Prosper Community Care Limited

Prosper Community Care

Inspection report

Hibbert Business Centre
Hibbert Street, Whitehill Industrial Estate
South Reddish, Stockport
Cheshire
SK4 1NS

Tel: 07413401086

Date of inspection visit:
13 September 2016
15 September 2016

Date of publication:
09 November 2016

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

This was an announced inspection which took place on 13 and 15 September 2016. The inspection was announced to ensure that the registered manager or another responsible person would be available to assist with the inspection visit.

This was the first comprehensive inspection of the service following their registration with the CQC in July 2015.

Prosper Community Care Limited is registered with the Care Quality Commission to provide personal care to people living in their own home. At the time of our inspection seven people were using the service.

A registered manager was in place. 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 who used the service and their relatives were complimentary and positive about the attitude and support of the care workers. They told us calls were never missed and where staff were unable to arrive on time the registered manager arranged for another care worker to attend the visit.

Care workers we spoke with told us they had undergone a thorough recruitment process. They told us training appropriate to the work they carried out was always available to them and following their employee induction. This helped to make sure the care provided was safe and responsive to meet peoples identified needs.

Care workers also confirmed they had received safeguarding and whistle blowing training and knew who to report to if they suspected or witnessed abuse or poor practice. Individual staff training records indicated that all care workers had received such training and were working towards a nationally recognised qualification in care such as a National Vocational Qualification (NVQ) in health and social care and the Care Certificate. This is a professional qualification which aims to equip health and social care staff with the knowledge and skills they need to provide safe care and support to people using the service. The care workers told us they also received regular supervision from the registered manager in the form of one to one meetings and on the job spot checks which helped them to carry out their roles effectively.

People were supported by sufficient numbers of suitably trained staff. We saw that recruitment procedures ensured staff had the appropriate qualities to protect the safety of people who used the service and we saw they received the training and support required to meet people's needs.

A person using the service and their relative told us that the care workers treated them caringly, sensitively and with respect and they tried to make sure that their independence was maintained wherever possible.

Care records were in place to reflect people's identified care needs. Information about how people wanted to be supported, their likes and dislikes, when support was required and how this was to be delivered was also included in the care records we examined. We saw written evidence of people and their relatives being involved in the decision making process at initial assessment stage and during their care needs review.

Medicines were administered by staff who had been given appropriate training to ensure that they were given safely.

Information regarding people's dietary needs was included in their care support plan and guidance for care workers helped make sure these requirements were met. Any specific requirements in relation to medication, such as 'to be taken with food' were clearly documented so that care workers were aware of any risk.

Where people who used the service did not have the capacity to make their own decisions, the service ensured that decisions taken were in line with the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had systems in place to monitor the quality of the service such as regularly speaking to people and their relatives about their satisfaction of the service provided. Announced and unannounced employee spot checks were in place and consisted of visits to people's homes whilst staff carried out their care duties. This was done to check if people were happy and satisfied with the service they were receiving and to make sure care workers were carrying out their duties appropriately.

Complaints, comments and compliments were encouraged by the provider and any feedback from people using the service and their families was shared through face to face meetings with the manager. Any feedback received was used to make improvements to the service and the care and support being provided.

All of the people spoken with knew how to make a complaint and felt confident to approach any member of the staff team if they needed to. We saw evidence that people's comments and complaints were responded to appropriately.

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.

Employee recruitment processes were in place, and the required pre-employment checks had been undertaken prior to anybody starting work at the service. This helped to make sure staff were safe to work with vulnerable adults.

Appropriate arrangements were in place to help safeguard people from abuse. Care workers we spoke with told us about the appropriate action they would take if abuse was suspected or witnessed.

Care workers were appropriately trained and knew how to protect people from the risk of harm. A person who used the service and their relative told us there were kept safe and free from the risks of potential harm.

Is the service effective?

Good

The service was effective.

Care workers had the necessary training, knowledge and skills to provide appropriate care and support to people.

Care workers received an employment induction and regular supervision to make sure they provided people with effective care and support.

The registered manager and staff we spoke with were aware of the Mental Capacity Act (MCA) 2005 and what to do if any restrictions on people were in place.

Is the service caring?

Good

The service was caring.

When we asked people using the service about the care workers attitude towards them, they made positive comments about the caring nature of the staff.

A person using the service and their relative knew the purpose of

the care plan records and knew that it was reviewed regularly in line with the persons changing care needs.

A relative told us they were included in decisions about all aspects of the care provided to their relative who used the service.

Care workers were familiar with the service's confidentiality policy and understood how to work within its guidelines.

Is the service responsive?

Good

The service was responsive. □

People's needs were assessed prior to them receiving a service and reviewed as necessary.

A relative of a person using the service told us they were included in making decisions about the support received and were involved in reviewing their relatives support plans to ensure their needs were fully met.

People told us they felt confident in raising concerns or complaints because they knew their concerns would be dealt with immediately and appropriately by the provider.

Is the service well-led?

Good

The service was well-led

The registered manager promoted a positive culture that was person centred, open and inclusive.

People who used the service and staff spoke positively about the registered manager, care workers and the service.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities regarding their legal obligation to notify the CQC about important events that affect people using the service and the management of the service.

Prosper Community Care

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 was the first comprehensive inspection of the service following their registration with the CQC in July 2015.

This inspection took place on the 13 and 15 September 2016 and the first day was announced. The inspection was carried out by one adult social care inspector. We contacted the registered manager 24 hours before our visit and advised them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager and relevant staff would be available to answer our questions during the inspection process.

Before 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 information that we held about the service and the service provider. This included safeguarding and incidents notifications which the provider had told us about.

During our inspection we spoke with the registered manager who is also the registered provider, a person who used the service, a care worker and a business support worker. We made telephone calls to two care workers and the relative of a person who used the service.

We looked at the care records that belonged to three people, six employee personnel files including individual staff training records, records relating to how the service was being managed and a sample of the services operational policies and procedures.

Good

Is the service safe?

Our findings

A person we spoke with told us they felt safe when receiving care from the staff and made positive comments such as, "Yes I'm safe. I have the same four carers who do what they have to do, I have no complaints. These people are not rough like the others I used to have".

The person's relative said, "When my mum was discharged from hospital she fell out of bed at home. The registered manager was extremely helpful and he organised mum's safety and arranged for us to have sleep in cover for just over two weeks. That made me feel better knowing my mum was safe at night".

The service had an up- to-date safeguarding policy and procedure in place which was in line with the local authority's 'safeguarding adults at risk multi agency policy.' We looked at records that showed the provider had effective procedures that helped to ensure any concerns about a person's safety were appropriately reported. Two care workers we spoke with were able to explain how they would recognise and report abuse and understood the need to be vigilant about the possibility of poor practice.

They confirmed they had received safeguarding and whistleblowing training. They were able to share their understanding of the service's whistleblowing policy (the reporting of unsafe and or poor practice by staff) and told us they would contact the registered manager to inform them about any risk concerns. We saw individual staff training records showed they had received whistle blowing training. Both care workers told us the service they provided was safe because they were aware of their responsibility to ensure people's safety, and knew how to implement the service's safeguarding procedure.

The registered manager identified and managed risks appropriately and risk assessment systems including systems for reporting accidents and incidents were in place. We looked at six people's risk assessments for areas such as environmental risks and using equipment such as hoists and wheelchairs safely in a person's home. Individual risks to people's safety were appropriately assessed, managed and reviewed. From the six care records we examined we saw that each record contained clearly written, up-to-date risk assessments which reflected how people's identified risks would be managed and reviewed. Risk assessments had been updated, and risk management plans were detailed and contained clear instructions, including information relating to avoiding risks. Discussions with two care workers and the registered manager showed they understood and were knowledgeable about the details in people's care plans and how to keep people safe. The care workers we spoke with were able to give us a detailed explanation of how they carried out people's personal care and the moving and handling practices they used when supporting people.

The registered manager told us that where people's needs had changed and there were safety issues with the current level of support, there was an immediate care needs review which looked at the potential risk to the person. All of the care records we looked at reflected this, and we saw evidence of correspondence with the local authority team regarding arrangements to increase the number of people's visits where risks had had been identified. A care worker told us, "If I noticed any changes I would immediately tell the registered manager and I know he would sort this out to make sure the person was safe at all times."

The registered manager operated a 24 hour on call service. Risk assessments were carried out to consider the effects of staff lone working in line with the service's lone working policy. We looked at the staff rota which showed there were six care workers employed at the service. From the staff rota we examined we saw there was a consistent level of staff in place to deliver care and support to the seven people who used the service.

Care workers told us they used their mobile phones to call the office on arrival to a person's home. This system helped the registered manager to monitor the care workers arrival and exit time and indicated when to raise an alert if there was a risk that a visit would be missed or the care worker was running late. On such occasions, the registered manager or another carer worker would make the visit to the person's home instead. Care workers knew to contact the appropriate authorities in the event of an emergency.

An accident and incident policy and procedure was in place. We looked at the file used to record accidents and incidents. However there had been no reported incidents or accidents since January 2016 when the service began operating. The registered manager told us that appropriate authorities, including the CQC, would be notified immediately of such events when they occurred.

There was an effective recruitment and selection procedure in place. We looked at six care worker recruitment files and found that all of the care workers had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and up to two recent references from previous employers. Such checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable people. We spoke with two care workers who described their recruitment process. Both care workers confirmed after completing an employee application form, they were invited to attend a face to face interview to assess their suitability for the job. Following a successful interview the registered manager carried out the necessary pre-employment checks which included proof of the employee's identification (ID) and two references, one from a recent employer. We saw evidence that care workers were not assigned any work until the appropriate ID, references and clearance from the DBS had been received and found to be satisfactory.

The service had a medicine's policy and procedure in place that was followed, monitored and reviewed annually. All of the care workers had been trained to administer medicines safely. Care workers were not able to administer medicines until they had received appropriate training in this topic. We looked at the medicine records for a person and found the records completed were up to date. We asked a person using the service if their medicines were administered on time and they confirmed they were. From the details in other care records we saw some people were assisted with their medicines by a family member.

The registered manager told us that people requiring support with their medicines had a Medication Administration Record (MAR) in their care file and their medicines were listed. Care workers signed the MARs to confirm the medicines had been administered and taken by the person. They told us that the same information was recorded in the daily log to inform other care workers that medicines had been administered according to the person's care plan. A care worker spoken with confirmed they had received appropriate training in medicines awareness and administration and was currently responsible for administering people's medicines. With the agreement of a person using the service we visited them in their home and checked the MARs during the visit. The person confirmed their medicines had been administered correctly and when we examined the MARs we saw they had been signed by the care worker on duty.

Care workers we spoke with told us the registered manager provided them with personal protective equipment such as gloves and aprons which helped to protect them and people using the service from the risk of cross infection whilst delivering care. They were aware of the need to make sure they used the

protective equipment available and one care worker said, "There is always plenty of aprons and gloves to prevent cross infection. It is important that we use them to protect myself and the customer." The registered manager told us that care workers provided their own antibacterial hand gel, however he was looking into ordering hand gel for all of the staff team.

A person using the service and their relative confirmed the care workers always wore appropriate protective clothing whilst delivering their care or preparing meals. We also observed staff wearing protective clothing and following good practice guidelines whilst they delivered care and support to a person in their home.

Good

Is the service effective?

Our findings

A person using the service and their relative expressed positive views about the care and support being provided. The relative told us they were very happy with the care and support their relative received. The relative told us that four care workers visited their relative over seven days throughout the week stating, "They [care workers] did 15 sleep-overs at mum's house. They were brilliant, really very good and we always got the same people, they seemed to have the right training and know what they're doing. I think they are well trained for what they do. They brought up the idea of having a communications book which the care workers and I use to write messages to each other if it doesn't need to go in [relatives] care records, such as what food I need to buy for mum if they're running low . It's a really good idea and works well. The staff are generally good and I don't have to worry about my relative while I'm at work."

New employees received relevant written information about their role and responsibilities to support and guide them through their initial induction period to the service. The registered manager told us all care workers had received induction training in all areas of their work and spent a period of five days job shadowing another care worker. Job shadowing involves working with another employee who can teach, or can help the person shadowing him or her to learn new aspects related to the job.

Care workers spoken with told us they had received "good" induction training prior to working with people who used the service. They told us their care worker induction consisted of them shadowing existing care staff until they became competent in care tasks such as delivering personal care and moving and handling people. A care worker we spoke with said, "The registered manager conducted my induction which was held at the service office and was done over five days. I had to do mandatory training like moving and handling, first aid, food hygiene, medication awareness, fire awareness, safeguarding and whistle blowing. I've just started the care certificate online training. It was a bit complicated at first, but I can always ask the registered manager if I need any help." We saw that all of the care workers were registered to undertake the Care Standards Certificate induction training which provided learning in topics such as accurate record keeping and person centred planning. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is the new minimum standard that should be covered as part of induction training of new care workers.

We asked the registered manager how care workers could access training and was shown the staff learning and development plan which showed care workers had completed a range of appropriate core training such as moving and handling theory and practical, safely, food hygiene, medication awareness and infection control. The staff learning and development plan also showed that infection control, safeguarding adults, hoist training and health and safety training had been completed. Additional training in stoma care and catheter care was delivered to the care workers by the district nurse. The learning and development plan showed the dates when the training had been completed and the planned refresher training dates. Information in the six care worker files we examined showed the registered manager carried out regular unannounced competency checks to make sure that care workers remained proficient in handling and administering medicines. All of the care workers' personnel files we examined contained the necessary training certificates to show staff had received appropriate training to carry out their role.

Records showed care workers had received between one and three one to one supervision meetings each with the registered manager since starting their employment at the service. In addition to this staff meetings were held two monthly and where care workers were unable to attend the meetings, they were advised individually of the meeting content when they came into the office.

An annual staff appraisal system was in places, however because the service had only been operating since January 2016 the registered manager had not yet implemented the system to evaluate the care workers overall performance. The main aim of a staff appraisal system is for the registered manager to inform the employee about the quality of their performance and where best practice is demonstrated. The registered manager also receives feedback from the employee about the job and any problems they may have encountered. We saw evidence in six care worker personnel files they were being supported regularly by the registered manager who told us they operated an 'open door and telephone policy', for care workers to access the registered manager at any time to discuss any issues.

A relative we spoke with told us that as part of their relative's agreed care package the staff prepared meals for them. The relative said, "I buy the ready meals, they just need heating up, and the care worker makes sure mum gets the right food and enough to eat and drink. It's good to know they're around to help". During a visit to the person's home we observed a care worker ask the person what ready meal they preferred for their lunch. After the person had made their meal choice we saw the care worker wearing a clean apron and gloves whilst preparing and serving the person's meal. We saw that the person was provided with enough fluid to drink to maintain their hydration.

Care records showed people had access to healthcare professionals, such as specialist nurses and GPs, who contributed appropriate information to the persons care records.

The registered manager, business support staff and two care workers we spoke with were aware of the Mental Capacity Act 2005 (MCA) and staff training records indicated that all staff had undertaken MCA training as part of their induction process. Where necessary information about a person's mental capacity was included in their care plan. The MCA protects the human rights of people who may lack capacity to make decisions for themselves. The MCA sets out what must be done to make sure the human rights of people who lack mental capacity to make decisions are protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. However, the care workers we spoke with had a clear understanding of the MCA and the registered manager knew to share their concerns with the registered manager who would then make a referral to the Local Authority.

It was apparent from speaking with a person using the service and their relative and examining records that people were actively involved in making decisions about their care and support and their consent was sought and documented. A care worker we spoke with had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support and said, "I ask the client about the way they want their care delivered and how they want me to do things on the day. Sometimes they don't need the toilet when we arrive in the morning, so I ask them about their care because they know about their own care so we can deliver the care how they want it to be delivered."

Good

Is the service caring?

Our findings

A person using the service told us that they were happy with the way in which the care workers cared for them and said, "The carers are alright, I have no complaints. They help me out of bed, make my meals and I have help from my family. They are kind and speak kindly to me. These people are caring the others were rough so I changed to this care company."

A relative said about the care workers, "The carers are all nice and I have no complaints so far. They [care workers] are good, respectful and very approachable, they listened to what I have to say about mum's care."

During the inspection we sought permission from the same person using the service and their relative to visit the person in their home to observe the care and support being provided. The care worker that we spoke with spoke about the person they supported in a positive, caring and respectful manner.

The registered manager and care workers showed concern, empathy and understanding about people's specific care needs. We saw the care worker had developed a good rapport and understanding of the person's needs. We saw that the care worker treated the person and their belongings with respect for example, when we asked to look at the person's care record's the care worker asked the person who used the service for permission for us to read the content of the care record before allowing us to read them.

Care worker understood the person's particular communication styles and how to interact positively with them. We saw the care worker approached the person speaking softly and maintaining eye contact throughout their communication exchange. The care worker remained patient and took time to listen and acknowledge what the person was saying and respond appropriately.

We saw the care worker encouraged the person to remain as independent as possible, and supported the person to manage tasks within their capabilities, and the person told us they enjoyed the independence this afforded.

Whilst the person had four named care workers delivering care to them during the week, it was apparent the person was familiar with the different care workers and continually reminded us "They're all lovely girls" and "They're very kind to me. I don't know what I would do without them".
The registered manager was aware of how to access advocates for people, and told us that if they assessed a person as requiring an advocate, they would contact the person's social care manager and relative who would discuss and progress this. An advocate is a person who represents people independently to help support them to share their views and maintain their rights. They are able to assist people in areas such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them."

The registered manager told us the cultural and religious backgrounds of people were always respected, and when we spoke with two care workers they were able to demonstrate an understanding of the diverse needs of different cultures, race, gender, disability or religions. Whilst the training matrix showed equality and diversity training had not been completed by all staff, the provider confirmed that staff training needs in

this topic was on going and being addressed through the Care Certificate training.

Care workers were familiar with the services confidentiality policy and understood how to work within its guidelines. A relative told us care workers did not share information about them inappropriately with other people and respected their confidentiality. We saw that copies of people's records and documents were kept securely in the service office. This helped to make sure that confidentiality of information was maintained.

We saw consent forms for the care to be provided and for care workers to administer the person's medication was completed and signed by the registered manager and the person, or their relative, where they had lawful authority to consent on their relative's behalf.

Good

Is the service responsive?

Our findings

A relative of a person who used the service told us they were always involved in discussions about the care provided. They said, "I'm always included in decisions about my mums care and support, they [care workers] always listen to me and act on what I say".

The registered manager told us they carried out a detailed individual assessment before a person began using the service. Referrals were currently being taken from Trafford local authority and a comprehensive assessment would be completed to make sure the care workers had the correct training, experience and skills to meet people's needs. We examined three people's care records and saw that detailed information had been drawn up to help make sure people could be fully supported in their own home. Consideration of the person's current abilities and health condition was given priority along with their current medical, physical and mental health needs.

Care records we examined contained comprehensive information about each person with sufficient detail to inform the care workers about the care and support to be provided. Care records were person centred, focused on each person as an individual and contained personal information such as, the person's name, age, the date of birth, next of kin and emergency contact details. Additional general client information included information about the person's interests, hearing, sight, comprehension, communication, mobility and whether the person required assistance with transferring to and from seating in their home. Information about the person's current medication was documented and included appropriate risk assessments for the safe storage and administration of prescribed medicines in the person's home.

We saw care records demonstrated a good understanding of each person, for example, a care plan we looked at gave the care workers clear instructions about how to assist the person with the daily routine of washing their cutlery and plate after eating a meal to maintain their independence around their home. Other instructions directed care workers to maintain a habitable and tidy home and to make sure the person was always dressed appropriately in clean clothing daily.

Another care record gave care workers clear instructions to, "ensure X is wearing the pendant alarm before leaving X home. Specific and detailed information was closely followed by care workers who made sure the daily records gave a clear account of the tasks undertaken in accordance with the person's care plan.

A care worker we spoke with said, "I record everything. I report on a person's health improvement and deterioration. I have to do this or else nobody will know and the persons care package won't get changed to help them improve. Where we need to spend longer at somebody's home, we document it and tell the registered manager. We can't just leave the client if we are running late. We have to make sure we have done everything we need to do and make sure the person is comfortable and safe. Sometimes we are the only people they see all day, so I can't work like that."

Risk assessments were clear and robust and helped to make sure that risks to people's health and wellbeing were minimised as far as possible. For example a risk assessment was in place for a person who required

daily stoma care and catheter care. The risk assessments were detailed and informed the care workers of the process they should follow to make sure these procedures were managed following best practice guidance. Risk assessments also showed that where risks to people's health and well-being had been identified, such as mobility, physical health/ mental health and self-administering medication, the records were thorough and provided enough detail for care workers to respond to people's needs appropriately.

The registered manager made sure that care reviews and needs assessments were carried out frequently and in most cases these were done following each visit if such changes to the persons needs had been identified sooner. These reviews helped to make sure that the person continued to receive care and support to meet their changing care needs.

When we asked the relative about how responsive the service was in meeting their relative's needs they said "I can ring the registered manager anytime the care workers are all nice, I have no complaints at all. They often stay longer if my mum needs more time or if she doesn't need them right then, they will pop in later on and make up their time that way so that mum doesn't get lonely. They're very flexible. Sometimes I'm there when they visit mum and they always tell me how things are and how mum's been generally. They're brilliant and really very good. When my mum had a hospital appointment I was unable to take her so the registered manager arranged for a care worker to go to the hospital with her. We [relative and care workers] have a communication book where we can leave messages for each other and that works well. I check mum's care plan now and then and all the notes in the care plan seem to be accurate."

There was a written complaints procedure in place of which people using the service and their relatives had been provided with a copy and this formed part of the service guide. Details included how to make a complaint, complaint response timescales and contact details for other relevant agencies such as the Local Authority, the Local Government Ombudsman and the Care Quality Commission. A relative spoken with confirmed they had received a copy of the complaints policy and said, "I have no need to complain but if I did I would speak to the registered manager, he is very approachable." When we looked at the services complaints record file we saw that no complaints had been received about the service being provided. The registered manager confirmed that if any complaints and concerns were raised they would be taken seriously and would be dealt with appropriately and in a timely manner in line with the service operational complaints procedure.

Two care workers we spoke with understood the meaning of the term 'person centred care' and told us they would follow all care instructions noted in the person's care plan to make sure the person's needs were met as agreed.

Good

Is the service well-led?

Our findings

A registered manager was in place as required under the conditions of their registration with the Care Quality Commission (CQC). The registered manager was registered with the CQC in July 2015. The registered manager / registered provider understood his role and responsibilities to the people who used the service and demonstrated his commitment to the company by having clear visions and values about the service.

The registered manager held a Registered Nurse Mental Health (RNMH) qualification and demonstrated his ability to think strategically, having a vision of where he wanted the business to be and the action required to achieve that vision. The registered manager received operational and business support from a registered manager of another domiciliary care service and together this helped to make sure the business operations were efficient and effective in terms of meeting the needs of people using the service.

The registered manager told us he wanted to make sure the service provided good quality care and support to people and therefore used external resources such as external training, joint working alongside health services, local authorities and other appropriate organisations as needed. He was aware of the responsibility this involved and paid particular attention to managing the systems and processes which directed the service at focusing on the service user at all times. We saw that these visions and values were demonstrated through the whole workforce approach and attitude to the way the care and support was delivered.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities regarding their legal obligation to notify the CQC about important events that affect people using the service and the management of the service. We saw such records had been sent to the CQC within the appropriate time scale notifying us of the reportable events.

There were systems in place to monitor the quality of the service to help make sure people received safe, effective and responsive care. We saw that regular audits and checks were undertaken on all aspects of the running of the service and the registered manager regularly reviewed the service delivery for individual people using the service. These reviews showed where improvements to service delivery were needed and what action had been taken to address any identified issues.

For example, care workers had identified that a person required additional care worker support because the person's health condition had deteriorated and their needs had changed. The registered manager reassessed the person and identified the person's care needs had become more complex. The reassessment noted that by providing only one care worker meant the person was at greater risk of receiving unsafe and inappropriate care.

Risk assessment information was shared with the commissioning local authority and after a multidisciplinary care needs review, the person's care hours were increased to provide an additional care worker to help make sure the risks to the person and care workers were minimised. This resulted in the person's identified care needs being fully met and risks were mitigated. The registered manager maintained a clear audit trail of this activity to demonstrate partnership work with key organisations to support care

provision, service development and joined up care.

The views and opinions of people using the service were sought from people after each visit and recorded in the persons care plan daily records. The registered manager also gathered information about the quality of the service from people while he carried out spot check visits to people in their home. Comments, views and opinions were saved on the office computer and the registered manager said, "It's early days, we have been operating for only nine months and only have seven clients. I haven't set up the system to evaluate the service because I can visit the service users regularly to get face to face feedback about the service. Even if I'm not doing a spot check, I have telephoned clients to ask them how they feel about the service provided and if there is anything else they need from us. Everybody tells me they are satisfied and happy with the care provided."

The registered manager showed us a copy of an email sent to him from the local authority in June 2016. The email advised the registered manager of positive comments made about the service delivered to a person, and read, "Y [care assessor] has received feedback from X [client's daughter] who had seen a marked improvement in the care provided and her mother's wellbeing. X would like to continue with Prosper Community Care and the care they provide to her mother."

Another email from a person whose father used the service in April 2016 said, "great satisfaction and gratitude to the Prosper Care team for the care provided to my father, I could not fault the dedication and caring attitude of the carers. Exceptional people whom I was very happy to have in my home. In a way I'm sad to see them end their visits."

We asked people who used the service and their relatives if they found the service was well managed. Comments we received from people included, "The registered manager is lovely, he knows what he's doing, yes I'd say the service is well managed" and "There is always someone at the other end of the phone if I need them."

A relative we spoke with said, "They [care workers] always arrive on time and if for some reason they are going to be a little late they phone the registered manager to let him know and there is always a replacement care worker we are familiar with available to cover."

Transport was provided to enable care workers who did not have their own vehicle to make sure they carried out visits on time. The registered manager said, "The care workers have access to two company cars. I have a driver to transport the staff to the visits so they will be on time for the visit. It is very rare that we are late to visits and I don't like to keep the client's waiting. It is good customer service to do this."

Whilst the service did not use a centralised system to monitor care workers arrival and departure visit times the registered manager and care workers confirmed they used their personal mobile phones to communicate with the registered manager and colleagues during work hours. A care worker we spoke with said, "We [care workers] speak to each other between visits to share information about the clients after we visit them.

We call the registered manager to tell him when we arrive at the client's home and at the end of the visit." The registered manager told us that it would not be cost effective to purchase into the local authority call monitoring system at present.