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Goyt Valley Carers

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

Goyt Valley Carers is a community based service, registered to provide personal care to people in their own homes. The service currently provides personal care for 25 people.

The inspection took place on the 6 and 7 April 2017. We gave the provider 48 hours' notice of this inspection, as this is a small service where staff are often out during the day and we needed to make sure that the registered manager would be available to meet us. This was the first inspection since the provider moved address in July 2016. We contacted people by phone on 6 April to discuss their experience of the care they received and we visited the provider's office on 7 April to speak to staff and view records.

There was a registered manager in post and they were present throughout the 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 told us they felt safe with the staff from Goyt Valley Carers. Care plans incorporated risk assessments and risks to people were identified and managed. People were very happy with the staffing arrangements and where possible people had the same carers attending to their needs. We were told carers were on time and received training on using equipment necessary to assist people to mobilise. Medicines were managed safely and staff received the necessary training to assist people with their medicines.

People were full of praise for the staff who cared for them and talked about the professionalism and knowledge of the care staff. Staff were trained to understand the particular health conditions of people and worked closely with the district nurses to ensure consistent care and treatment. Staff understood the principles of the Mental Capacity Act 2005 (MCA) and ensured decisions were made in people's best interest and consent was gained for care. People were supported to maintain a balanced diet and where required, nutrition and hydration was monitored to ensure people did not become unwell.

People were extremely positive about the relationships they had with staff. They told us they looked forward to the carer's visits as they brightened up their day. Staff were described as outstanding, kind and compassionate; and they were respectful and courteous when in people's homes. People were actively involved in making decisions about their daily lives and the care they required; this enabled them to remain in their own homes and maintain their independence. People were treated with respect and dignity.

People were full of praise for the personalised care they received. They provided many examples of care that they considered to be exceptional. The registered manager and staff team were praised for their knowledge and understanding of people's needs and their flexibility to respond to emergencies and changing need. People were consulted about the quality of care they received on a regular basis and their views and wishes were sought and respected. Feedback was used to improve the quality of care people experienced. No

complaints had been received by the service, people told us they were more than satisfied with the care they received.

The registered manager had an open and inclusive style of management. People, families and staff praised their commitment and attitude and described them as exceptional and excellent. People were full of praise for the level of detail and understanding shown by the registered manager at their initial assessments and care reviews. They told us this continued with the quality of staff who cared for them. Staff felt the registered manager was extremely supportive of their development, which motivated them to want to provide the best care possible for people.

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 felt safe and risks to people were identified and managed within the care planning process.

Staff understood their responsibilities to keep people safe from harm and there were enough staff to meet people's needs.

Medicines were managed safely and staff received relevant training.

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs.

Staff were supervised and supported by the management team.

Staff understood the principles of consent and ensured people consented to their care.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, compassionate and who listened to them.

Staff invested time in developing positive relationships with people, which promoted their rights and dignity.

People were actively involved in making decisions about their daily lives and the care they received; and their views were respected.

Is the service responsive?

Good

The service was responsive.

Staff clearly understood people's preferences and choices and respected these.

Staff were very flexible and responsive to the changing needs of people.

The management sought feedback and used this to improve the service and the care people experienced.

Is the service well-led?

Good

The service was well-led.

The registered manager adopted an open and inclusive style of management and was supportive of people, their families and staff.

Staff were supported by a registered manager who was available and responsive to any concerns.

There was an effective quality assurance process in place.

Goyt Valley Carers

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 April 2017 at the provider's office base; and people who used the service and their families were contacted by telephone on 6 April 2017. We gave the provider 48 hours' notice because they provide a community based service and the manager is often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a community based service.

Before the inspection we reviewed any information we held about the service, including any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred. Owing to IT issues the provider had not received our request to complete a provider information return (PIR), prior to the inspection. Therefore this was not available to help us plan for the inspection. A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development.

In order to gather information to make an assessment of the quality of the service, we looked at a range of records and spoke with different people. We spoke with eight people who used the service or their families, the registered manager and care staff. We also reviewed care records which included needs assessments, risk assessments and daily care logs; and management records which included staff records, policies, development plans and evidence of training.

Good

Is the service safe?

Our findings

One person told us, "I find all the carers to be very trustworthy. They know me and I know them". Another person said, "I have no doubts about my safety at all". A relative told us, "We know our mother is really safe with her carers"; and another said, "She feels very secure with the support she receives, that puts our mind at rest too". A staff member said, "People are safe with us, we look after their wellbeing". Staff told us they understood how to protect people from harm or abuse as they had completed training on safeguarding adults and there were policies and procedures in place to guide them. We saw a safeguarding adult's policy and a whistleblowing policy available to guide staff, if they needed to report any concerns about a person's care or safety. Staff told us they would not hesitate to report any concerns to the registered manager who they were sure would take appropriate action to keep people safe. The registered manager told us they also checked staff understanding of safeguarding during supervision and team meetings. People were safe from risks associated with abuse or harm.

Risks to people were identified and assessed and risk management plans were in place to reduce the likelihood of harm. People told us that staff met their needs in ways that did not put them at risk. One relative told us, "Two carers always come to support my relative"; and another said, "Staff use the overhead hoist in his bedroom very carefully. He is very confident in the way they move him carefully and safely from his bed to his shower". We saw evidence that risks had been identified and assessed in care plans; and these were available to staff caring for people. Staff we spoke with were able to provide examples of how they managed known risks to people. For example, they ensured that two staff were available to support people, where it had been identified in care plans that this was required; and they completed training on safe use of equipment before they used it to assist people to transfer or mobilise. One staff member said, "If it says there should be two staff to care for a person, I never go alone". This demonstrated that staff were aware of known risks to people and care plans provided guidance on how to manage these risks safely.

People told us they thought there were enough staff to care for them and they appreciated having the same staff wherever possible. A relative told us, "Our regular carers are really well suited to their jobs; they are very professional and reliable". Another relative said, "The carers use their time effectively. They do not appear rushed and always leave by asking if there is anything else they can do". People told us the staff were very punctual and if there were any delays there was a good reason and staff always rang them to advise they were running late. We saw the rotas and the registered manager explained how they liked to keep staff with the same people where possible, and keep calls within the same geographical area. Staff told us they had plenty of time to care for people and enough travel time in-between calls, so they were not rushing. There were sufficient staff available to meet people's needs.

Staff were trained in medicines management and were able to support people to take their prescribed medicines, if this was part of their agreed care plan. A relative told us, "My mother simply couldn't cope without the excellent support she receives. Her medication is managed perfectly by the carers and they have all received training from the district nurses to manage her catheter". Another relative told us, "They do her medication really well". Staff told us they completed medicines training before supporting people with their medicines or creams. One staff member said, "The manager makes sure we are confident and checks our

competency before we are allowed to give people their medicines. She makes sure we remember to give the right medicine to the right person at the right time". They went on to say, "We know to ring the office if we notice any errors on the medicine administration records (MAR); we don't fill it in for other staff". We saw MAR charts that had been collated and returned to the office to be checked for accuracy. These were generally completed correctly and we saw that where errors had been identified, these were highlighted for the registered manager to follow-up. The registered manager told us they discussed errors with the staff concerned, refreshed training if necessary and checked for competency again. This demonstrated that medicines were managed safely.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to care for them. One person told us, "I get on well with all the care staff. They meet my needs perfectly; I think they are all properly trained". A relative told us, "They are well trained and highly professional". They also said, "Some of the young carer's are learning from more experienced staff which is good, they have good mentors to aspire to and we encourage them as much as possible". Another relative said, "All the care teams are excellent, they know what they have to do, they have been thoroughly trained. They respond well to his needs in a safe and secure way". We saw the training matrix and evidence of training in staff records, staff spoke positively of the training they received and said it made them more confident in their roles. Staff had the skills to care for people.

The registered manager had gained a training qualification and said she was able to provide more specific and relevant training for the team. For example, safeguarding, moving and handling, dementia awareness, managing anxiety in older people, pressure area care and diabetes. One staff member said, "The training is really good, we get do's and don'ts; the manager is really good, she makes it really interesting; we get both written and practical training, it gets you thinking and covers everything". Another staff member said, "The manager's really thorough and very knowledgeable, she explains things really well". The provider expected new staff to undertake the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure staff had the necessary training and skills to meet people's needs.

New staff told us they did not start work until references had been received and the Disclosure and Barring Service (DBS) check had been returned; and records we saw confirmed this was the case. They said their induction was very thorough and involved shadowing experienced staff for as long as they felt they needed to; plus one-to-one support and guidance from the registered manager, going through policies and procedures, as well as the role and responsibilities of a carer. A new staff member told us, "I observed six or seven nights before I worked alone. I was able to learn the person's routines, learn how to use the equipment and how they needed to be moved about. I also had time to read their care plan and get to know them, before I worked alone with them". They also said, "If I have any doubts, I know I can contact the manager and [they] will help me out". The recruitment and induction process ensured staff had the skills and knowledge to care for people effectively.

We saw that one-to-one support meetings for staff (also known as supervision) were planned in advance and saw evidence that supervision meetings had taken place, in staff records. Staff told us supervisions were useful and provided opportunity to discuss things through and plan their own development. Supervisions took place regularly in line with the provider's supervision policy. We saw minutes of team meetings and saw they covered a range of issues including, case management, staff conduct, results of quality checks, policies and expectations of the provider. One staff member said, "Team meetings are useful and are a good opportunity to catch up with everyone and find out how people are doing. It's always useful to know how people are just in case we have to cover their care when someone is off". The processes in place to support staff were effective and provided a good opportunity for information sharing and mutual support. This

meant staff had the support necessary to carry out their role of caring for people.

We viewed care plans and found them to be well organised, clear and informative. The daily logs contained detailed information on the care provided for people as well as how people responded to the care given at each visit. These were signed and dated by the staff at each visit. They included details of tasks completed and any instructions for staff visiting later. For example, we saw records where staff at early morning visits had put the washing machine on and they left a message for the staff calling later in the day to take it out and dry it. Staff told us they liked the care plans and we found staff made regular daily records so other staff and family members were up-to-date. The systems in place for record keeping were effective and ensured people received consistent and relevant care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We saw that where people were assessed as lacking capacity to make decisions about their care, decisions had been made in the person's best interest; by family members and professionals, who understood the needs and preferences of the person. One relative said, "The carer's have formed a strong bond with my mum. They know precisely what they have to do and manage her dementia very compassionately. We know she is in safe hands; they talk through everything they are doing with her and put her at ease. She is very calm and relaxed about how she is supported. She has never, ever complained". This showed that the provider took responsibility to ensure that they were operating under the principles of the MCA and that people's views and preferences were considered, when making decisions regarding their care.

People were supported to eat meals of their choice and were supported to prepare meals independently when they were able to. Where it was necessary to do so staff monitored what people were eating and drinking to ensure they did not become dehydrated or lose weight. One relative told us, "The carers chat about what he wants to eat. They also monitor his sugar levels and his drinks, they encourage him to minimise his sugar intake because he has diabetes". Staff told us they had received training on diabetes and this had helped them understand the condition and why it was so important for people to monitor what they ate and drank. People told us the staff were very good with hygiene and infection prevention and control and always washed their hands before and after caring for people and preparing food. People were supported to have a balanced diet and nutritional risks were identified and monitored to ensure people did not become unwell.

People told us they were assisted to appointments if there was no one else available to take them. Relatives told us the care staff had an excellent relationship with the district nurses and they followed advice regarding wound care and catheter management. One relative said, "Staff have been directly trained by the district nurses in our home to manage his catheter". This relative also commented on the 'high quality of hygiene' applied by the carers when caring for people.

Good

Is the service caring?

Our findings

People spoke very highly about the positive relationships they had with staff. One person described their regular member of staff as, "Outstanding" and another said, "They are really chatty and helpful, we look forward to the carers coming as they brighten up our day. They are good company". A third person said, "All the staff are very friendly and we have a good natter while they are with me. They know me and I know them, I couldn't have a shower without them. We have a good routine that works well". A relative who was full of praise for the service told us, "I am entirely confident that he is in excellent hands. There is always a lot of chatter and laughter when the carers come to our house. This is great for him and me. The carers listen very carefully to his needs and approach their job in a calm and professional manner. They even find the time to do additional chores that are not necessarily part of their duties. They are so kind and friendly. They are genuine carers".

Staff told us they really enjoyed caring for people. One staff member said, "I absolutely love it" another said, "I love my job and I love my clients" and a third told us they really enjoyed their job because, "I have time to sit and chat with people. Family are really important to people so it's nice to chat about their families and their lives. When we have time, we look at photo albums and talk about things that are important to them". There was a caring culture within the organisation and all the staff we spoke with were passionate about providing good quality care for people. This demonstrated that staff had positive caring relationships with people based on mutual respect and compassion.

The registered manager told us they liked to spend time with new staff during their induction as it gave them time to get to know each other. They said by talking and observing people they could tell whether they were right for the role. They told us they only accepted the best people for caring roles and said, "You either have it or you don't". People spoke very highly of the registered manager and of her caring nature and concern for people and staff. One person said, "She is so friendly. She sets a great example to all her staff". We found all the staff we spoke with demonstrated care and compassion for people and it was clear from talking to the registered manager that this was integral to the culture of the organisation. This meant people received good quality care from carers who were kind and compassionate.

People told us they were involved in planning their care and said staff really listened to them and understood their needs. One person said, "I am a very independent person, so the carers let me do as much as possible for myself, but they are always close by if I need them". A relative said, "They respect the way he likes to have things done in terms of how he is washed and cared for generally. They give us tremendous emotional support and we all work together as a team. It is an understatement to say that they meet our needs". Another relative said, "My mother actually enjoys seeing different carers, she likes to talk to different people. The staff are really good, they meet her needs very well and have a calm and professional approach. They use their time really well getting my mum to do more than I ever could". A third relative said, "The carers encourage him to be as independent as possible, they monitor his progress each day to check he has carried out his tasks properly. They manage his dementia in a really sympathetic way. Without them we would struggle and he could not cope at all. It is the only way he can be left to lead an independent live". People have choice and control over their daily lives which meant they remained as independent as

possible. This gave them dignity and had a positive impact on their wellbeing.

People told us that staff respected their privacy and dignity. One person told us, "I feel very comfortable in the company of all my carers. They make two visits each day to check my medication and apply cream to my leg ulcers. They do other chores for me too. They are very kind and efficient. My health is definitely improving so I have actually reduced the visits that the carers make. My daughters fill in any gaps, but I do love the social contact I have with the carers". A second person said, "We have no problems at all about the quality of care we receive. There are no problems with respect and confidentiality" and a third person said, "They don't meddle in any of my business. My family and I are very pleased with the support I get." A relative told us, "I feel that the carers are very respectful towards him when they help him wash. I have never heard the staff chat about things they do with the other people they support. In that sense I think everything is done in confidence. If that wasn't the case I would let the staff know".

People told us they trusted the staff and were sure that they would maintain their confidentiality. A relative told us, "All the staff are very trustworthy. I know I can leave them to get on with their jobs. I think they are very conscientious and trustworthy". People were full of praise for how they were cared for and the respect and compassion of the staff team. People and their families said without the quality of care they received they would have no option but to consider a care home, which some people definitely did not want to do. One relative said, "The only other option is a care home and he would hate that". This demonstrated that staff treated people with respect and dignity and enabled them to lead independent lives in the community where they wanted to live.

Good

Is the service responsive?

Our findings

People told us their care was personalised for them and staff really listened to what they had to say. One person told us, "My carers know me really well. I like things to be left clean and tidy and that is exactly what my carers do to my satisfaction. They are so supportive, I am very happy with them indeed". A relative told us, "Her dementia is a barrier, but the carers are well trained to deal with that. We have good continuity of care from the Goyt Valley team. They all know what is required of them and they get on with their jobs really professionally". Another relative said, "The staff always ask what she wants when they do their morning visit. They discuss with her whether she wants a bed bath or a shower. They do her breakfast just the way she wants it. They are as regular as clockwork, they are always on time". All the relatives we spoke with said they were frequently contacted to keep them informed how well their relative was doing and one said, "They care about us, just as much as my family member". We saw the service provided 24 hour care to people who required it, with waking night staff caring for people throughout the night. People told us, the care staff knew them very well and all their needs were well met.

We saw evidence in care plans that people's wishes and preferences were recorded and people told us staff were aware of these and made sure they received care just as they wanted it. For example, we saw one person had requested female only care staff and this person was really pleased to tell us this choice had been supported, they said, "I am so happy with the support I get". Another relative explained how flexible the manager was when she had to go into hospital and was not able to look after her family member. They said, "The care team laid on extra visits to look after my husband, I was so grateful. The staff are so patient knowledgeable and kind". Two relatives gave us examples of how vigilant the care team were at monitoring people's health. One relative explained how the care staff suspected a urine infection and referred to the GP before it became any worse; and another told us, how the staff prevented problems like bed sores from developing or deteriorating. One of these relatives said, "We are so pleased with their attention to detail, they are so kind and gentle". This demonstrated that staff were attentive and responsive to people's changing needs, in such a way as to prevent people's health or conditions from deteriorating.

Another relative was full of praise for the care her family member received and how this had a positive impact on the whole family, who were now less anxious about this persons safety and their own ability to cope with his changing needs. They told us, "The nurses advised us to move my husband in a wheel chair; but with private physiotherapy support at home and the tremendous help from our carers, my husband is now walking safely with walking sticks. He is making great progress. He is a very determined person who is receiving great support. The manager is exceptional in the way she manages and trains her team. She organised training with the district nurses for her staff, on how to put on the various splints my husband needs and how to manage his catheter. That is really personalised care". All the people and relatives we spoke with, told us they really appreciated how the registered manager took a real interest in their needs and how they wanted things done; and how she made sure that was what they received. This demonstrated that people and families were involved in their care planning, staff listened to them and responded in ways that people had requested.

A third relative told us how they also benefited from the care given to their family member. They said, "The

manager allows two carers to take him for respite care to Southport every year. They drive him up there and then bring him home. They leave him at the care home where he has a great time. This gives me a rest too; I have no worries, because I know he is in safe hands". People received personalised care, with care plans developed to meet the unique needs of individuals. Staff understood individual need and respected people's preferences.
One staff member explained how they had to call an ambulance for a person late at night and the registered manager came out to support them and went along with the person in the ambulance. They told us, "She came straight out and stayed with me until the ambulance came; she supported me, the person and their family, and she even went to hospital with them". The registered manager confirmed this and said, "We couldn't expect them to go there alone, they would be confused and distressed, it's always better with a familiar face". This meant the person was not alone when going to hospital and they had someone with them who could explain their needs to hospital staff, enabling them to receive consistent care. This demonstrated that people were at the heart of the service and their needs were the focus of the care provided.

People and relatives told us they found the records staff kept in people's homes were very useful to check what was being done. Some relatives told us they shared care duties with care staff and it made it easier for them to know what the carers had done. Relatives also told us how new staff, and staff who were new to their family member, checked the care records to familiarise themselves with the needs of people, before they starting caring for them. Families were reassured by this, as they said it demonstrated to them, that the carers wanted to provide a personalised service to their loved ones. Staff told us it was important that they recorded all their activities in the daily care log, so everyone knew what had been done and how the person had responded during the visit.

The registered manager told us effective record keeping was an essential part of the service. They said it was important that staff recorded the details of their visit and did not just write 'all care needs met', as that did not really say anything and important aspects of care could be forgotten or missed. We saw the daily logs completed by staff were detailed and informative and gave a clear picture of the care that had been given. The registered manager told us they audited care records when they did spot checks in people's houses, or when records were returned to the office and then used this information to develop staff knowledge and skills. Up-to-date and relevant information was shared between staff effectively. This meant staff had a good understanding of people's care requirements, which enabled them to respond promptly to peoples changing needs.

We saw people's care plans had been reviewed every six months or sooner, if people's needs changed. Although these new care plans were not signed by people, they told us they were involved in the discussions and agreed any changes to their or their relatives care. There was a complaints policy in place and this was available in each person's home with their care plan. Copies were also available in the office for staff to read and understand the process. None of the people we spoke with said they had any cause to complain but they all said they would not hesitate to contact the registered manager, if they did. People were very happy with their care and knew how to raise any concerns or complaints if they had any.

Everyone we spoke with was full of praise for the registered manager and how she consulted with them about any changes. They told us they had recently received letters from the registered manager advising they were planning to change the legal status of the company to become a 'Limited Company' and asked for their agreement to the proposal. People also told us they had regular visits and phone calls from the registered manager, to check how they were and asking for feedback on the staff and the quality of care they received. One relative said, "The manager is always available to discuss the care that mum receives; we are currently trying to arrange an extra hour of support each day". We saw contact made with people and

families by the registered manager were recorded in people's care records and any feedback was used to improve individual care or overall service development.

For example, after speaking to one family, changes were made to how people's personal care items were disposed of. This was an improvement not only for the family who raised this but also for other people and staff, as responsibilities were now much clearer. The registered manager also sent out surveys every six months to people and their relatives inviting people to feedback their experiences of care. We saw that the results of these had been collated and fed back to the team at team meetings and supervisions. People were consulted about their experiences and views of the care they received and this information was used positively to improve the quality of care.

Good

Is the service well-led?

Our findings

The registered manager had an open and inclusive style of management that staff told us they found empowering and supportive. One staff member told us how they were being supported and encouraged to gain further qualifications to build their skills and knowledge; they said they really appreciated this, as it showed the registered manager had confidence in them and their abilities. Another staff member said, "She is a good manager, she's approachable and will always find time to talk to you and go through things if you need support". They told us how the registered manager came out to support them on a waking night shift when a person was taken ill; and how she supported them, the person and their family. Staff were empowered and supported by the registered manager which meant they were able to develop in their role and improve their practice.

People spoke very highly of the registered manager and were full of praise for how she managed the team and responded to the individual needs of people. One relative said, "The owner has very high standards and expectations of her staff. She does spot checks and accompanies new carers on their visits to ensure that her staff are meeting the quality standards she requires of them. She also expects her clients to tell her if the carers are doing well or if they are under-achieving. She is an excellent manager." Another relative described the registered manager as, "Exceptional". A third relative said, "The managers attention to detail in the first meeting we had, convinced us that Goyt Valley Carers was the best service to meet our family's needs". Relatives were pleased with the open communication between the staff and other community healthcare services. They gave many examples of how care staff had worked closely with district nurses to ensure that people received the correct care and treatment when it was required. They were impressed at how quickly the registered manager arranged training for care staff, in how to use specific equipment or manage particular health conditions. This meant people were able to remain living independently, in their own homes, instead of having to move into residential services. The provider's statement of purpose says 'Goyt Valley Carers will promote and encourage our service users to continue to live independently in their own homes as much as possible' and, 'all staff will be friendly and professional'. People were more than satisfied with the care and support they received from the registered manager, who promoted the ethos of the organisation in all aspects of their work.

There was clear and visible leadership of the service; and the registered manager was respected by people, families and staff. A relative told us, "The manager leads from the top, she sets a great example to her team". People and relatives told us that staff took pride in their appearance and looked 'professional'. One relative said, "It reassures my mother that staff wear an easily recognisable uniform and carry identification". We found staff were motivated and had a good understanding of their role and responsibilities. One staff member said, "We never stop learning" and another said, "We are a great team, we all support each other, we want what's best for people". The registered manager was supported in the office by two staff. One staff member was responsible for staff issues including, maintaining staff records, DBS checks, planning supervisions and observations. The second staff member was responsible for service user issues, including quality monitoring of MAR and care records. Bother staff members worked closely with and reported directly to the registered manager. There was also an out-of-hours emergency telephone service provided by the management team, which meant people had access to the service 24 hours per day. There was clear and

consistent management of the service, with clear lines of accountability.

The registered manager understood their responsibilities in respect of their CQC registration and submitted notifications as required. The inspection report and ratings award from the services previous office address, was also visible and available in the provider's office, where staff and people visited. We had not received a provider information record (PIR) from the service as expected. However, on further investigation we found this form had been sent by email but not received. The absence of the PIR is usually an indication of poor management; however, we were satisfied that this was an error and as it had not impacted on the quality of care people received, we decided not to restrict the rating in this section.

The systems in place to measure the quality of care provided, were effective. People were very clear that the staff and registered manager listened to them and consulted them about their experiences and the quality of care they received. There had been no complaints made by people but there was a policy in place to process any that occurred. We saw evidence that surveys took place and information from them was shared with staff at team meetings and supervisions. We noted that the last survey was full of praise and positive comments from people and relatives, and there was little in there that required changes to be made to the service or people's care. However, we were satisfied that people had opportunity to feedback directly to the registered manager and that this information was used to improve people's care experience.

People and staff told us that the registered manager did spot checks on staff, to check their competence and the quality of care they provided. People told us they found this reassuring, knowing the staff who cared for them were checked by their manager. Staff said they found this a useful process, as they often got good feedback or some useful feedback on how to improve. This demonstrated that quality was integral to the management and operation of the service; and people were assured they were receiving good quality care.

We saw people's care records were collated in the office each month, where senior staff checked them for accuracy, consistency and relevance. We saw findings from these quality assurance checks were shared with individual staff or all staff, as appropriate. As a consequence of this process, the provider had created a sample care plan for staff to look at and check how they should be recording information. This sample care plan was also used in staff induction and for training purposes. The quality assurance processes in place were effective at monitoring the standard of care people received and at identifying areas for development.