

1-2-1 5 Star Care Ltd

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## Inspection report

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Cumbria  
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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

We carried out this announced inspection 22 and 25 June 2017. This was the first inspection since the service was registered in June 2016.

The provider was given 48 hours' notice of the inspection visit because the location provides personal care and support to people in their own homes. As the people who use this service often accessed community activities we needed to make sure people were available to speak to us.

1-2-1 5 Star Care Ltd provides personal care to adults in their own homes in Carlisle. At the time of the inspection they were supporting twenty people.

The registered provider (provider) was the owner of the company and also carried out some care support duties. The provider employed a registered manager (manager) to assist in the running of the agency. 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 valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. They said the service was, "Fantastic. They have never missed a day. They will always ring if they are going to be late," "Very satisfied, everything is lovely," and "I am 100% satisfied with the service."

We received very positive feedback from health and social care professionals about the working relationship with the service. One professional told us, "I have only positive experiences with 1-2-1 5 Star Care, I find them very interested in the care they provide and seem to go over and above what is needed at times for customers, they take a pride in their role."

We found there here were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and their visits were at the agreed times. People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

People were protected against the risk of abuse or avoidable harm. People told us they felt very safe and were well cared for. Policies and procedures were in place to safeguard people from harm and the staff we spoke with understood their responsibilities. The care staff took prompt and appropriate action if they were concerned that a person was at risk.

Detailed risk assessments helped to protect people from risks they may encounter in their daily lives. Hazards to people's safety had been identified and managed.

Person-centred care plans were in place to support staff to provide a personalised service. Records demonstrated that regular reviews were carried out of people's needs and the service they received. The support plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests.

Newly recruited staff had thorough pre-employment checks and received induction that prepared them for the demands of their job. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

People were included in planning and agreeing to the care they received. People could ask for changes to their planned care and the service agreed to these where possible. Medicines were handled safely and people received support with their medicines as they needed.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff we spoke with were highly motivated and inspired, by the owner and registered manager to offer care of the highest quality. A number of them spoke about the "mums test" in providing care to the standard they would want for their relative. This level of commitment to get things right for people demonstrated both a professional and compassionate approach.

People knew how they could contact a member of the management team if they needed to. There were arrangements in place to ensure the effective management of the service.

We made a recommendation about the storage of staff files.

## 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.

New staff were fully checked and vetted before they were employed to work at the service.

Suitable arrangements were made to prevent avoidable harm and protect people from being abused.

There was sufficient staffing capacity and people were provided with a safe and reliable service.

Where needed, people were given support to take their medicines at the times they required them.

### Is the service effective?

Good ●

The service was effective.

Staff were given the training and support they needed to carry out their roles.

People's care was given with their consent and agreement.

People were supported, where required, in meeting their health care and nutritional needs.

### Is the service caring?

Good ●

The service was caring.

The staff knew people well and supported them to maintain their independence.

Staff had formed caring relationships with people who used the service. They took the time to listen to people and get to know them.

People confirmed they were cared for in ways which respected their privacy and dignity.

### Is the service responsive?

Good ●

The service was effective.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

People were informed about the complaints procedure and had not raised any concerns about the service.

### **Is the service well-led?**

The service was well-led.

People were asked for their views about the service and knew how to contact a member of the management team if they needed. The service had a positive culture.

There were appropriate arrangements to ensure the effective management of the service.

The provider set high standards and monitored the quality of the service to ensure these were maintained.

**Good** ●

# 1-2-1 5 Star Care Ltd

## **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 22 and 26 June 2017 and was announced. We gave the provider 48 hours' notice of our inspection so people who used the service and staff had the opportunity to meet with us and to ensure we could gain access to the documentation that was maintained by the service. The inspection was carried out by one adult social care inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

Prior to the inspection we sent out questionnaires to people who used, their relatives, staff and to external professionals working with the service. We received seven from people using the service, three from staff, and three from relatives.

We contacted health and social care commissioners who place and monitor the care of people living in the home. We received feedback from four healthcare professionals and three social workers.

During our inspection we visited two people who used the service, and spoke with two relatives, three members of staff, the manager and the provider. We looked at care plan documentation relating to four people, and six staff files. We also looked at other information related to the running and quality of the service. This included quality assurance audits, training information for care staff, staff meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

Everyone we spoke with told us that people were safe receiving support from this agency. People who used the service told us that they had never had any concerns about their safety. All of the people we spoke with, and who completed our questionnaires, said they felt safe with their care workers. One person told us, "It had never crossed my mind not to feel safe". Another person told us, "I feel very safe".

Relatives reported no concerns about people's safety or the staff who cared for them. Their comments included, "No problems with feeling safe - they are very friendly", and another relative said, "They have never stepped out of line", "I always feel [relative] is in safe and good hands."

The care staff we spoke with told us they had received training in how to recognise and report abuse. Staff we spoke with all said they knew what to do if they suspected a person they supported was being abused or was at risk of harm. Staff were introduced to safeguarding and whistle-blowing (exposing poor practice) policies and procedures during their induction. Staff were given regularly training from an external training organisation and the provider had arranged for the local authority safeguarding officer to attend a staff meeting to raise staff awareness. Details were included in the staff handbook along with the agency's safeguarding policy and procedures. The provider and manager understood their responsibilities to report any safeguarding concerns to the relevant authorities and to co-operate with investigations.

Providers of health and social care services are required to tell us of any allegations of abuse. The managers of the service had informed us promptly of all allegations, as required. We looked at an example where staff had been concerned about a person's safety; the care staff and agency managers had taken appropriate action. We saw that the care staff had reported the concerns promptly to a senior person in the agency who had referred the concerns to the local authority safeguarding team. A social care professional told us that the service always kept them informed and had "helped in implementing a contingency plan to ensure one person's on-going safety, taking part in the follow up meetings to conclude the safeguarding alert." This ensured appropriate action was taken to protect the individual from harm.

Safe processes were followed if a care worker was unable to gain access to a person's home to deliver planned care. Any concerns were reported to the manager or on call staff member who advised the care worker on the actions to take and maintained oversight of the concern until they were assured the person was safe. The provider had a policies and procedures for dealing with emergencies and one of these was about the actions staff needed to take if they could not gain entry to a person's home.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. The staff we spoke with told us that they had completed training in how to support people safely. They said this had included training in the safe use of equipment in people's homes.

We saw thorough protocols for reporting a missing person and these had been based on current national

best practice. The manager spoke of adopting a scheme called the "Herbert protocols" developed by the West Yorkshire police force designed specifically for using when supporting a person who was living with dementia. This had proved very effective as time was spent assessing people's life histories and daily routines, such as where people had worked or their favourite place to visit.

Staff safety was also given a high profile by the provider. For example, staff were given training on road safety including breakdown advice, how to carry out car vehicle safety checks, such as tyre pressures and carrying a first aid kit.

People we spoke with told us there were enough staff to provide the support they required. They said they always received care from a small team of care staff who they knew and liked. People told us their care workers usually came on time and would ring to inform them if they were going to be late for any reason. People and their relatives described receiving continuity of care from known and trusted workers. Relatives told us, "We have a regular team of three or four workers and, if there is anyone new, they come and meet my [relative] because we need to be happy with them" and "We always know who's coming and they are all great, we have confidence in them all." The provider told us, "I often cover shifts as well as the manager. We have never missed a call ever and we always ring the client if we are going to be late. We have set up a texting system for staff to inform us and we let the client know. We keep people in the loop as not knowing can make people anxious."

The provider and manager operated an on-call system that enabled staff to get advice and support at any time. Details of people using the service, their relatives and staff were held in the office and electronically, enabling the service to be managed remotely outside of office hours and in the event of an emergency.

We looked at the recruitment records for two new staff members. We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service (DBS) disclosure to check they were not barred from working in a social care service. The provider had obtained evidence of their good character and conduct in previous employment in health or social care.

Most of the people we spoke with said they did not require support from care staff to take their medicines. Where staff were responsible for assisting people with taking medicines we saw that accurate records were kept of the assistance provided. The staff we spoke with told us they had completed training in how to handle people's medicines in a safe way, and training records confirmed this. Staff competence was regularly observed and checked, and the manager told us, "We often have a quick 'pop quiz' on medicines at staff meetings just to keep staff on their toes. It's such an important area. We can't afford mistakes." This meant people received the support they needed to take their medicines in a safe way.

## Is the service effective?

### Our findings

People told us they received an effective service and that their care workers were reliable and provided their agreed packages of care. Typical comments were, "They stay the full time and sometimes longer." and "They are excellent. I can't fault them, they are the best I have ever had."

A relative we spoke with praised the agency's diligence and attention to detail. They told us, "I have noticed a huge difference not only in my [relative] physical health but in their overall well-being. They are a changed person since this agency started to offer care about a year ago."

We sent questionnaires to people using the service, their relatives and to professionals working with the service prior to the inspection. People using the service all responded positively that they received care and support from familiar, support workers and received consistent care. They told us that care and support workers had the skills and knowledge to give them care and support they need, and to stay as independent as possibly.

Relatives responded in the questionnaire that the care and support workers had the right skills and knowledge needed to give their relative/friend the required care and support. One friend who was an informal carer told us, "They look after our friend with great skill and seem to know exactly how to treat him (including the latest recruit who is still in training). The agency also provided us with a cleaner (who, incidentally, is now one of the ladies who does the sit in service, which gives our friend consistency). I would thoroughly recommend the agency to anyone who needs this service."

Records showed that new staff were given induction training to prepare them for their roles. This included undertaking the 'Care Certificate', a standardised approach to training for new staff working in health and social care. An evaluation had been introduced to assess each new staff member's knowledge and understanding of the induction programme. A staff handbook was also provided which set out the provider's core policies, procedures and the conduct expected of employees.

Staff told us that they received appropriate information and training that enabled them to meet the needs, choices and preferences of the people they supported. An overview of training confirmed that the staff team had completed mandatory courses in safe working practices, such as moving and handling, first aid and health and safety. In-house and e-learning training had also been undertaken in topics including diabetes, care legislation, confidentiality, and end of life care. Staff were given opportunities to study for health and social care qualifications.

Healthcare professionals told us of positive working relationships with service. One healthcare professional said, "I am currently leading on rolling out a new initiative within adult social care looking at appropriate reductions in care packages using moving and handling equipment and they (1-1 5 Star) have been very on-board with this. Both manager and deputy manager attended the education session and are looking to purchase new equipment for their in house moving and handling training so their care staff are better equipped and skilled to use equipment in the community issued by occupational therapist (OT's)."

Staff felt they received regular supervision and appraisal which enhanced their skills and learning. The provider said they conducted regular, planned observation of staff and additionally often popped in to do spot checks. Staff reported being well supported and that they knew the high expectations set by the provider and manager. One staff member told us, "We are carefully checked that we are doing things right. You never feel you're thrown in at the deep end. I never feel rushed to carry out care. We have the time in this agency to spend with people."

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.

People who have capacity can set up a lasting power of attorney, which is registered with the Office of the Public Guardian. A Lasting Power of Attorney (LPA) gives legal authority to an identified individual to make decisions on a person's behalf. They can be used to authorise another person to make decisions about finance or about health and welfare. The provider had good systems to check if people who used the service had a valid LPA in place. They identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on an individual's behalf.

The MCA sets out how decisions can be made in the best interests of a person who does not have capacity to make or express their own choices. The manager of the service understood the principles of the MCA and how to ensure people's rights were protected.

People had agreed to their care plans and had given consent to being photographed, and where applicable, for workers to administer their medicines. People and their relatives confirmed that their care workers consulted them and asked permission before providing support. One person told us, "They do ask me what I want, but we have a routine so they know what I need."

Some people's care plans included support with meals, drinks and snacks which staff provided during their visits and/or left for the person to have later. Food and fluid charts were made available for monitoring of intake, where needed. Some workers were trained in specialist enteral feeding techniques (where food and supplements are provided through a tube in the abdominal wall into the stomach). Relatives told us care workers assisted people with their nutrition, where agreed. One said, "They do him a light lunch and if I'm out they will cook him some dinner." Another told us, "They help him with food."

Details of people's medical history, health conditions and any allergies were obtained. Checks were also made and documented to make staff aware of emergency healthcare plans and instructions for resuscitation. People told us their care workers were alert to any changes in their health. One person said, "If they think I look a bit off, they will advise me to contact the doctor. They are very good." In records we saw evidence of workers' vigilance, for example arranging for a GP to visit, which meant the person received timely treatment for an infection. The provider also told us about how they had pursued concerns raised by care staff in relation to another person's ill health, prompting further tests and their admission to hospital.

The agency office space was limited. We saw how this had worked so far for the size of the agency. The provider told us of details to expand and how plans were in place to look for more suitable office

accommodation.

## Is the service caring?

### Our findings

People told us they were very happy with the care and support they received from the service and that their workers were kind and caring. One person said, "I have a team of about four really lovely staff. They are like friends and, if one of them is off, a new person is introduced to me before they start to show them what to do. It puts me at my ease. I really trust them all now." Another person said, "I get on very well with them they are very friendly." A third person told us, "They are all smashing, friendly and caring. I have fun with them and have a laugh because it's not easy being inside on your own all day, it's nice to have them round."

A friend of a person receiving care told us, "The staff are terrific. Always there for us. Very supportive. Caring for us informal carers as well as the cared for gentleman. We know we can ask when we want help or advice and we never feel we are a burden. We were even given the manager's mobile number in case we needed help on Christmas Day!"

A relative told us, "We rapidly built up a very good relationship with them [staff] and I can't praise them enough. The staff are always well humoured, friendly and willing to do anything we ask."

People valued their relationships with the staff team and felt that they often go 'the extra mile' for them, when providing care and support. One person we spoke with told us of a birthday cake that staff had made for them and how the cake was a novelty one based on a keen interest they had. Relatives were also pleased with the staff approach and the relationships they had formed with their family members. Their comments included, "They are friendly and when two come they will sit and they bounce off each other and have a good chat". Another relative explained how the relationship worked two ways with staff, they told us, "Cake is very important in this agency. I make sure that staff always have a cake for their staff meetings. It's my way of thanking them."

All the staff we spoke with were highly motivated and inspired, by the owner and manager to offer care of the highest quality. A number of them spoke about the "mums test" and said that care should always be to the standard they would want for their relative. This level of commitment to get things right for people demonstrated both a professional and compassionate approach. Health and social care professional told us of the agency going 'over and above' what was expected. For example one professional told us, "The manager stayed well after the care call end time. She then remained to support to the person until they felt safe."

We saw people were given a welcome pack that informed them about the service. This provided contact details, a guide to what to expect from the service and how to give feedback and make complaints. The information included commitment to treating people with respect, being sensitive to the individual's needs and abilities, promoting independence, autonomy and dignity, and respecting cultural and religious values. The management checked these principles were being adhered to in practice by seeking the views of people and their families. This was done through various methods, such as satisfaction surveys and in person during care reviews and checks on staff. People told us the information they received from the service was clear and easy to understand.

People and their relatives confirmed that care workers respected their rights to privacy and dignity. Everyone we spoke with told us that the care staff who visited their homes took appropriate action to maintain their privacy. They said the staff treated them, their families and homes with respect and told us that this was important to them. People told us the staff knocked on the door before coming into their homes. One person said, "There's no 'barging in' the carers [care staff] always knock and call out to me".

People felt the support provided helped them to be as independent as possible. People told us the support they received helped them to stay in their own homes and said this was very important to them. One person told us the service was "invaluable" and another person said, "I'm not exaggerating when I say they have helped me to turn my life round. They took time to get to know me and had the patience to build my confidence up. I'm doing things again I thought I never would." Another person said, "I like to get up on my feet when I can and they encourage me to do it."

People receiving support and the staff we spoke with confirmed that the focus of the service was on respecting and promoting people's rights and choices. People told us that the staff gave people time to carry out tasks themselves. The care staff told us they understood that it was important to support people to maintain their independence. Care records we looked at included information about the tasks that people were able to carry out themselves and guidance for care staff about how to promote people's independence.

The care records we looked at included information about any support people needed to be able to communicate their wishes. At our visits we saw that the staff knew any support individuals required and gave people time to express their choices about their care. People we spoke with told us the staff, "listen to me and provide the support I need".

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to keep matters private and to put care plans and daily notes away after visits. We also noted that the language used by staff and used in people's records was appropriate and respectful.

The provider had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

At times, the service cared for people at the end of their lives. We saw how the service, working with other professionals, helped people to experience a comfortable and dignified death. The agency had links with a local hospice and outreach professionals for guidance and support. Staff had completed an end of life course to develop their skills and knowledge in this area. One palliative care specialist told us, "1-2-1 5 Star Care are supporting one palliative client of mine at present and the client reports that she is very happy with their support."

## Is the service responsive?

### Our findings

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and told us that if they requested changes to their planned these were agreed where possible. One person told us, "They are excellent, they will do anything I ask." Another person said, "They always ask what I want and if there's anything else I need. I get everything I need."

Relatives also felt the service was responsive, one telling us, "If I ring the office (the provider) always listens to me and is very helpful." Another relative said, "I find this care company is very responsive caring safe well led and effective. I would recommend this care company to other service users due to this. If I had had something I needed to discuss I write it in my brothers care plan and they are very responsive at getting in touch straight away."

A friend of a person in receipt of care told us, "We rapidly built up a very good relationship with them and I can't praise them enough. Both of the office managers pop in to check all is well and to ensure we are still happy with the service. They are very flexible."

People told us that they were included in agreeing to the care they received. One person told us, "I was interviewed and asked what I needed" and another person said, "I was involved all along". We saw that people had signed their care records to show that they agreed to them. The care plans held detailed information for care staff about the support individuals required and how they wanted this to be provided. The care staff we spoke with said they knew the support people required because this was detailed in their care plans.

The care plans included information about people's life histories and relationships that were important to them. We saw that the staff knew people well and talked to them about their families and interests. People told us this was important to them. We saw that care plans included an assessment of the person's practical abilities and dependencies for example sight, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person. We also saw how the agency was keen to look at the person as a whole and take into account their emotional, social and psychological needs.

Health and social care professionals we contacted reported that the agency co-operated with other services and shared relevant information when needed, and then acted on advice given. Staff had also at times attended multi-disciplinary reviews with other professionals to help co-ordinate the care of people with complex needs. A healthcare professional told us, "I work quite regularly with this care agency and I do find them to be very person centred. The manager is very hands on and communicates with me on a regular basis."

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals. We saw that the agency was very keen to promote independence and to ensure that people were supported in their lifestyle choices. People's care visits were arranged for a minimum of 30 minutes. We were shown that a flexible service was provided, when possible, such as

arranging a person's visits to fit in with their carer's working patterns. The manager said they would be checking during reviews whether people were happy with the timing and duration of their visits.

The staff we spoke with understood that people could be isolated in their homes and how their visits could be important in reducing isolation. One care worker told us, "I can be the only person that a client sees, part of this job is giving people a bit of company, having a chat as you're doing the care is important". Another staff member told us, "If I leave someone smiling at the end of a visit I feel I've done a good job".

The provider had a procedure for receiving and responding to complaints. A copy of this was given to people who used the service. Everyone we spoke with told us they knew how they could raise a concern about the service they received.

We looked at how complaints received by the provider had been managed. We saw that formal complaints had been acknowledged promptly and investigated thoroughly. The provider had taken appropriate action to address the concerns raised and had shared the findings of their investigation with the person who had made the complaint. People were given information about the complaints procedure. None of the people we spoke with or who completed our questionnaires expressed any concerns about the service

## Is the service well-led?

### Our findings

The people we spoke with were very positive about the management of the service. Survey respondents said they knew who to contact at the service if they needed to and people described management as; "Very nice," and, "Trustworthy."

Healthcare professionals told us of the running of the service, "Very professional and efficient but above all very kind and thoughtful. Enormously helpful and compassionate. When we make requests for changes the agency have always endeavoured to meet our requirements." Another professional told us, "The manager is very hands on and communicates with me on a regular basis. I am very happy to say that 1-2-1 5 Star Care provide an excellent service and demonstrate a person centred and holistic approach. In my experience staff training is requested when appropriate, they are flexible, accessible and always willing to help."

There was a management structure in the service which provided clear lines of responsibility and accountability. Both the provider and the registered manager demonstrated a real passion for providing really high quality care by putting people they support first. People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People were encouraged to be involved in the development and review of their care plan and were enabled to be independent. The service demonstrated very well that people were empowered by packages of care that were tailored to support people to maintain a life of their own choosing.

The provider told us how they had high expectations of staff and gave them as much support and training needed to provide to ensure the quality of service to people. Care staff we spoke with told us that the management team in the service set high standards. They told us they felt well supported by the managers in the agency. One care worker told us, "I love my job, I feel well supported and there's always someone I can contact if I'm worried about a client". Managers were described by staff as, "Approachable and helpful. I have never worked with such caring and supportive managers who look after their staff so well." External professionals told us, "The care provided by 1-2-1 is excellent and they come to all the reviews I have organised." A social care team leader told us that the agency was always willing to work with their team to take on more complex packages and the team had confidence that they would do this well.

There was a strong emphasis on continually striving to improve. The manager was committed to continuous learning for herself and for care workers. A social care professional told us, "I have worked jointly with them during a safeguarding enquiry for one of my clients, I found them to be very responsive to suggestions that were made about improvements."

Staff said there was a positive culture in the organisation. The provider and manager told us they tried to establish a positive working culture by ensuring staff had good terms and conditions, arranging regular staff social events and rewarding good contributions to people's care such as having a 'Carer of the Month' award with gift tokens. We were told, "They are a great company to work for, always responsive and always supportive. Very appreciative and complimentary and take any issues that have been raised seriously."

The provider monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The manager and provider completed some care shifts, and from conversations we had with them, knew people's needs well. People and their families told us the management team were very approachable and they were included in decisions about their care. These spot checks were carried out to ensure care visits were completed to a satisfactory standard.

The service had other quality assurance measures in place such as audits of care plans, staff training, accidents and incidents. People told us they knew who to contact in the agency if they needed to, the telephone was always answered promptly, and staff at the office were always as helpful as possible. People told us communication with the agency's office was very good and, "If I have a problem I will ring and they will sort it out for us. It is never any bother." Discussion within the management team showed genuine concern for people who used the service, with an emphasis on trying to resolve any problems or queries people had.

We saw how the agency worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. For example a healthcare professional spoke of how proactive the provider was in new schemes and how she (provider) had given talks at the local college to health and social care students.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The manager of the agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.

We found that records kept by the agency were of a good quality being up to date and accurate. While we found that records for people who used the services were securely stored we found that staff files were not locked away. We made a recommendation that these should be stored securely to ensure confidentiality.