including medicine administration records. Staff were reminded about the uniform code and other issues such as food hygiene checks. An additional "emergency" meeting was held in July 2017 as the registered manager had become aware that some staff had concerns about rostering. The minutes showed an open conversation had taken place with staff able to express their concerns and the registered manager asked staff for their thoughts about how to improve things, like the rota. The registered manager explained staff had been working additional shifts to cover vacancies and holidays but that these pressures were reducing.

People benefitted from the good working relationships established by the service with other external professionals. Professionals said the service was proactive in sharing information and seeking guidance from them.

People's information was treated confidentially. Personal records were stored securely in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.