

Guyatt House Care Ltd

Guyatt House Care

Inspection report

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Tel: 01353865446

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25 January 2017
27 January 2017

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Guyatt House Care is registered to provide personal care to people in their own homes. At the time of this inspection there were three people using the service who had a learning disability. This unannounced inspection took place on 25 January and 20 February 2017.

At the time of the inspection there was a registered manager 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.

Staff had an excellent understanding of how to reduce risks to people whilst still enabling them to lead fulfilling lives. This meant that people had the opportunities to take part in experiences that might not otherwise be available to them. Staff had exceptional skills in recognising when people's behaviour may mean that they did not feel safe. Staff understood what action they needed to take to support people to reduce risks to them. The recruitment process followed meant that staff were not only checked to ensure that they were safe to work with people but also that they had the right values to work with people using the service. The number of staff working with people reflected what people wanted to do on a daily basis. Staff had the training and competency tests to ensure they administered people's medication as prescribed.

Staff had training that was based on people's individual needs so that they could deliver care that was effective. Staff had regular support from the line managers and the registered manager; and they were encouraged to develop their roles. Staff knew how to implement the guidelines of the Mental Capacity Act (MCA) 2005 to ensure people's rights were upheld. People were supported to access relevant healthcare professionals. People were given the support they required to ensure they had sufficient food and drink.

The service had a strong person centred approach. People's dignity was supported and staff treated people with respect at all times. Staff were exceptional at helping people to express their views. People's communication needs were identified and staff worked hard find effective ways of communicating with people. For some people this involved the innovative exploration of technology, such as social media resources, where people could store recordings about their wishes or decision making.

People received consistent personalised care. Care plans were detailed, regularly reviewed and gave staff all the information they required to meet peoples individual needs. People set goals to work towards and their progress was regularly reviewed. People were supported to go to work and take part in social activities that they enjoyed. A complaints process was in place and the service supported people to raise concerns using a variety of ways.

The registered manager and staff had a strong set of values that placed people at the heart of the service. All staff constantly strived to work towards these values throughout the organisation. They were continually seeking to improve the service through following a structured and detailed quality assurance programme.

This meant that any areas of improvement were identified in a timely manner and the appropriate action taken. The registered manager was approachable and empowered people, their relatives and staff to voice their opinions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was very safe.

People were kept safe from risks associated with their care through regularly reviewed risk assessments and action plans. This was whilst ensuring people had opportunities to take risks and develop new skills.

There were enough staff available at all times to ensure people received the care, support and opportunities that they needed and wanted. A thorough staff recruitment process had been followed to ensure only the right staff for the job were employed.

The service involved all people, their relatives, staff and health care professionals in providing a safe service.

Is the service effective?

Good 

The service was effective.

People's rights to make decisions were supported because the service acted in accordance with the Mental Capacity Act 2005 and the best interest's framework.

People were supported by staff who had the support, skills and knowledge to meet their individual needs.

People were involved in the purchasing and preparation of food and drink that they enjoyed.

People were supported to access healthcare professionals when needed.

Is the service caring?

Outstanding 

The service was very caring.

The service had a strong and visible person centred culture and was exceptional at helping people to express their views and make choices.

Staff promoted innovative ways of promoting people's dignity

and independence.

Staff were highly motivated to provide people with a service that was kind and caring.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was based on their preferences and individual needs.

Care and support plans were detailed and gave the staff the information they needed to support people so that they could provide consistent care..

People and their relatives were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

The service had a strong person centred culture and encouraged people, their relatives and staff to raise any issues with them.

The service was continually striving for improvement and excellence. There was a detailed, effective quality assurance system in place which identified areas for development and ensured appropriate action was taken.

The service found innovative ways of ensuring that people could communicate their choices, preferences and needs.

Guyatt House 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 inspection took place on 25 January and 20 February 2017 and was announced. The inspection was announced as it is a small domiciliary care service and we needed to ensure someone would be available. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service. We sent surveys to staff and healthcare professionals.

During our inspection we spoke with one relative of a person who used the service. We also spoke with the registered manager, quality assurance manager, two team leaders and two members of care staff. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported one person in their own home. Observations are a way of helping us understand the experience of people using the service.

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Is the service safe?

Our findings

The relative of one person told us that they thought that the care staff helped their family member to feel safe. The relative stated that they had attended a meeting for their family member and staff when the action that their family member could take in different scenarios to ensure their safety was discussed. We saw that one person who used the service had completed a survey about safety and said that staff, "Always keep me safe."

Staff worked hard to keep people safe. During a transition period of moving into their new home one person had experienced high numbers of incidents when they had displayed behaviour that challenged other people. To try and reduce the number of incidents one of the strategies was to personalise the incident forms for that person. This meant that the forms asked specific questions about the incidents and the time preceding the incident. The information was used to identify trends and preventative measures were then discussed at the staff meetings and during staff supervisions. To keep the person and staff safe managers had been present outside the person's house for up to 15 hours a day in case they were needed for extra support. The incidents had reduced from over 30 a month to just very occasional incidents. One health care professional stated that Guyatt House Care Ltd had "Worked tirelessly to support [the person] in their own home. I know many other organisations that would have given up on [the person] and said they could not cope in this situation. It is credit to Guyatt House Care and the commitment they have to their service user that [the person] now has a home and a good quality of life." They also stated that the work that the staff had carried out had prevented the person from having to be admitted to hospital. The analysis of the incidents also led the registered manager to introduce a debriefing session after each incident to see if anything could have been done to avoid the incident and to support the staff and person involved.

People received a service from a staff team that knew what action to take if they thought anyone had been harmed in any way. All four members of staff that completed a questionnaire stated that they knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. The provider stated in their PIR that people and their relatives or advocates discussed policies and procedures about protecting them from harm with the staff during meetings. The registered manager had ensured that people, their relatives and staff had the contact details they needed in case they suspected anyone had been harmed. Care staff were able to describe the signs and behaviour people might show if they had been harmed in any way such as bruising or the person being very quiet.

The quality assurance manager had focussed on people's safety in January 2017. The process included sending surveys to people that were provided in easy read and picture formats where necessary. If people could not answer the surveys for themselves the quality assurance manager observed working practices to gather more evidence. People's family members and advocates were also asked their opinion on safety issues. Surveys were also sent to staff and healthcare professionals that were involved with the service. There was an action plan compiled from the results of the surveys. This meant that a high degree of consideration was given and then provided towards people's safety.

Staff were exceptional in enabling people to achieve a fulfilling life, by assessing any risks, while keeping

them safe. People were encouraged to take positive risks with the necessary support from staff. For example, one member of staff told us how the person they supported was really interested in trains. However, due to them becoming anxious when out in the community they had not in the past been able to go on a train journey. The registered manager and staff completed a detailed risk assessment which meant staff had been able to give them the support they needed to enable them to access the community and go on a train. As the person became more confident the support they needed had decreased. A member of the care staff told us that the person had really enjoyed the train journeys. Risk assessments were also presented in a picture format to help staff explain to people about how each person could help to reduce their risks. One member of staff told us, "We carry out dynamic risk assessing. We try an activity out but if the person is becoming distressed then we do something less intense[challenging]." This meant that people were given opportunities to try out new experiences because the staff supported them in a way that enabled them to lead fulfilling lives.

The registered manager and staff found innovative ways of dealing with risks. For example, one person enjoyed time in the bath on their own but was at risk of having an epileptic seizure whilst in the bath. So that the person could bathe on their own a splash sensor had been fitted near the bath so if they were to have a seizure whilst in the bath the water would splash the sensor and alert the staff. This meant that the person could enjoy the experience but the risk to them had been reduced.

Staffing levels were extremely flexible so that people could lead the lives they wanted to. There were enough staff to meet people's needs and keep them safe. Depending on what each person was doing that day the number of staff working with them varied. We saw that at times one person had three people working with them when they were supported to access the community. This meant that staffing levels were regularly monitored and changed to ensure they were flexible and sufficient to meet people's individual needs. Staff photographs and details about them and their interests were displayed in people's homes, where appropriate, so that they knew who was going to be coming to work with them next.

There were effective recruitment procedures in place. This meant staff only commenced working with people after all of the necessary recruitment checks had been satisfactorily completed. The registered manager also told us how the interview questions were value based rather than concentrating on past experience of care work. This meant that only people with the right attitudes were employed. Before the formal interview at the office prospective staff were also expected to meet with people who used the service and/or their advocate. This was to ensure that the person, or their advocate, also assessed them as being the right person to work with them. It also gave the registered manager an opportunity to observe how the prospective member of staff interacted with people who used the service.

The registered manager and care staff had worked closely with people to ensure they got the medication they needed to enhance their quality of life. One person was regularly displaying behaviour that was harmful to them. The registered manager and staff observed that this might be when the person was in pain. Pain killers were then prescribed and administered which relieved the symptoms for the person and reduced their self-harming behaviour.

Care staff told us and the records confirmed that they had received training and been assessed as competent to administer medication. Protocols for medicines that were administered on a "when required" basis were clear and as required medication was only administered when necessary. The records showed that where staff were responsible for the administration of medication regular audits were undertaken to ensure that they were being administered as prescribed. The records of medicines administered were accurate and showed that people were receiving their medicines as prescribed.

Is the service effective?

Our findings

One relative of a person who used the service told us, "The staff have all the training they need. They have autism specific training. They [staff] go over and above what is expected of them."

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 to see if the staff were working within the principles of the MCA. We found that there were detailed capacity assessments when needed. When decisions had been taken in people's best interest they had been consulted as much as possible. The staff had an excellent understanding of the MCA and how to put this into practice. This was demonstrated by the way staff described to us how to support people to make their own choices. For example, people were encouraged to make choices about their lives and how they wanted to spend their time. Staff had worked with people to enable them to build strategies to communicate with people so that they could make as many choices for themselves as possible. A healthcare professional told us, "Guyatt House Care staff are very aware of people's ability to make choices and when they need to be made in their best interests. They work as far as possible to provide the least restrictive practice." Another health professional stated, "I have often been in meetings with the staff where MCA has been discussed and considered in detail and where people's capacity assessments have been referred to."

There was a strong emphasis within the organisation on training and on-going staff development to meet people's needs. Staff training files showed that staff followed a core training programme and then received specific training in relation to the needs of the people they were working with. For example, bespoke training regarding one person's behaviour had been organised with another organisation. This meant that staff were aware of exactly how to work with the person and provided them with a consistent approach and followed best practice guidance. One member of staff told us, "I've completed all of my mandatory training and more specific training about (name of person). This helped me to understand what support he needs." Another member of staff told us that when they joined Guyatt House Care Ltd they had wanted to further their career. They stated that the registered manager had provided the training and learning opportunities to enable them to do so. New staff completed a thorough induction which also included shadowing new staff until they were competent and confident to work alone.

There was an "Intensive Communication Champion" for the service. They were in the process of completing extra training regarding methods of communication and then were going to feedback to the rest of the staff team. Care staff told us that they received training on different forms of communication relevant to people's needs that they were working with. For example, one person had symbols around their house. When the person pointed to the symbols the staff used the opportunity to explain what they meant. Another person used photographs to make choices about where they would like to go and what they would like to

do. A member of staff told us that when the person had started using the service they did not make communicate their choices to staff. However, after consistent use of the photographs to aid with decision making the person was now initiating looking at the photos and communicating their choice to staff. The staff also used visual prompts like showing the person their swimming shorts before they were going swimming. Staff told us that using visual prompts associated with the intended activity helped the person to understand what was being offered so they could make a choice if they wanted to go. They also used a communication board when pictures of planned activities were displayed. A staff member told us that if the person didn't want to do the planned activity they would go and take the picture off the board to communicate their choice to the staff. The staff then supported the person to make another choice.

All four of the staff members that completed our questionnaire stated that they received regular supervision and appraisal to enhance their skills and learning. One staff member we spoke with stated, "I receive supervision every month. I feel supported by the managers and would talk to them if there was a problem."

Staff were aware of people's special dietary needs and their food and drink preferences. Staff held weekly meetings with people which they used to plan the menu for the following week. People were enabled to communicate their choices by looking at pictures of meals and indicating which ones they wanted. The same pictures were used when people went shopping. This helped people maintain a consistent approach to their nutritional needs

Records we looked at showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Each person also had a health action plan in place which included detailed information about any health issues and the support the person needed regarding them. Care staff confirmed that when needed people were referred to the relevant healthcare professional.

Is the service caring?

Our findings

People being supported by this service experienced support that was empowering and was provided by staff who treated people with dignity, respect and compassion. One healthcare professional stated, "Guyatt House Care Ltd have a very person centred approach and are committed to supporting their service users to have a good quality life in the community."

The care staff told us that they tried to find innovative ways to promote people's dignity and independence. For example, one person was able to go to the toilet on their own but needed help afterwards. Previously the person could not alert staff to the fact that they needed help, and the only way by which the staff knew that support was needed was by checking on the person.. However, the service had fitted a button into the toilet which meant that the person could press the button and alert staff when they were ready for their assistance

Care plan's included information for staff about respecting people's dignity. One person's care plan stated, "I may or may not want to have an additional soak (whilst in the bath). If so then please respect my dignity and go to the other side of the bathroom door." Care staff told us that people had chosen if they wanted male or female care staff to help them with personal care and that their choice was always respected.

One member of staff also told us that a button had been fitted next to one person's front door. This meant that the person could open their own front door to visitors and press the button which said hello and what their name was. The staff had obviously given the use of the buttons a lot of thought and told us that they were very careful to not use a button for things the person could actually say. For example, although the button was used to say hello the person could say goodbye so they didn't use it for that. They were also conscious of not using the buttons for something the care staff would say to the person such as reminding them to take their medication. This was to ensure that opportunities for interaction between the person and care staff were not reduced.

Staff genuinely cared about people's goals and progress and celebrated their success. Staff were supporting one person to work on a continence programme and they were excited to tell us about the person's success and commenting how great they were doing. The relative of one person told us, "They (the registered manager and care staff) have the same values for [my family member] that I have. Independence, safety and supporting them to do the best they can do." They also stated, "Before [my family member] used the service they wouldn't take part in any social activities. Now they go to work (with the support of the staff) twice a week. Everything that I would want (for their family member) they deliver on."

Staff worked hard and went the extra mile to support people to express their views so that they could be involved in making decisions. One member of staff told us that they had been working with someone since they had started to use the service. They were enthused to tell us about how the person had been unable to make even simple choices when they had started using the service as they were not able to communicate with the staff. The registered manager and staff had researched and attended an innovative communication training course so they could try new methods of trying to communicate with the person. The staff member

explained how the person was not only communicating their own choices but was also initiating communication with the care staff. Staff also told us about how the person had not been able to go out into the community when they had first started using the service. Staff had supported the person so that they felt safe and if they became anxious whilst out then action could be taken to make them feel safe. One member of staff told us how they had visited a fun fair with the person and although they had not wanted to go on a ride they had wanted to touch it. In order for this to happen the staff member spoke discreetly to the ride attendant who stopped the ride for a couple of minutes so that the person could touch it safely.

Staff told us that they knew people well and what made them happy. For example, one person had been sad when a housemate had moved out. Because staff were aware of this they had arranged for the person to meet their friend for a meal. This had stopped the person harming themselves as it avoided situations that made the person sad.

We observed staff working with one person in a kind and considerate manner. The person started hitting their head. The staff had learnt from spending time with the person that this behaviour meant that they had a headache. The person was offered pain killers straight away. Staff were also skilled at enabling the person to use services in their local community by overcoming any obstacles. In order for the person to have their haircut at the local hairdressers three members of staff were working with them. One member of staff entered the hairdressers first to ensure that the environment was free from hazards to the person. Two members of staff were going to accompany the person to support them and a third was going to remain out of sight but nearby in case they needed further support.

Proactive action was taken to help one person to communicate with people that they didn't know or was visiting their home such as a healthcare professional. The person had agreed a set of questions they would like to talk to people about. These questions were then given to the visitor by a staff member before their first meeting so they could plan their answers (as some may need researching). This was then used by the person when first meeting the stranger. This helped the person to feel confident to communicate and ask the questions and often led to further discussions about other subjects.

One person's care plan stated, "It is important to remember that a diagnosis of any kind is merely a term used to describe a cluster of presenting features. This is particularly crucial in relation to disability when the emphasis should always be on the person first." The service was exceptional at helping people understand things from the persons' point of view. The staff demonstrated a deep understanding of person centred care and this was reflected in the different ways people were supported to access their care plans. The registered manager explained that the normal format of care plans in a folder were not accessible for all of the people who used the service. One person had their care plan added in picture and spoken format to the electronic tablet. The care staff confirmed that the person enjoyed looking through the care plan on a regular basis. Another person had their care plan in the format of a picture album with buttons that they could press which explained each picture. Another person had their care plan recorded as a video on a video sharing website. They accessed it regularly and watched the video.

Staff supported people to have meaningful relationships with their family and friends. People's keyworkers (a nominated member of staff who coordinates a person's care and acts as a link with their family and care professionals) kept in regular contact with people's families and invited them to weekly meetings and out on activities. One family member told us, "I spoke to the staff yesterday. They told me how [family member] had managed to wash and dry up without support. This was because of the consistent staff support [family member] receives." They also stated, "[name of registered manager] is always approachable and gives me regular progress reports about [family member]." Staff also told us how they had supported a person to

rekindle an old friendship. The staff supported the person to visit their friend and also to entertain their friend with a meal at their own home.

Is the service responsive?

Our findings

People could expect to receive a service that was tailored to suit their individual preferences and wishes. Prior to anyone receiving a service, the person was visited so that an assessment of their needs and wishes could be identified. Staff then got to know the person and if relevant helped them settle into their new house. Following this, a detailed and person centred plan was drawn up. This included information about the support the person wanted and needed.

People received consistent, personalised care, treatment and support because people's care plans were up to date, thorough and well maintained. The person centred care plans were detailed and written in a way that promoted people's choices and independence and upheld their dignity and privacy. The care plans were made available in different formats so that everyone could access them. They were written in a positive manner and focussed on all aspects of the person's life and set goals they wished to achieve. For example, one person became anxious about which staff would be working with them. The staff team had found that if they told the person who was due to be working with them next and then that member of staff could not attend this heightened their anxieties. Therefore the staff had agreed a strategy for answering the question about staff to relieve the person's anxiety. This information was included in the person's care plan so that there was a consistent approach for staff to follow.

The care plans also included detailed strategies for staff to follow if people displayed behaviour that challenged others. This took into account things that were personal to them. For example, one person had a picture frame with messages recorded from their family. They responded really well to hearing the messages when they were feeling anxious. Staff recognised that what worked for one person didn't necessarily work for another. Ways staff did this was by their approach towards one person when they were feeling sad would not have worked for others and would not have been appropriate when working with another person. One relative told us, "Staff know [name of family member] very well. The way they talk to [family member] is very calm and they step back if they need to. They follow the care plan and a set process."

Care plans were updated and changes made when necessary. Any changes were also shared with people's relatives where appropriate. Staff completed a daily record for each person. There were personalised for each person to include prompts about the goals that people were trying to achieve. This meant that it was easy for staff to review progress and offer extra support where needed. Staff told us that they regularly used the care plans and that they contained all of the information they required to meet people's needs.

Staff supported people to attend work. They accompanied them during the day and provided any support that they needed. One relative told us, "Staff are really good at making sure [name of family member] has had a good day." People were also supported to take part in activities such as going to the pub, restaurants, trampoline parks, shopping, swimming, gym, cycling and trips to various places of interest. Staff told us how they used their knowledge about people's likes and interests to encourage them to try new experiences. This included one person who enjoyed looking at trains on the internet and staff supported them so that they could go on a train journey. Staff told us how special it had been to witness the enjoyment that the person had gained from the train journey.

A complaints procedure was available and had been discussed with people who used the service and their relatives. Staff were aware of the procedures to follow if anyone raised any concerns with them. The records showed that complaints were dealt with appropriately and seen as an opportunity for learning and improvement. The records also showed that healthcare professionals had been contacted for their opinion on matters regarding a complaint. One relative told us that they were happy with how a complaint had been investigated and the on-going monitoring as part of the action plan. Only two complaints had been received in the previous 12 months and 46 compliments about the service. This showed us that various ways were used to identify what worked well and where improvement could be required.

Is the service well-led?

Our findings

The registered manager and management team had ensured that the service had a clear set of values, positive culture and ethos which were shared across the organisation. One staff member told us, "[The registered manager] talked to us about the company's values during my induction." The vision and values were person-centred and made sure people were at the heart of the service. The care staff spoke in a very positive manner about the registered manager. One member of staff told us, "[The registered manager] really cares about people that we provide a service to. Even when he was on leave he attended a meeting about work. If we have any concerns we can call [them]." Another member of staff told us, "[The registered manager] is creative and always comes up with solutions for any problems." A third member of staff told us, "[The registered manager] leads by example, he provides hands on support to people so we can learn from him." They also told us, "[The registered manager] encourages innovation and to come up with new ideas." Another member of staff told us, "When things got intense (when one person was displaying behaviour that challenged people) [name of registered manager] came in and supported us." This resulted in a positive outcome for the person.

The registered manager ensured that staff worked to the aims of the service by having such a detailed quality assurance process in place. The relative of one person who used the service told us, "It's an excellent service, approachable [management], and family orientated and brilliant values."

One health care professional stated, "I feel that it is a very well-led service with a senior management team who employ staff with similar values. They provide supervision and support to staff and training to enable them to work safely and effectively with service users [people]."

Staff were enthusiastic about working for Guyatt House Care. One member of staff told us, "I'm proud of the care that we provide." Another member of staff told us, "I genuinely enjoy my job. I've developed since I first started working." One member of staff told us, "The best thing about this job is the care that we provide. If you want to make money you're in the wrong job but if you care about people then it's the right job." Another member of staff told us the best thing about their job was seeing how the person they worked with had developed and, "Come out of their shell." They also told us, "I feel motivated. I get up in the morning wanting to come to work." Another staff member told us in the survey, "I would have no hesitation using Guyatt House Care for a member of my own family if needed. I feel strongly that every effort is made to give person centred support to all our service users [people]."

Staff told us that they attended team meetings and could add to the agenda. One member of staff told us they had suggested new activities for one person to try and this had been actioned.

The quality assurance system consists of the quality assurance manager conducting several in depth methods of assessing if the service being provided was safe, effective, caring, responsive and well led. The quality assurance manager stated, "Every two months we focus on a different key area. In January we focussed on is the service safe?" Surveys were sent out to people who used the service in picture format asking about safety issues. Where people could not answer the survey the quality assurance manager spent

time observing how staff worked with people, trying to get the evidence to answer the questions in the survey. If possible people were supported by someone who did not work for the service to complete the surveys. Staff also received a survey and the results were used for discussion in supervision sessions.

The quality assurance manager also identified all of the policies that related to the safe topic and choose one as a policy of the month. This was then discussed with people who used the service, their relatives and staff. The quality assurance manager then conducted a mock inspection looking at all of the regulations and expected outcomes for people regarding safety. The results from the surveys, meetings and mock inspection were then compiled into reports and where applicable an action plan. For example, recruitment was one of the areas assessed under the safe domain. This led to the interview being changed for new care staff. The interview was changed into two separate parts. A meet and greet with people who used the service and their family members and formal interview. The questions were changed to reflect a value based recruitment system rather than focussing on what experience people had. It was clear from the detailed records and action plans that they quality assurance system was very effective in recognising areas of good practice and areas for development. We saw that the action plans had been regularly reviewed and signed to show when the action had been completed.

The quality assurance manager stated that in order for all the management team to be involved in the quality assurance process they provided them with a management pack each month. The pack included the survey or action plan and anything else needed so that the current topic could be discussed at meetings for people who used the service and staff. It also included set questions to be discussed with staff during supervisions, and appraisal documentation. The pack had to be returned by the registered manager to the quality assurance manager. The pack when returned had to include the minutes of any meetings, incident/accident logs, financial audit, evidence of contact with people's families and health professionals and supervision or appraisal notes. The quality assurance manager stated that they then, "Analyse all of the information and discuss the findings with the registered manager to see if there any areas for development." For example, the analysis had identified a need to provide refresher first aid training for staff.

We found that there was a tracking system that recorded complaints and concerns. This was so that the registered manager could identify any trends and take the appropriate action.

The registered manager had a training record which identified what training staff had completed and when it was due to be refreshed. This meant that staff training was kept up to date and people had the necessary skills to meet people's needs. The registered manager also had a supervision and appraisal record so they could ensure that all staff were receiving regular support.

The registered manager had arranged for all the companies policies and procedures to be available to people's families via the internet. This meant that if they wanted to check them at any time they had instant access to them.

Staff told us they were aware of the whistle blowing procedures and would not fail to use them if they needed to. The registered manager stated in the PIR that, "We encourage a no blame honest culture to support open and truthful staff and supportive management response to mistakes." Staff we spoke with confirmed this.

The registered manager stated in their PIR that they attended the, "Registered Managers' Network', through Cambridgeshire County Council." They told us that this helped them stay up to date with new policies and procedures and best practice.

