Field's Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection of Field's Care took place on 15 May 2018 and was announced. 24 hours' notice of the inspection was given because the manager may be out of the office undertaking assessments or providing or reviewing care in people's homes. We needed to be sure that they would be available when the inspection took place.

Field's Care is a domiciliary care agency that provides care and support to adults living in their own homes. The service is based in Wembley and provides support to people living in the London Borough of Brent. At the time of our inspection the service provided care and support to 41 people. The service specialises in working with people with significant care and support needs associated with, for example, advanced dementia and significant physical impairments. All the people supported by the service required two staff members at all times to assist them with their care.

At our previous inspection of Field's Care in April 2017 we found that the service was not always meeting the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that there were failures in the recording of medicines and in the service's staff recruitment procedures. The service's quality assurance systems were limited and we could not be sure that concerns were always identified and acted on. Following this inspection, the provider had sent us a plan describing the actions they were taking to address these failures. During this inspection we found that the service had taken action to ensure that they were not in breach of the regulations.

The manager of the service is the registered provider. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was supported in their role by a deputy manager, a care co-ordinator and a senior care worker.

People and family members told us that they were satisfied with the quality of care that was provided by the service. They spoke positively about the regular staff members who were supporting them.

People using the service were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting and would report any concerns immediately. Staff members had received training to enable them to ensure that people were protected from risk or harm.

Some people using the service required support from staff to ensure that they received their prescribed medicines in an appropriate and timely manner. We saw that records of medicines administration had been completed. Staff members had received training in safe administration of medicines and their competency in doing so had been assessed.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable for their roles in supporting people. All new staff members were required to undertake induction training which included a period of shadowing more experienced staff before they commenced working with people.

Staff members had received training that was relevant to their roles. They had regular meetings with their manager to discuss their work. The staff we spoke with said they were happy with the support that they received.

People using the service had care plans that were person centred and provided clear information about their care needs with guidance about how these should be supported by staff. These were linked to individual risk assessments which included guidance for staff members on how to minimise any potential risk associated with care and support. We saw that these records were reviewed regularly and had been updated where there was any change in people's needs.

The service was meeting the requirements of the Mental Capacity Act 2005. Capacity assessments were in place for people. People were asked for their consent to any care or support that was provided. People's care plans and risk assessments were person centred and included guidance for staff about how to provide care and support. The people and family members we spoke with told us they had been involved in developing and agreeing the plans. The service liaised with other health and social care professionals to ensure that people's needs were effectively met.

People's religious, cultural and other needs and preferences were supported. People and family members told us that staff members respected their wishes and treated them with dignity and respect. We noted that people's communication and language needs were well supported. Where possible, people were matched with staff members who were able to meet any identified cultural or language needs.

The service had a complaints procedure that was available in an easy to read format where required. People who used the service knew what to do if they had a concern or complaint. We noted that no complaints had been received since our last inspection.

A range of processes were in place to monitor the quality of the service, such as audits of records and spot checks of care practice. Monthly calls or home visits were made to people to ask them about their views of the service and we saw that actions had been put in place to address any concerns or comments arising from these.

Systems were in place to identify when actions such as monitoring, spot checks and staff supervision and training were due. We saw that most actions were completed within time and that reasons were documented where these were late in taking place. People and family members told us that they considered the quality of the service and staff was good and that they would recommend it to other people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risks to people were identified and plans were in place to ensure that people were protected from harm.

Records of medicines administration were accurately completed. Staff members had received training in safe administration of medicines.

Staff members had received training in safeguarding people from harm and understood their responsibilities in reporting any concerns that they had.

Recruitment processes ensured that new staff members were suitable for their roles in providing care and support to people.

There were sufficient numbers of staff available to meet people's needs. Systems were in place to identify and act on late or missed care calls. People told us that their care staff usually arrived on time.

Is the service effective?

Good

The service was effective. People received care that met their assessed needs and individual preferences.

People were involved in making decisions about the care they required and how this was provided. Where they were unable to be fully involved this was recorded in their care files.

Staff received the support and training the required to ensure that they were effectively able to carry out their roles and responsibilities.

People chose what they wanted to eat and were provided with the support they needed to meet their dietary needs.

Is the service caring?

Good

The service was caring.

People told us that the staff providing their care supported them

in a positive and friendly manner. Staff members demonstrated that they had developed good communication relationships with people.

People told us their privacy and dignity was respected. Staff members understood the importance of confidentiality of people's personal information.

The service made efforts to ensure that individual cultural and language needs and personal preferences were supported in partnership with people and family members. Staff members understood the need to respect and respond to people's individual needs.

Is the service responsive?

Good

The service was responsive.

People's needs were fully assessed before they started using the service. Care plans were person centred and included guidance for staff members on ensuring that care and support was provided in accordance with individual needs and preferences.

Care plans were updated where there were any changes in people's needs. People and family members told us that staff were responsive to changes.

The service's complaints procedure was available in an easy to read format. People and family members told us that they knew how to make a complaint.

Is the service well-led?

Good

The service was well-led. People using the service and their relatives were positive about the service and the way it was run, and told us that they would recommend it to others.

People and family members told us that they had good relationships with the management team and were confident in contacting them if they had any concerns. The manager demonstrated that they understood the importance of being accessible and visible to people who used the service.

Staff members confirmed that they felt well supported by management and received the information they required to undertake their duties effectively.

Arrangements were in place to assess and monitor the quality of the service provided to people and to make improvements when

required.

Field's 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.

We visited Field's Care on 15 May 2018. The inspection team consisted of a single inspector. We gave the service 24 hours' notice of our inspection because the manager is sometimes out of the office providing care or undertaking assessments. We wanted to be sure that someone was at the office when we visited.

During our inspection we reviewed records held by the service that included the care records for seven people using the service and six staff records, along with records relating to the management of the service. We spoke with the manager, the deputy manager, the care co-ordinator and a senior care worker.

Following the inspection we spoke with four care workers on the telephone. We also made eight calls to people who used the service and family members. The service worked with people with complex needs such as advanced dementia and we were only able to speak with two people who received care and support from the service, However we spoke with six family members who were able to tell us about their experience of the care that their relative received.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service or others and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make.

Good

Is the service safe?

Our findings

The people and family members we spoke with told us that they felt that the service was safe and that they were confident with the quality of care staff. One person said, "I always feel safe. I have no concerns about how they look after me." A family member told us, "I never have any problems with the carers who come. They seem to know what they are doing and they do it well."

At our previous inspection of the service in April 2017 we found that the service was in breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) 2014. References obtained for staff members prior to commencing work were not always from previous employers. At this inspection we found that the manager had taken taken action to address this. We looked at six staff files and found that two references had been obtained for staff members. These included references from previous employers or training organisations where there was no recent or previous history of employment.

The staff recruitment records that we saw included copies of identification documents, evidence of eligibility to work in the UK and criminal record checks undertaken by the provider. Application forms were in place and there were also records of pre-employment interviews.

The service had a policy and procedure for the administration of medicines. The care plans that we viewed showed that some people received support from staff members to take their medicines. Details of the medicines that people received were contained within their care files. Risk assessments had been completed for people in relation to medicines administered by staff. We looked at completed medicines administration records (MARs) for five people whose medicines were administered by care staff. We saw that these had been completed appropriately . Where people had refused medicines, or were away, appropriate codes had been used to demonstrate this. We saw that information about new medicines prescribed by the person's GP were recorded on their MAR chart. However, these handwritten records were not always signed by the staff member who entered these records. The manager told us that they would speak with staff members to ensure that they signed and dated handwritten entries in future.

Staff members had received training to assist them in administering medicines safely. We saw that competency in administering medicines had been assessed following training. This was also looked at during spot checks of care practice in the person's home. The manager told us that the service received support from two local pharmacists who were available to provide guidance and advice on medicines concerns on a 24-hour basis.

The risk assessments that were in place for people who used the service were up to date. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, behaviour, pressure area care and home environment. These assessments included risk management plans which provided guidance for staff members on how to respond to and address any risk that occurred. We saw that these had been reviewed and updated where there were changes in people's needs.

The service had an up- to-date safeguarding policy and procedure. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager. One staff member said, "I know I have to report any concerns straight away. If I couldn't get hold of a manager, I would report to social services, CQC or the police."

The safeguarding records maintained by the service showed that concerns were addressed appropriately and that investigations took place in partnership with the local safeguarding team. Regulatory notifications in relation to safeguarding concerns had been provided to CQC.

There were sufficient staff members available to support the people who used the service. Everyone who used the service at the time of our inspection required care and support from two staff members. The provider told us that staff members were paired during each day and worked with the same service users. This meant that they arrived and left people's homes at the same time. This was confirmed by the staff members that we spoke with. The people and family members we spoke with confirmed that staff members always arrived together. We saw from the service's rotas that sufficient time was provided for staff members to travel between visits to people.

The service used an electronic call monitoring system which identified if there were missed or late care calls. We were shown how this worked in practice. The service received an alert if a care worker had not logged into the system within 20 minutes of the due time, and this was immediately followed up by the service. Outside of office hours the system was monitored by an on-call manager or senior worker who could log into the system via a smart phone or tablet. Staff logging in and out times were compared against their timesheets to ascertain that they had spent the required amount of time on care calls. The manager told us that staff usually informed the office if they were unavoidably delayed so that a message could be passed on to the person they were supporting. People told us that care staff were usually on time, and that they were informed if they were running late. We saw from the records maintained by the service that there had been no missed calls and this was confirmed by the people we spoke with.

All staff had received training on infection control procedures. Staff were provided with disposable gloves, aprons, shoe and arm covers and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office. The staff members we spoke with told us that they had received training in infection control procedures and that they were able to replenish stocks of disposable protective items when they visited the office. One staff member said, "Once I couldn't get in so they came out and gave them to me." A family member told us, "I'm impressed that they wear shoe covers when they come out to us."

The service maintained a 24 hour on-call service. Staff members and people who used the service and their family members confirmed that they were aware of this and would use it if they had any concerns outside of office hours.

Good

Is the service effective?

Our findings

People who used the service and family members informed us that they were satisfied with the care and support that they received. A person told us, "The carers are very good. They are always checking that they are doing things the way I want." Another person said, "They are very professional. One of my carers is particularly brilliant." A family member said, "I can't fault them. They work so well with my [relative]. I was always worried about previous care agencies, but I know I can leave the carers with my [relative] and they will do everything to his liking."

At our previous inspection of the service in April 2017 we found that the service was in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014. Management supervisions and spot checks of care practice for staff had not always taken place on a regular basis to ensure that staff members were competent and supported in their roles. At this inspection we found that the manager had taken action to address this.

We looked at six staff files and saw that there were records of regular supervision meetings and of spot checks of care practice in people's homes. We saw that staff members had received supervisions or spot checks on at least a two-monthly basis and sometimes more frequently than this. Records were detailed and included actions where required and we saw that actions were followed up. The staff members that we spoke with confirmed that they had regular opportunities to meet with a manager. One staff member said, "I like my supervision meetings as there is time to talk about how I'm getting on." Another staff member told us, "We never know when they are coming to do a spot check. I don't mind it. It means that they can see what we are doing."

The staff members that we spoke with all told us that they would not wait for a supervision or spot check to raise any practice issues or concerns with a manager. The manager showed us that all formal or informal discussions with staff members outside of the supervision and spot check procedures were recorded on the service's 'on line' quality assurance system. The records showed any subsequent actions taken if necessary.

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services. The Care Certificate provides a nationally recognised framework for training and is a requirement for all new staff working in social care services. The induction also included time spent shadowing more experienced staff members. Staff members confirmed that this had taken place. One recently appointed staff member said, "I really appreciated this. I felt much more confident when I started working." Another staff member said, "This was the best induction training I have ever had."

Training certificates were contained in staff files. These showed that staff members had received formal training in, for example, moving and handling, safe administration of medicines, equality and diversity, infection control, first aid and basic life support and dementia awareness. The manager told us that they were providing opportunities for staff to achieve qualifications in health and social care. We saw a record showing that a number of staff members had recently been enrolled on a qualification pathway course

provided by an independent training organisation.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this as part of their induction. The manager demonstrated that they understood the requirements of the MCA and we saw that information about people's capacity to make decisions about their care was included in their care plans. Staff members demonstrated that they understood the need to ask people if they consented to the care that they were providing. A person said, "They always check with me if I'm happy with what they are doing." Staff members told us that if they had concerns about changes in a person's ability to make decisions they would report this to a manager. One staff member said, "If they get more confused or don't understand things like they did before, I'd always report it and ask for support."

Some people had signed their individual care agreements to show that that they had consented to the care that was being provided by the service, but this was not always the case. Where people were unable to, or did not wish to sign their care agreements we saw that there was a record of this. The people and family members we spoke with confirmed that they had been involved in discussions about their care and support.

Care staff were involved in meal preparation and in supporting people to eat and drink. We saw that care plans for people who were being supported with eating and drinking provided information about food preferences and when and how people should be supported. Staff members who were involved in food preparation had received training in food safety. Information about people's preferred foods including cultural and religious preferences was contained in the care files maintained in their homes.

We looked at the care plan for a person was unable to eat by mouth and where nutrition and medicines were administered by a PEG. A PEG is a means of providing nutrition and/or medicines via a tube which is passed into a person's stomach. Information and guidance about supporting this procedure was included in the person's care plan. This showed that community nurses and dietitians were involved in the process, we saw that staff members who were involved in supporting people with had received training from a suitably qualified professional and that competency in undertaking this support had been assessed.

Good

Is the service caring?

Our findings

The people and family members we spoke with told us that care staff were considerate and respectful. One person told us, "They do everything brilliantly. There is no way I can fault them." Another person said, "I have built a good relationship with the carers. They know what I want and do it well. When a new care staff comes it's a bit difficult because they don't know me yet, but at least 95% of the time it's great." A family member said, "They chat and joke with my [relative] when they are doing care. He looks forward to them coming and I don't have to be there all the time because I know they care for him so well."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. They told us about the importance of ensuring that people were supported in a way that respected their privacy, dignity and care presences. One staff member told us, "It's important to me that they look forward to me coming to assist them. We are all going to get old one day and I want to make sure that I help people in the same way that I would a member of my family." Another staff member said, "There is such a diverse range of clients. I love speaking to them and I learn so much from them."

The manager told us that new staff members, or those new to the person who used the service, would shadow established staff members to understand the person's needs and establish a relationship with them. This was confirmed by the staff members that we spoke with. A person told us that some newer staff members were less experienced, but that they were always paired with a more experienced staff member when visited to provide care and support. Family members confirmed this. One said, "It would be good to have the same staff for each visit, but they have all been good so far." Another family member told us, "New staff soon get to know my [relative]. We have never had a problem with the staff that come."

People's care plans contained information about how staff members should support them to make choices about how their care was delivered. Plans included information about people's religious, cultural, communication and other special needs and preferences, and information was provided on how these should be supported by staff. Gender appropriate care was provided where this was required by the person. The provider told us that, where possible, care staff were provided who could meet people's specific cultural and language needs. One person, for example, had been matched with a staff member who spoke Farsi. The manager told us that the service could not always guarantee that a person would be supported by a staff member who spoke their preferred language. However, they liaised with family members to ensure that someone was available to translate where necessary and to support staff members to learn key words and phrases in the person's own first language. This approach was confirmed by a family member who said, "They go out of their way to make sure my [relative] can communicate with them." A staff member said, "I've learnt some good key words to help me communicate with my client. They really seem to appreciate this."

We asked the manager if anyone using the service used an advocate. They told us that people used family members to advocate on their behalf. However, should a person require an advocate, information about advocacy was provided by the service. The manager said that staff would actively support people to access an advocate if required.

People's confidentiality was respected. Information was kept securely in the service's office. Computer systems containing personal information were password protected. Staff members demonstrated that they understood the importance of ensuring that information about people was kept safe and not disclosed to others.

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format. People told us that the information provided by the service was very clear. A person said, "They explain things to me if I am not sure or if I have a question." A family member told us, "We have no concerns about the information we get. It's always very good."

Good

Is the service responsive?

Our findings

People and their family members told us that they thought that the service was responsive to their needs. One person said, "If I ask them to do something for me they always do it." A family member said, "When my [relative] goes in to hospital they sometimes change their times to make sure that they come as soon as he is home again."

Care documentation included assessments of people's care needs. These assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. They also included information about other key professionals providing services or support to the person.

People's care plans were clearly linked to their assessments. We saw that care plans provided information about each task. Information for staff about how people should be supported was in place. We saw that this was detailed and included guidance for staff on how best to support people. For example, people's care plans provided information about the importance of speaking with them whilst providing care and included information about the topics that they were interested in. People and family members told us that this was the case. One person said, even if they have a lot to do we always have a little chat while they are doing it." The plans also identified the tasks that people were able to do for themselves and provided guidance for staff on supporting people to maintain independence with these.

The care plans had been regularly reviewed. Where there had been changes in people's needs, for example after a stay in hospital, we saw that they had been immediately updated to reflect any change to the care that was provided by staff members. The people we spoke with confirmed that they knew about their care plans and had been involved in agreeing what was included in these.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for six people and we saw that these contained information about care delivered, along with details about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in. A family member said, "The notes are helpful as I can see what they have done when they come. If I am there they tell me anyway."

Staff members told us they received information about people before they worked with them. A check list of tasks required for each call was contained within the care file for easy reference by staff. The manager told us that if there was an urgent change in people's care and support needs, this was communicated immediately to staff by text message. A staff member said, "They always tell us if there are any changes so that we are prepared when we visit."

The manager told us that efforts were made to match care staff to people based on gender, language and culture wherever possible. Information contained within people's care files demonstrated that that the service worked with people and families to ensure that individual needs were met. The manager told us that

where people developed good communication relationships with individual staff members the service ensured that they were rostered to work with them as much as possible. People and family members told us that they usually saw the same care staff. One person said, "I know that they need time off and I miss them when they are away, but the other staff they send are good." A family member said, "I have no complaints about the quality of staff they send, but I don't like it when the staff change."

The service had a complaints procedure that was available in an easy to read format and contained within the files maintained in people's homes. The people that we spoke with told us that they knew how to make a complaint. A family member said, we had a problem with a carer once and the manager changed things so they didn't come back." Another said, "I really have no complaints and I have told other people about how good Field's Care is." We looked at the service's complaints log and noted that there had been no complaints since our last inspection.

The records maintained by the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services. During our inspection we heard office based staff members speaking with community health professionals about people's needs.

Good

Is the service well-led?

Our findings

People spoke positively about the management of the service. A person and family members that we spoke with referred to the provider and the deputy manager by name and told us that they had good relationships with them. A family member said, "They know us really well. They are always calling and visiting to check that everything is OK and that we are happy."

The manager was supported by a deputy manager, a care co-ordinator and a senior care worker. They were all in the office during our visit and we observed that they worked together as a team, sharing information and tasks. The manager and her team also undertook care work as part of her duties. The manager told us, "It's important that we do this. People get to know us and we understand their needs better. It also helps us to build a good relationship with staff who can see that we are prepared to do the same work as them." During our inspection we saw that the deputy manager and care co-ordinator went out on care visits to people towards the end of the afternoon. A person and a family member confirmed that the manager and deputy manager had visited to support them with care. A family member said, "I think this is great." Another family member referred to the deputy manager saying, "She is so good and really helpful when she comes."

At our previous inspection in April 2017 we found two breaches of regulations under The Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to recruitment records and staff supervisions. We found that these had not been identified and addressed through the service's quality monitoring processes. This demonstrated a further breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that the service was now meeting all regulations. A stable senior team was in place and this meant that there was greater capacity to effectively undertake the monitoring, supervisory and administrative tasks required to ensure that the service was managed effectively.

The documentation that we viewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by senior staff to check on people's views of the service took place. At our previous inspection we found that these had not always taken place on a regular basis. The records that we looked at during this inspection showed that calls or visits to people to check their satisfaction with the service now took place monthly. These showed that there were high levels of satisfaction with the service. If people or family members made suggestions or requests during this monitoring, actions were recorded and put in place. One person said, "I see or speak with a manager regularly. I know they try their best to make sure that I am happy with my care." Spot checks of care practice in people's homes were built into the staff supervision process. A family member said, "They often come out to see what the staff are doing." A staff member told us, "We never know when they are coming. I think we work well anyway, but this keeps us on our toes."

The service had sent a postal satisfaction survey to people and their families in June 2017. The manager showed us a copy of this and told us that they were disappointed that they hadn't received any responses to this. She said that she was planning to undertake another similar exercise during 2018 and would be looking at approaches to ensure that people were supported to participate in this.

We looked at other quality assurance processes that the service had put in place. Care notes and medicines records were reviewed on a regular basis. An electronic system recorded concerns regarding people's care and wellbeing entered in respect of each concern. This was being developed to ensure that records were maintained in relation to all activities associated with care and staffing. The manager showed us that reports could be run from the system and that information in relation to these were discussed by the senior staff team in order to improve the quality of the service. Matrices were in place to identify when monitoring and staff training and supervisions were due. Where an action had not taken place by the due date, the manager was able to demonstrate the reason for this.

Staff members spoke positively about the management of the service and told us that they felt well supported in their roles. They told us that they could contact the provider at any time and would not wait until a meeting if they had any questions or concerns. One staff member said, "They are so good. This is the best agency I have worked with." Another staff member told us, "I am new to care and the support that I have received has been exceptional. I can't imagine doing anything else now."
We saw that regular staff meetings had taken place where issues in relation to care practice and quality assurance was discussed. Staff members told us they valued these meetings and the opportunities that they provided to share their views and experiences. One said, "I never feel as if I can't speak up and say what I think. The team feels like a family to me." The manager had recently introduced a staff newsletter to share information about good practice and there were plans to produce this on a quarterly basis in future. They told us that urgent information was provided in a 'viral' text to all staff and this was confirmed by staff members. One said, "I never feel that I don't have enough information to do my job well."

A Carer of the Month award had recently been introduced. Care staff were assessed against a set of practice and behavioural outcomes to determine who received the award each month. The manager told us that a reward of £100.00 was presented to the Carer of the Month and showed us that their picture was displayed on the office wall. She said, "The staff know that their contribution is valued anyway, but have told us that this provides an extra incentive to do well."

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care. We saw that policies and procedures had been discussed with staff at their induction to the service and during regular team meetings.