

Interserve Healthcare Limited







Interserve Healthcare - Nottingham

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?	Outstanding	
Is the service well-led?	Good	

Overall summary

The inspection was announced and took place on 7 January 2016. Interserve Healthcare – Nottingham is a domiciliary care service which provides personal care and support to adults and children, in their own homes. Some of the people using the service had complex

healthcare needs and the frequency of visits depended on people's individual requirements. Visits ranged from short visits to 24 hour care. On the day of our inspection 12 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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 were kept safe by staff who had a thorough understanding of their responsibilities with regard to protecting people they were caring for from harm or abuse.

People's needs were met and they were cared for by sufficient numbers of staff. The risks to people were identified and addressed and regularly reviewed to ensure people remained safe. People received their medicines as prescribed and the management of medicines was safe.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support for care workers who knew them well. People felt safe and secure when receiving care from well trained staff.

People were encouraged to make independent decisions and staff had an excellent understanding of legislation to protect people who lacked capacity to make their own decisions. The legislation was applied in the service and we found that the service was proactive in ensuring that people's rights were respected.

People received the support they required to meet their nutritional needs. Staff were knowledgeable about how to support people with their nutrition and in the use of

equipment if required. People were supported with their healthcare needs by nurses employed by the service and referrals were made to healthcare professionals when needed.

People had positive relationships with their care workers and were confident in the service. There was a strong value base in the service to ensure that workers were caring and compassionate. People who used the service felt they were treated with kindness and said that their privacy and dignity were always respected.

People, who used the service, or their representatives, were actively encouraged to contribute to the planning of their care. Innovative methods were used to communicate with people who used the service and their families to promote involvement in care planning and delivery. People who used the service felt able to make requests and express their opinions and views which were acted upon.

People, or their representatives, were actively encouraged to provide feedback on the service and staff worked well as a team in an open and supportive manner. Staff felt fully supported and motivated by the management team to provide a high quality service to people.

The registered manager and the provider had a good understanding of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service in order to drive improvements within the service.

Summary of findings

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. The provider had robust systems in place to recognise and respond to allegations of abuse. Risks to people were identified and assessed.

There were sufficient numbers of staff to provide care in a safe and consistent manner. Staff were recruited safely.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People received effective care as a result of highly trained and well supported staff.

People were supported to make independent decisions and procedures were followed to protect people who lacked capacity to make decisions. The service was proactive in ensuring people's rights were protected.

People were well supported with their health and nutritional needs.

Good



Is the service caring?

The service was caring.

People felt that staff always treated them with kindness and went above and beyond their roles. People were pleased with the consistency of their care workers and felt their care was provided in the way they wanted it to be.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

The responsiveness of the service was outstanding.

People felt that the service promoted open and inclusive communication to ensure people's individual needs were met. Innovative methods were used to communicate with people who used the service and their families to promote involvement in care planning and delivery.

People were enabled to participate in activities with the active encouragement of staff and a focus within the service on helping people to achieve their goals.

People were actively encouraged to give their views and raise concerns to drive improvements at the service. People knew how to make a complaint if required and had confidence that any complaints would be acted upon by the management team.

Outstanding



Is the service well-led?

The service was well led.

Good



Summary of findings

People had confidence in the management of the service which worked effectively to ensure people's needs were met.

The management promoted strong values which were embedded in the service and demonstrated by staff from the beginning of their employment.

There was an emphasis on continual improvement which benefitted people and staff. There were robust processes in place to monitor quality and understand the experiences of people who used the service and improvements were made when identified.

Interserve Healthcare - Nottingham

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 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete 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 received this information as requested.

We also checked the information that we held about the service and the service provider and contacted commissioners (who fund the care for some people) of the service and asked them for their views.

We spoke with three people who received a service from Interserve Healthcare – Nottingham by telephone and three relatives. When visiting the agency office we spoke with the deputy manager, a care consultant, a nurse and a care worker. The registered manager was not available on the day of our inspection. We spoke to a further two care workers by telephone. We also sent a survey to staff and people who used the service about their experiences and received four responses.

We reviewed a range of records about people's care. These included the care records for four people and three medicine administration records (MARs). We reviewed other records relating to the management of the service such as quality assurance audits, minutes of meetings with people and staff, the employment records of three members of staff and the findings from questionnaires the provider had sent to people.

Is the service safe?

Our findings

People and their relatives told us that they felt very safe in the hands of the service and the care workers who provided support. One person said, “Yes, I feel safe, very much so. The workers are super.” We were told by one person who used the service and one relative that care workers “were like family.” People told us they felt comfortable talking to staff if there was anything that made them feel unsafe and were confident any concerns would be responded to. All three of the relatives we spoke with were confident their relation was safe because they were provided with support by well trained and familiar staff.

People could be assured that staff knew how to respond to any allegations or incidents of abuse. A safeguarding policy was available and all staff received regular training in safeguarding people from abuse. All of the staff we spoke with displayed a thorough knowledge of how to recognise signs of potential abuse and how to respond. They understood the process for reporting concerns and escalating these to external agencies if needed. One care worker explained, “If I had any concerns I would speak to someone. I know how to raise an alert, we have a policy. I would provide reassurance to the person, record and report.” No safeguarding concerns had been raised by the service in the past twelve months however, the management team were fully aware of their responsibilities in relation to this.

Potential risks to people who used the service and to care workers were identified and assessed. These included environmental risks and risks due to the health and support needs of each person. Clear guidance was in place for staff to cover events such as not being able to gain entry to the person’s home, how to support the person to evacuate in the event of a fire and how to respond to deterioration in a person’s healthcare condition. We also saw records that the registered manager had provided staff with scenarios during training and meetings to check that staff knew how to respond to incidents to keep people safe. Systems for monitoring safety alerts within the system were robust and we saw that the provider monitored the service’s response time to alerts within the service.

Some people had restricted mobility and information was provided as to how the person should be supported to move around their home, without providing unnecessary restrictions upon them. Staff told us that any equipment

needed was available to provide people with the required level of support in a safe way. We saw that the equipment required for each person was recorded in care plans along with dates when equipment safety checks were due and who was responsible for the checks.

People we spoke with felt that there were sufficient staff to meet their needs. All of the people using the service that we spoke with told us that they had never experienced a missed care call and that a member of staff had always been available when needed. One person told us, “Oh yes [staff arrive on time]. They are always on the doorstep when needed.” One relative did inform us that their relation had experienced one missed care call. However, they had contact with the service, confirmed that they were able to provide care and the incident did not leave their relation at risk. People and their relatives told us that they were communicated with if staffing rotas changed and that arrangements were made to provide cover if staff were delayed or not at work.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. One staff member told us, “Staffing levels are good; we always have enough time [to deliver care]. If we go over our time we contact the office. It is better that the client is safe and comfortable than we leave on time, we have always been told that. If we are running late we inform the office and they make arrangements.” The people we spoke with confirmed that staff would stay on past the allotted time if required to ensure their safety and wellbeing.

The deputy manager told us that the service builds the staff team around people’s individual needs. Each person had a group of staff who usually provided their support. Extra staff were also provided with information and training in the event they were required to provide cover for regular care workers. At the time of the inspection the service was recruiting two care workers to replace staff who were leaving in the coming months. The deputy manager told us that they wanted to ensure they could continue to provide the required level of care. We were also given an example of the service not committing to the full package of care for a person until they could guarantee they had adequate staffing resources.

We checked recruitment records and saw that the registered manager had taken the necessary steps to ensure people were protected from staff who may not be fit and safe to support them. Before staff were employed

Is the service safe?

criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and appropriate references had been obtained prior to employment and retained in staff files.

People told us that they received the support they required with their medicines. One person told us, "Absolutely [staff manage medicines safely] they keep checks on what I need and carry out audits and collect from the chemist." One relative told us that the service managed their relations medicines well. They explained, "They have a very good process regarding medication. [My relation's] medicines were changing quickly and they kept us informed of what

they could/ couldn't do." We found that people's capacity and independence was considered in relation to the administration of their medicines. For example, one person's care plan stated that the person was able to self-medicate but may require assistance to remove their medicine from its container. Care plans showed who was responsible for reordering people's medicines. While some relatives undertook this, the service provided support to other people so that their medicines were ordered on time.

We found that there were systems in place to ensure medicines had been stored, administered and reviewed appropriately. Staff told us and records showed that care workers had been trained in the administration of medicines and had their competency assessed.

Is the service effective?

Our findings

All of the people we spoke with and their relatives told us they felt the staff who cared for them were very competent, having received the training they needed to do their job. One person told us, "I get the right support. I've never had any complaints. I've always thought they were very good." A relative told us that their relation required support from highly trained care workers due to complex healthcare needs. They told us they felt reassured that staff were trained to provide the required support.

People were supported by care workers who had the knowledge and skills required to meet their needs. All members of staff who we spoke with said that they were fully supported by the management team at the service. One staff member told us, "The training is really good; all the trainers are really supportive. There is always training going on and we get reminded if ongoing training is due. They will never let it run out." Another staff member told us, "It took six weeks to complete e-learning (induction) and I was supported throughout. The training at the office involves scenarios and is practical, with staff having to demonstrate." Records confirmed that staff received regular training in areas the provider considered as mandatory and competency based training, specific to a person's complex healthcare needs, if required. We were provided with details of the external organisation that provided training to the service which employs specialist healthcare professionals who are qualified to deliver training. The provider also monitored training compliance to support the registered manager to ensure staff training requirements were up to date.

All new care workers completed an induction programme at the start of their employment that followed nationally recognised standards. Staff told us that the induction equipped them with sufficient knowledge and information to undertake their roles and gave them the opportunity to meet the person they would be supporting. One member of staff told us, "We always have a meet and greet with the person even if we may only be used as a contingency (to cover regular staff)." In addition, care workers were supported to complete profiles consisting of information about their experience, training and interests to enable the care co-ordinators to match staff appropriately with people. The deputy manager told us that efforts were made to match people with staff on the basis of their skills,

experience and personality and that people's preferences in relation to whether they preferred male or female care workers were taken into account. People and their relatives told us that they thought staff were well matched to their needs.

Staff received support to understand their roles and responsibilities through regular supervision sessions, peer group meetings and annual appraisals. We saw records of peer group meetings with staff which were specific to each person being supported by service. Feedback was sought from the person or their representative, staff training needs and competency assessments were discussed and opinions gathered about the qualities they would seek in any new staff.

People confirmed that they had consented to the care they received and described inclusive communication with their care workers. They told us that care workers checked that they were happy with the support being provided on a regular basis. One person told us, "I make most of my own decisions. The carers will suggest things but they respect my decisions." Another person told us, "I make my own decisions but it's a combined effort and sometimes we go through things together."

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. People's capacity to make their own decisions had been assumed in line with legislation unless there was an assessment to show otherwise. Care records evidenced that one person's relative was legally appointed to make decisions on their behalf and accordingly, we saw that the relative had provided consent on behalf of the person. We saw that other people who had capacity had signed their care plans to provide consent. The deputy manager told us that if they had any concerns regarding a person's ability to make a decision, they worked with the local authority or the person's doctor to ensure that appropriate capacity assessments were undertaken.

Is the service effective?

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that the service was actively liaising with the relevant local authorities to ensure that people's rights were protected.

We saw that one person had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) form in place which had been completed by their doctor. The form had been completed accurately with consideration of the person's capacity and staff were aware that it was in place. Another person had completed an Advance Decision to Refuse Treatment (ADRT) which was documented within their care plan with additional guidance provided to staff about its use. This helped to ensure that the person's decisions would be respected in the event they lacked capacity in future.

People were happy with the support they had to eat and drink. One person who had a 'live in care worker' provided by the service told us, "I get support with meals. We discuss what we are going to have and shop for it together." Another person told us that they did not require support with their meals but if they needed help it would be provided.

The support that people required to maintain adequate nutrition and hydration varied. While some people required minimal support, others were on specialised feeding regimes aided by the use of specialist equipment. Care plans provided clear and detailed guidance for staff about

the support each person required and records evidenced that staff had been trained to use equipment safely. Care plans contained guidance for staff to ensure that people were offered choices and encouraged to be as independent as possible. Staff were able to tell us about the dietary needs of the people they were caring for and how they would ensure people's nutrition and hydration needs were met.

People who used the service could be assured that staff would support them with their healthcare needs. Where staff were responsible for assisting people to make healthcare appointments, this support was provided. One person told us, "The carers come to the doctors with me for an appointment. It's good as it's a face you know." The person confirmed that they felt reassured by the support they received to attend appointments.

People and their relatives were confident that should the health of the person who used the service deteriorate, staff would respond appropriately. People's care records provided details of healthcare professionals involved with the person and contained guidance as to when to seek support. Staff told us that they would contact a health professional if required or liaise with office staff to make contact if doing so would detract from the support they were giving to the person. We saw one person's care plan contained evidence of detailed information sharing between the service and external agencies to ensure that the person's healthcare was monitored appropriately.

Is the service caring?

Our findings

Everyone we spoke with, without exception, told us they were treated with kindness and compassion by the care workers who supported them and that positive relationships had been developed. One person told us, “The staff are very caring. I can’t give enough praise. All the staff are fabulous and know me well.” Another person told us, “The staff are very caring, it’s so reassuring. If they are going to be late they phone through, but it’s not very often it happens.” One person’s relative told us that staff were caring and often stayed longer than they should have and summarised “There was a good culture of caring people.”

We found that positive, caring relationships had been developed with people. All of the office staff, which included care consultants and nurses, who oversaw the delivery of care and provided clinical support, were clearly passionate about making a difference to people’s lives. We observed a care consultant talking to staff on the telephone about a person they would be supporting. The person was spoken about warmly and the staff member provided with lots of person centred information about how they liked to be supported. This ethos was shared by the care workers we spoke with. The registered manager also checked that staff were demonstrating appropriate values in relation to the people they were supporting during spot checks.

When care packages were started people were introduced to the care workers who would be working with them. One person’s relative told us they had been reassured when their relation had met with all of the care workers who would be providing support prior to them returning home from a healthcare setting. Another relative told us that they were due to be meeting a new member of staff who would be providing care for their relation in the coming days. Everyone that we spoke with confirmed that they had regular care workers who visited them and that they were introduced to new staff prior to them delivering care. One person said “I am being introduced to a new worker today. I always know who is coming.”

People who used the service could be assured staff had a good knowledge of their needs and preferences. Staff we spoke to were able to describe in detail the needs of the people they supported. It was clear staff understood the individual preferences of people they cared for, and they spoke warmly about people. We saw that people’s care plans contained a document entitled, “All about me” which

detailed the person’s likes and dislikes. Care plans contained important details relating to each person’s specific support needs. For example, which side staff should approach the person from or how the person’s head should be supported. Records also reflected ways in which people were supported to be more independent and how their choices were acted upon. For example, we saw one person’s care plan which detailed how the person was to be involved in decisions about the activities they undertook. Another person’s care plan reflected how staff should support the person to plan meals and prepare a shopping list. One person told us, “Oh yes [supported to be independent]; my carer is very encouraging.”

Care plans were reviewed with people who used the service and their relatives every six months, and the people we spoke with confirmed that they were involved in this process. One person told us, “There is someone coming out tomorrow to go through my care plans.” Another person told us, “I have a copy of my care plan and I was asked about what went in it.” People and their relatives told us that they felt listened to and we saw that information provided by people or their relatives had been used to update care plans or to inform discussion at peer group meetings. Consideration had also been given as to how people with communication difficulties were communicated with, for example, through the use of gestures or using the loudspeaker facility on the telephone.

We were told that no one who was using the service required an advocate as people felt able to speak for themselves or had family members who advocated on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. We were told by the deputy manager that the support of an advocate would be sought if required.

People were supported to have their privacy and were treated with dignity. People we spoke with confirmed that staff respected their privacy and dignity. Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect and were able to give us examples of this, for example, when providing personal care. We saw that the registered manager carried out spot checks on staff which included consideration of whether the client was given privacy, choice and allowed to make their own decisions. People’s confidential records

Is the service caring?

were stored safely and securely within the office and staff informed us that whenever they were sent confidential information about a person via email this was password protected.



Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. People confirmed that when their care was being planned, a thorough assessment of their needs was carried out. A senior member of staff spent time with the person and their relatives, finding out about their preferences and the support they needed. One person's relative told us, "From the first contact we had with them, the service has been incredible." Another relative described the support they received from Interserve Healthcare – Nottingham as "amazing" during a difficult time when their relation was very unwell. They told us that the awareness shown by staff towards the emotional and practical needs of the whole family was of great help and that the support offered by staff was "far and above" what had been expected and had "genuinely improved" their relations experience.

We found that the service was proactive in promoting open communication with people to ensure that the care being delivered continued to meet people's needs. People confirmed a high level of contact prior to and during the delivery of a care package. One person told us, "They come regularly to see if I am happy." People confirmed that they only had to pick up the phone if they required changes to the delivery of their care and that requests were responded to. One relative told us, "The communication is unbelievable, they get back to you a.s.a.p. Communication and care planning; I can't fault them. They go above and beyond (what was expected)."

Innovative ways of communicating ensured that people and their families were involved in meetings and could share information and views with staff. For example, we saw that people's peer support meetings took place at a variety of locations to suit the preferences of the person and their relatives. We were provided with examples of meetings taking place at people's home, a day centre and the office. The meetings were designed to enable all care workers, the person and their relative to be involved. For example, we saw minutes of a meeting at which the person's relative had been actively involved, providing additional information and training to staff. The relative told us, "We have regular meetings when [relative] is at home. The carers always spend 10-15 minutes with

[person] before the meeting." We also saw evidence of email communication between a person using the service and staff which reflected the persons preferred method of communication.

People told us their views and opinions on how their care was delivered were valued and respected. We were given two examples of people or their relatives requesting changes to staffing which were facilitated by the service. One person's relative told us, "The staff are really good. They removed one member of staff when we were not happy. The situation was handled well." Another person told us that they inform staff how they wish their care to be delivered and that their preferences are respected. The person told us, "All staff are well trained and very supportive. I train them on how I like to be supported."

Staff we spoke with told us that people's care plans were kept up to date and the information reflected the needs of the person they were caring for. One staff member told us, "Care plans are always up to date and worded in a way we can understand. They contain information about the person, their history, medical conditions and needs." We were told by staff that any changes to a person's care plan were made when required and they were sent information ahead of their visit alerting them to changes. One staff member told us, "Risk assessments are carried out if things change." We saw this to be the case. For example, a staff member had reported a possible risk to a person and an assessment had been completed to ensure that the risk of injury to the person was reduced. Staff told us they had time to read care plans and complete the required records when on a call. We reviewed a number of records including daily recording, observations and repositioning charts and found that they had been completed as required.

People told us care workers had an excellent understanding of them as individuals; their hobbies and interests, and that they were supported to participate in activities they enjoyed. One person told us, "Very much so (staff know me). I am supported to maintain my hobbies and interests. My carer will suggest activities I may like and is very encouraging." The person spoke of their pleasure in being able to maintain their hobbies and enjoyment when talking to their care worker about their interests, such as politics. Another person told us, "My carers come with me [when person goes out], we have ever such fun. [Relative] had a party and my carer came. I wanted to go to the pub and my carer came for a meal as well."



Is the service responsive?

People told us that they were supported to be as independent as possible. One person told us, “Oh yes, I’m supported to be independent but [care workers] help if I need it.” Another person said, “Yes I am supported to maintain my independence (by carers). We all went out on New Year’s Eve.” People also confirmed that they retained control of their personal space and one person gave an example of staff helping them rearrange areas of their home so that they could retain their independence in a safe manner.

Staff recognised the importance of people retaining their independence, and avoiding social isolation. One staff member told us, “It’s the little things. Like someone asking what is on TV and then passing them the remote so that they can choose and maintain those skills.” People were supported to maintain important relationships and to encourage new connections within the community. For example, we were told about one staff member working with family to ensure that a person had access to a telephone so that they could maintain contact with their friends and offering to make contact with a neighbour who had previously offered their support. Staff were aware of the need to respect people’s diversity and culture and one staff member gave us an example of supporting a person to attend a culturally appropriate day service.

We saw that feedback had been sought from people and their relatives via questionnaires to ensure that staff were responding to people’s changing needs. All of the returned questionnaires were positive about the support that the service provided. One relative commented, “I have complete confidence in the staff. [Relation] loves going out in the community on a Saturday with [their] carers. It’s the highlight of [their] week.” The deputy manager told us that they were in the process of working with people to identify whether they had any goals they would like support to achieve. We were given two examples; one person had identified that they would like support to go bowling and another had asked for help in sourcing specialist transport. We were told about the progress which had been made in achieving these goals for people.

People were actively encouraged to give their views on the service and raise any concerns or issues. People told us that senior members of staff maintained regular contact

with them to check that they were happy with the service being provided. People and their relatives were aware they could make a complaint about the service if they needed to. The people and their relatives that we spoke with told us that they had not had cause to make a complaint about the service. One person told us, “I know I can make a complaint but I don’t have a problem with any of them [carers].” Another person told us, “I have never had to make a complaint.”

The deputy manager told us that the service had not received any formal complaints in the twelve months prior to our inspection. The deputy manager said that she felt this was due to good communication systems that ensured people felt comfortable to raise issues before they escalated into complaints. One person’s relative confirmed what the deputy manager told us by saying “When I had little niggles they were sorted straight away. The [staff] in the office can always deal with it.”

Care workers understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised. All of the staff members we spoke with felt that any concerns are taken seriously by the management team and would be responded to. We also found that part of the management team’s ongoing responsibilities included the provision of regular meetings between themselves and people who used the service and their relatives to review care plans and discuss any concerns. We saw records of these meetings and actions points which had been agreed with people or their relatives to address any concerns or issues raised. The provider also had a role in overseeing complaints handling at the service and had acknowledged that the service has a high level of contact with people and that any issues causing concern for people should be recorded. We saw that people’s concerns were being recorded and acted upon. For example, one person had raised during a meeting that care workers phones ring when they are supporting them. The person had told the registered manager that although staff do not answer their phones, the noise is annoying. As a result of this feedback staff were reminded to keep their phones on silent when providing support.

Is the service well-led?

Our findings

Without exception people and their relatives told us that they had great confidence in the management of the service. One person told us, “The communication is very good. I am regularly asked my opinion of the service. I can’t think of what improvements they could make.” One person’s relative also told us, “We were very lucky to find them. It’s a great business.” Another relative told us, “They have worked hard and overcome obstacles which have been huge to deliver above and beyond what was expected.”

People benefitted from a culture which was open, inclusive and supportive. Staff were motivated and told us that the management of the service was excellent. One staff member said, “They are spot on. It’s one of the best places I have worked.” Another member of staff agreed, saying, “This company tops the lot. When I leave a person I have confidence that the next care worker is going to be just like me.” The staff we spoke with told us that the registered manager communicated well with staff regularly ensured that staff were happy in their work, passing on feedback and encouraging them to raise issues or make suggestions. This was confirmed by a member of staff who said, “They are very organised and make sure that staff are happy. They ring on a weekly basis to ask if there are any changes or issues. I never feel I can’t say something.”

The registered manager was not available on the day of our inspection, however, the deputy manager and other senior members of staff who were based in the office were able to answer any questions we had and were able to source required documentation without hesitation. People told us that they found the office staff very helpful and able to answer any questions they had or respond to issues. People and their relatives told us that an out-of-hours service was available when the office was closed which was responsive and effective if they had any issues. Staff also told us they were never without support. One staff member told us, “The on call system works well. There is always someone to talk to.”

Staff were deployed effectively in the service to ensure that people’s needs were correctly identified and met. All referrals to the service were discussed by the management team to determine the most appropriate member of staff to

carry out an assessment, for example whether they require assessment by a nurse specialising in children’s care. If clinical needs were identified the person would have a lead nurse appointed to oversee the delivery of their care.

Care workers told us they were able to raise any issues or put forward ideas with the management team and felt they were listened to. They told us that the management team had an excellent knowledge of the people they supported and their staff. One staff member told us that the registered manager had been very supportive following their return to work. Another staff member expressed that the management team knew staff well which enabled them to provide effective and personalised support to people.

The management team were aware of the attitudes, values and behaviours of staff. This was monitored through spot checks, observing staff practice and during supervision, peer group meetings and appraisals. We saw evidence that the opinions of people who used the service or their relatives had been sought in respect of individual staff members. The feedback that we saw was positive and had been passed on to individual staff members. The six c’s formed the service value base and represented the values of: care, compassion, competence, communication, courage and commitment. This value base was understood by staff and incorporated into recruitment processes as emphasis was placed on recruiting staff with the right values to ensure the service provided high quality care. A senior member of staff with responsibility for recruitment told us, “We find if it’s the right person they demonstrate the six c’s without prompting.” This was reinforced by a member of staff who told us, “Every [staff member] is of the same standard. The service sifts out the people who aren’t committed. It is a difficult interview and the training requires commitment. They get the right people.”

People who used the service and their relatives were regularly asked their opinions of the service either informally by telephone contact every six-ten weeks or more formally during peer groups meetings or through sending out surveys. The results of the latest surveys were reviewed by the inspection team and showed a high level of satisfaction from people who used the service and their relatives and supported the comments that we gathered during our inspection.

Robust internal systems were in place to monitor the quality of the service. These included monthly monitoring by a care consultant or lead nurse of medicines

Is the service well-led?

management and care records. The service was further monitored to ensure the quality of service provision by the provider via clinical audits carried out by a community matron employed by the service and an annual governance review undertaken by the provider. Systems were in place to record and analyse adverse incidents or

'near misses' with the aim of identifying strategies for minimising the risks to people. This showed that the registered manager and the provider were proactive in developing the quality of the service and recognising if any improvements could be made.