

Libra Care 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

The inspection was announced and took place on 13 February 2017. Libra Care provides personal care to people in their own homes. Some people might have been living with a diagnosis of dementia. At the time of our inspection there were 70 people receiving support from the service.

There was a registered manager in post at the time of our inspection. 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.

People and their relatives were extremely positive about the care provided by the service and said that they felt safe with all the staff who supported them. Staff recognised how to identify the signs of potential abuse and knew the reporting system to keep people safe. Risks to people were assessed and reviewed regularly to ensure care remained appropriate for people's needs. There were sufficient numbers of trained staff who had the appropriate recruitment checks to ensure they were suitable for their role. Staff arrived on time for their visits and the right numbers of staff were available to provide the support people needed. People received their medicines as prescribed by staff who had been assessed as competent to give people's medicines safely.

A thorough recruitment and induction process was completed by the provider to ensure people were supported by staff who had the skills and knowledge to care for them. People were involved in all decisions about how they wanted their care and support needs met. Staff ensured people consented to the care they received and were aware of how to respect people's choices and rights. People were supported to have sufficient to eat and drink and were encouraged to have a balanced diet.

People constantly referred to staff and the provider as being kind, caring and considerate. People felt listened to and respected by staff. They said staff went above and beyond to what was expected from them. Staff respected people's privacy and dignity. People were supported to access healthcare services when required.

People were encouraged to give their feedback and views about the quality of the service they received. Communication systems used to share information about people's care and support needs were effective. Care records were personalised, regularly reviewed and updated to ensure they were reflective of people's needs. There was a system in place to record and investigate complaints and we saw any concerns were dealt with appropriately.

People felt the service was very well run and the management team very friendly and approachable. Leadership within the service was strong and an open and positive culture was promoted. Staff felt listened to and said they were confident in their roles and were aware of their responsibilities. Quality audit processes were in place and completed regularly to monitor the quality of the service provided. People

were happy to recommend the service to family and friends based on their own experiences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said they felt safe. Staff knew how to recognise signs of harm or abuse and were aware of the actions they needed to take to keep people safe. Risks to people had been assessed and staff knew how to manage them effectively. People were supported by a consistent staff team who were recruited safely. People were supported to receive their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet people's care and support needs. Staff received training and on-going support through regular meetings with the provider. People's rights were protected as staff asked for their consent before providing care. People were supported to access healthcare professionals when needed.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People praised the staff who supported them and said they were extremely kind and caring. People felt listened to and involved in all aspects of their care. Staff and the provider regularly carried out tasks in addition to people's identified needs. Staff had a detailed knowledge of people's needs and preferences and treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's changing needs. Care records were personalised and accurately documented people's requirements, likes and dislikes. People were involved in all aspects of their care planning and were supported by staff who understood their needs. Effective communication systems were used to share information. People were encouraged to give their

views about the service provided. People knew how to raise concerns and said they would be confident these would be taken seriously.

Is the service well-led?

Good ●

The service was extremely well-led.

There was a positive and open culture within the organisation and everyone said the service was well- led. The provider actively sought people's views and strived to deliver the best possible care to people. Staff were proud to work for the service and were very motivated. The provider had quality audit systems in place to check the health and safety of people and there was an emphasis on continually learning and improving the service.

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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 13 February 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service.

As part of the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as allegations of abuse or harm. We also contacted the local authority for information they held about the service.

During the inspection we spoke with fourteen people who use the service and four relatives. We spoke with nine members of staff, the registered manager and directors of the service. We reviewed a range of records about how people received their care and how the service was managed. These included four people's care records, two staff files and records relating to the management of the service. For example quality audits.

Is the service safe?

Our findings

All the people we spoke with told us they thought the service they received was safe and said they had confidence in the staff that supported them. One person said, "I feel safe at all times and with everyone who comes." One relative commented, "From the minute I spoke with [provider] when I first asked them to come and help with [person's] care I knew [they] would be safe they just knew what they needed to do." Staff we spoke with had a clear understanding of how they would recognise potential harm or abuse. One member of staff said, "I have completed training in safeguarding people and am aware of the different types of abuse. If I was not happy about something I would make sure the person was safe and report it immediately to [provider] they would deal with it straight away." All the staff we spoke with were confident the provider would take action if they were made aware of any concerns about people's safety. Another member of staff commented, "I would report any concerns I saw straight away to [provider] they would deal with it but I am aware you can also discuss concerns with the safeguarding team, CQC or the police." Conversations we had with the provider demonstrated they understood their responsibility to refer any allegations of harm or abuse or incidents or events that might constitute abuse to the local authority safeguarding team. Records we looked at confirmed this. This demonstrated that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

All the staff we spoke with had a clear understanding of how to support the people they cared for. One member of staff said, "I am aware of [people's] individual risks and know how to support people to reduce any risk of harm." Where risks had been identified information systems used provided up to date guidance for staff to refer to. Staff we spoke with told us they constantly considered people's safety when they were providing care or support. For example, ensuring people had the appropriate aids available to mobilise around their home safely. The provider and staff explained how they used mobile technology to share or update information in order to minimise any risks of harm. One member of staff said, "Any changes in a person's need or risk is updated and action is taken straight away. The [provider] will review risks and new care records are sent out to staff via [mobile technology]." One member of staff told us about a person whose needs had changed which had resulted in an increased level of risk to their health and well-being. This member of staff said the provider had dealt with the issues straight away and had sought advice and support from external professionals to ensure the person's safety. Where incidents or accidents had occurred these had been recorded and included the action taken by the registered manager to reduce the likelihood of them happening again. This showed the provider had systems in place to ensure people's risks were effectively managed.

People we spoke with had not experienced any missed calls and on the rare occasion staff were running late they were contacted promptly by the provider. One person commented, "I think there are enough staff to look after me." Staffing levels were determined by the number of people who used the service and the level of support they required. People told us staff arrived on time and stayed the required length of time. One person said, "I am never rushed while [staff] are helping me." The provider explained to us that they only took on new packages of care which they were able to cover. They explained this was important as it ensured people received calls when they wanted them and meant there were sufficient numbers of staff available to meet people's needs. They said, "We will not squeeze people in." Staff we spoke with confirmed

this, one member of staff said, "I definitely think there are enough staff the provider only takes on new [people] if they have the staff to support them." They explained sufficient time was assigned to people to ensure they received the support they required and the provider allocated adequate travelling time between calls which meant people received calls at their agreed times.

We saw the provider's recruitment process was thorough. One member of staff said, "I had an interview with [Provider] and they did background checks before I started with them." We looked at two staff member's records and saw relevant checks had been completed by the provider such as reference and Disclosure and Barring Service checks before staff started to work with people. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. This meant people were supported by staff with the appropriate experience and character.

People were supported to receive their medicines safely and as prescribed. One person said, "I am a bit forgetful and I don't always remember that I have tablets, the carers remind me each day to take them and then they put it in my care plan." A member of staff told us, "I have had training in medicines and feel confident supporting people with their medicines." We looked at the systems used to manage medicines and saw the provider completed regular competency checks of staff and reviewed people's records. We looked at records such as Medicine Administration Records (MAR) and saw they were completed correctly. Some people required medicines 'as required' we saw guidance was available for staff to refer to if needed. This meant people were receiving their medicines as prescribed and in a safe way; by staff who were competent in this procedure.

Is the service effective?

Our findings

All the people we spoke with said staff had the skills and knowledge to support their needs. One person said, "Every member of staff is really well trained and caring." A relative commented, "[Person's name] behaviour can be very challenging but all the staff who come really know how to get the best out of [person's name] they are so well trained."

Staff told us they undertook a thorough induction when they were recruited to their job. This included training relevant to their role. For example, the care certificate. This is a set of national minimum standards that new care staff must cover as part of their induction process. Staff also explained they shadowed experienced members of staff to build their confidence in the role and get to know the people they would be supporting. They explained during their three month probation period they had access to a mentor who provided advice and guidance but also completed regular observations and spot checks of their performance. One member of staff said, "Support will continue for as long as you feel you need it. You might do double up calls until you get used to seeing people on your own." All staff confirmed they received regular one to one meetings with the provider. One member of staff said, "[Provider] is always available to discuss anything I feel really supported. Spot checks are completed by the [management team] and I always get feedback straight away on the same day. I can discuss anything in my meetings the [management team] provide excellent support." Staff told us training was 'very good' and they had access to a variety of different training such as, dementia or vocational training. One member of staff said, "Training has made me more confident in the role. Dementia training has helped me understand dementia and how to [approach] people." Along with regular one to one and staff meetings, information and advice sharing forums were readily available for all staff to use via mobile technology. For example, mentoring and emergency advice forums. The provider had comprehensive training records in place for each member of staff detailing training undertaken and any renewal dates. The provider explained staff had access to a variety of training both on line and practical sessions for example, moving and handling. This demonstrated staff were supported by the provider to gain the skills and knowledge required to support people's individual needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider demonstrated an understanding of the legislation and was aware of the process to assess people's capacity.

People told us staff sought their consent before supporting them. They told us the provider had discussed with them and agreed how care and support should be provided. One person told us, "[Staff] never do anything without asking me first." A member of staff said, "I ask for people's consent before providing care if they do not give it I would try again but never force any one." All the staff we spoke with had an awareness of MCA and were able to describe the principles of the act. One member of staff said, "Some people's relatives have power of attorney in place to make certain decisions in relation to their relative's health or finances." Another member of staff said, "People's [care plans] have information about people's capacity and how to

support people. The care plans are up to date but if you had any concerns about a person's fluctuating capacity you can use [mobile technology] and the provider will always respond to any concerns about a person you have." We looked at information about people's capacity in their care plans and saw people were involved in making decisions about their care, and where required, records detailed decision's made in people's best interests. This showed staff were aware of their responsibilities under the MCA and people's rights were protected.

People told us staff supported them to prepare and cook food when this was needed. One person said, "I have plenty to eat and drink my carers always make sure I have all I need on a daily basis." Another person said, "I use frozen meals and I know they don't take any cooking but this sounds daft but it's always made to look nice by my carers." Staff told us they were aware of people's individual likes and preferences in relation to food and drink and said they encouraged people as far as possible to have a balanced diet. Although there was no one currently using the service whose dietary intake was being monitored; staff told us if they saw people were struggling to maintain a healthy diet, food and fluid charts were used to monitor people's intake. Where required staff used this information to alert healthcare professionals to seek additional advice to maintain a person's health.

People told us staff were observant to any changes in their health and where required staff supported people to access healthcare services. One member of staff said, "You get to know people very well. If I am concerned about a person's health I would speak with the person, contact the [provider] or their family and if necessary [healthcare] services." People's records detailed where concerns had been escalated about changing health needs and showed action had been taken to involve healthcare professionals. This showed people's health needs were monitored and that people were supported to access healthcare services when required.

Is the service caring?

Our findings

All the people we spoke with, without exception, told us the care they received from the staff and provider was 'exceptional'. When people were talking about their individual 'carer's' they were full of praise. Comments included, "It is so lovely to be cared for by such lovely people." And "It is like a ray of sunshine when [staff] come it doesn't matter who it is they are all just great." And, "The carer and I have laughed from the minute they came in until the minute they had left. It has done me a power of good."

Everyone wanted to tell us about acts of kindness they had received from the staff or provider. One relative told us about the support they received from the provider when they had a particular concern with their family member. They said, "Rather than speaking on the phone the [provider] dropped everything and came over to my house and we talked face to face this certainly was not what I was expecting but nothing surprises me. Everyone who comes bends over backwards to do what they can to help us." The level of care often went beyond what people expected or paid for. For example, staff regularly picked up items from the pharmacy or shops so that people did not run out of essential items and had medicines immediately when they needed them. One member of staff cooked vegetarian food at home and made up extra meals for a person who enjoyed this food. At Christmas time the provider arranged for people without family to receive a Christmas dinner, gifts and chocolates. People also enjoyed visits to the theatre, trips to the cinema and other outings, staff chose to support people in their own time to enhance their quality of life. Some people also used the provider as a first point of contact when they required help with sourcing gardening services, heating repairs or mobile hairdressers and the provider supported people in the arrangement of these services.

People were supported by a consistent team of staff. They said they were fully involved in their care planning and said staff had up to date information about their needs. People said they were encouraged by the provider to express their views about the quality of care they received and the provider regularly sought feedback from them. People said they felt listened to and care was delivered in the way they wanted. People told us care was personalised to meet their individual needs. For example, one relative said their family member needs meant it was important that they didn't have regular care staff supporting them. This was to enrich their life by having contact with a number of different people. They said staff visits were an important part of the person's daily life and different staff visiting stimulated them and had a positive impact on the person's quality of life. The relative said the provider had listened to their request and ensured care was provided to the person by a team of staff. Staff explained some people who received care and support from the service lived with dementia and meant at times they did not always recognise the care staff attending to their needs. The provider supplied photographs of the different care staff and this information was either displayed on a board or in booklet form. This was used to help people recognise the care staff attending the call and reduce any anxiety a person might have from an unfamiliar face. This showed staff were attentive to people's individual needs and acted in a caring manner.

People told us they were able to build good relationships with the staff who cared for them. One person said, "I look forward every-day to my carers coming they are just excellent." Staff demonstrated a detailed understanding of people's care and support needs. They said they were encouraged by the provider to

deliver care that was kind and compassionate. One member of staff said, "It is important to respect people, we are coming into their homes and it is important they feel happy with the care they receive and that they do not feel rushed when care is being given." Staff said they had opportunity to read through people's care records before delivering their care and any changes in people's needs were communicated via mobile technology to them. This ensured staff had up to date information about a person's needs that day and detailed any additional actions required to assist people in their daily lives such as, making appointments on behalf of people.

People told us staff always protected their dignity when providing care or support. One person said, "I am treated with the upmost respect by all the care staff who look after me." Another person told us, "I couldn't be treated with more respect by anyone it is so lovely to be cared for by such lovely people." Staff told us they ensured people were comfortable and happy with the way care was being provided. They were able to provide us with examples of what this meant in practice. For example, one member of staff said, "I always explain what I am doing. If it is personal care I make sure [person] is happy and ensure I have everything close at hand and doors are closed to protect a person's dignity." The provider also explained as part of their call scheduling they had respected people's wishes and ensured personal care calls such as bathing tasks were completed by people's preferred care staff. This demonstrated people's wishes were actioned and their dignity and privacy respected.

Is the service responsive?

Our findings

People were extremely complimentary while speaking about the care they received and praised the responsiveness of staff and the provider. They said care was 'tailored to meet their individual need.' For example, one person said, "I had an early appointment the [provider] came too made sure I was ready on time, nothing is too much trouble." A relative commented, "[Provider] will change call times if we need to." The service was also responsive to supporting people outside their normal calls. For example, taking people to hospital in the night and providing additional support to those people who might have specific health needs and require someone to be with them until their condition stabilised. The provider told us it was important that staff could respond quickly to people's needs. For example, staff recognised if a person's behaviour changed and took immediate action to refer them to healthcare professionals so that any diagnosis could be made at an early stage. For example, urinary tract infection (UTI). This meant the service was responsive to supporting people and provided care that was focused on people's individual need.

People told us they were fully involved in the development of their care records. One person said, "I was involved in completing my care plan and it is reviewed on a regular basis." A relative commented, "[Person] care is reviewed about every six months." People said they were able to discuss with the provider what support they needed and how they would like this to be delivered. They said that if their needs changed care records were updated immediately and staff were made aware of any changes in the way care should be provided. We looked at people's care records and saw they were personalised and held information about people's individual needs, preferences, likes and dislikes. The provider also used technology to share information with staff about people's changing needs or actions/ tasks that were required to be completed before or during the next call. For example, an electronic handover was produced following each person's call. This contained information about any changes to a person's health or well-being. Staff told us the handover was extremely useful as it gave up to date information about how a person was feeling and included tasks that needed to be completed such as picking up food items or medicines on the way to the call. The provider also used a key worker system for those people who had higher needs or specific risks with their health or well-being. Key workers were allocated to people to ensure consistency of care and be a point of contact for families and staff. The keyworker worked closely with the person to ensure they were cared for in a way that was personal to them they would also be involved as far as possible in supporting the person to make choices about their care and support needs.

People were asked for their opinions regularly to ensure the care provided continued to meet their needs. Where people's care needs had increased or tasks took longer than the allocated call time the provider would meet with the person to review their package of care. Adjustments to the package of care such as an increase in the length of call time or reduction of the number of tasks completed by staff were agreed with the person and care records were updated immediately. The provider also sought people's feedback about the service in a number of other different ways.

For example, spot checks, comment cards and reviews left on their website. People said they also received regular phone calls from the provider to keep them updated of any events. For example, One person said, "The carer said [CQC] might be ringing me I always get told things I need to know they are very good like that." Another person said, "I just get phone calls to see if I am ok." We also saw questionnaires were sent

out to people and their relatives seeking their views about the quality of service provided. We saw questionnaires were written in an 'easy read' format with pictorial faces to confirm the level of satisfaction. We saw comments received were very complimentary of the service provided. For example, 'Have complete confidence in the carers and I can converse with them on most subjects.' And 'All carers are very pleasant.' We saw all feedback from people was analysed by the provider to see if they could improve any aspect of the service provided to people.

People told us they knew how to raise concerns should they need to and said they felt confident these would be resolved quickly. One person said, "I never have had to make a complaint and I can't ever imagine having to." A relative commented, "We were told how to make a complaint when the carer started coming and it is in the file." Staff we spoke with knew how to deal with any concerns or complaints and said they were confident the provider would address any issues raised. One member of staff said, "I would reassure the person and make sure I was clear what their concerns were. I would contact [provider] and explain what the concern was about and they would deal with it." We saw the service had a complaints and compliments policy which was made available to everyone. The process for handling any concerns was clear; we looked at the records of complaints and found issues raised had been investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

Everyone we spoke with said the service was extremely well run. People said the provider went out of their way to ensure they received a personalised service. One person said when asked about the provider, "Brilliant, Brilliant, Brilliant need I say any more." Another person said, "Genuinely caring and easy to speak to." Everyone we spoke with told us they would recommend the provider to their friends and relatives. During our conversations with people and relatives we received multiple compliments and positive feedback about the management team and of the care staff who supported them. The provider had built their business on recommendation and did not take on any new packages of care before first considering staffing levels and whether they could meet the people's needs. The provider invested time in people and said the culture of the service was one of empathy and caring and focused primarily on the people who received support. The provider's focus was to ensure people were at the heart of the service and had built a reputation for high quality care. The provider ensured staff knew what a positive difference they made to people's daily lives and actively sought people's feedback to continue to develop their values of placing the person at the centre of their care. People told us how staff and the provider went above and beyond what might be expected of them to make sure people were safe and happy with the care they received. For example, one member of staff did a person's laundry as the person did not have any means to complete it themselves. The provider also collected commodes from the local council so people did not have to wait for them to be delivered. They also purchased and gave to people urine bottles to avoid people having to mobilise to the toilet at night when they might be at risk of falls.

Staff were exceedingly positive about the provider and senior staff. One member of staff said, "I worked in care before I came here. I never knew what really good care looked like until I came here. I would not work for any other company. The provider values the staff we are well trained and supported in our role and the most important person in the company is the person who is receiving care. They are at the centre of everything the [provider] does." Another member of staff told us, "It is a fantastic company to work for. I feel fully supported in my role the bosses are lovely always available to talk to. I know what I have to do and I have everything I need to support people properly." Every member of staff we spoke with told us the culture of the organisation was open and transparent. For example, staff who visited the office received a friendly welcome from the management team who took time to talk and laugh with the staff. Staff also said the provider was always available for advice and guidance and they felt confident to approach the provider with any concerns, worries or suggestions and said they felt valued and respected.

There were clear lines of accountability in place and the management team was experienced, extremely knowledgeable and familiar with the people they supported. The directors of the service had worked for a number of years in health and social care, and both directors continued to develop their knowledge and share best practice with staff. They encouraged staff to develop and improve their knowledge by offering training and undertaking qualifications. Staff were clear about their roles and responsibilities, what was expected from them and who they could speak to should they require support or have any concerns. Staff were motivated and said they were proud to work for the provider. Staff said they worked well with each other and had access to information should they need it. For example, policies and procedures. Staff were aware of the whistle-blowing policy and all staff said they would be confident to use it if they thought it was

needed. Whistle-blowing means raising a concern about a wrong doing within an organisation. Staff received regular one to one and team meetings and said the use of mobile technology ensured they were always kept up to date with everything. They told us the office staff were helpful and they could always call in or ring the office for advice and support when needed. Staff said the provider completed regular spot checks, these focussed on engagement, communication and the quality of care staff gave people. Staff received feedback immediately after these observations and any areas for improvement were discussed during their one to one meetings. Record's we saw confirmed this and showed where improvement was required support was given. For example, training was made available for staff to develop their skills and knowledge.

Effective mobile technology communication systems were in place to ensure staff had the most up to date information available to them. For example, groups had been established using mobile technology to share information, update staff about changes to people's required need and to inform staff of best practice. This meant they were able to be particularly responsive to any changes in people's needs. For example, one person's needs had significantly changed and this had been communicated to the provider who contacted external agencies immediately to keep the person safe. The provider responded quickly to the situation and made a difference to the person's life. Staff also told us mobile technology was used by the provider to send their rota's, make changes to call scheduling and share information. For example, staff had access to immediate information about any changes to people's medicines, tasks that needed to be completed either on the way to a person's call such as picking up items of food or medicine or during the call such as offering to support a person to make healthcare appointments. This meant information was passed on quickly to staff and resulted in an improved quality of service being provided to people. For example, Staff could ask questions on behalf of customers whilst on the calls and receive an answer back immediately.

Along with people's feedback the provider had a number of other effective checks they completed regularly to review the quality of the service. These included reviewing and monitoring Medicine Administration Records (MAR) sheets, care records, daily notes and handovers. They checked, reviewed and responded to information using mobile technology and where required updated people's care records. The provider also ensured people received their care calls at the times that had been agreed. The provider ensured the length of call times were appropriate for the number of tasks staff were required to complete and, sufficient travelling time was given between calls. Records showed care calls took place within timeframes agreed with people. Observational spot checks were also completed of staff in people's homes. People confirmed these took place and told us they were always asked for their feedback about the quality of care and any issues were dealt with straight away. People also told us the provider contacted them to ask if they were happy with the staff that had supported them. The provider told us they did this for everyone particularly for new staff. This ensured the provider staff were working in the ways the provider expected and that people were happy with the care and support they received. We found the provider also completed regular checks of complaints, incidents and accidents and staff training and supervisions. Any areas for improvement found were acted upon and lessons learnt to improve the quality of service. For example, Introduction of a 'learning mentor' for new members of staff. This person was an experienced carer who supported new staff through their induction and probationary period. They completed spot checks and provided advice and guidance to all new care staff employed by the service. This meant staff had a consistent approach to people and people received excellent standards of care continually.

We asked the provider to complete a Provider Information Return (PIR). The provider completed and returned this to us within the timescales given. Where the provider had informed us of their plans for improving the quality and delivery of the service such as, improving electronic recording processes, we found evidence of this. We found the provider was aware of their responsibilities which included submitting notifications when required to CQC to tell us when certain events or incidents of concern occurred as is

required by the law. Although this was the first inspection for this service we found the provider delivered a quality service to all the people they supported and continually strived to improve the quality of the service delivered through the use of feedback, training and technology innovation. For example the provider continually improved and developed the level of service people received based on their feedback and views of how their care was delivered to ensure people received care that was tailored and responsive to their needs.