

George Springall Homecare Partnership

George Springall Homecare Partnership

Inspection report

Main Office, John Eccles House
Robert Robinson Avenue
Oxford
Oxfordshire
OX4 4GP

Tel: 07720781037

Website: www.georgespringallhomecare.co.uk

Date of inspection visit:
18 May 2017

Date of publication:
21 July 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This announced inspection took place on 18 May 2017. George Springall Homecare is a domiciliary care agency providing support and care to people in their own homes in the South Oxfordshire area. At the time of our inspection there were 13 people using the service.

There was a registered manager in post. 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 received safe care from staff who had been trained to protect people and identify signs of abuse. Risk assessments were implemented and reflected the current level of risk to people. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing.

There were enough staff to keep people safe and appropriate arrangements were in place for emergency staff cover. Recruitment processes were designed to ensure only suitable staff were selected to work with people.

The service used an electronic monitoring system which staff accessed using mobile phones supplied by the provider. The system ensured people's most current care plans were available to staff. It also enabled the service to monitor in real time the support people were receiving in relation to personal care, food and drink or medicines. As a result, the system for monitoring the quality and safety of care provided to people was efficient and effective.

Staff managed medicines consistently and safely. People and their relatives told us they received their medicines at the times they needed them and they were happy with the support they received.

Staff received a wide range of training that matched people's needs. Staff were encouraged to reflect on their practice and to develop their skills and knowledge, which improved people's experience of care.

Staff were aware of their duties under the Mental Capacity Act 2005. They obtained people's consent before carrying out care tasks and followed legal requirements where people did not have the capacity to consent.

The service demonstrated a strong commitment to promoting people's independence. Staff worked closely with people to build their confidence and learn to do more for themselves.

The service was extremely responsive to supporting people whose needs were complex and tended to change. We were repeatedly told of numerous occasions where the service had gone above and beyond of what was expected of them.

Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs. People's history, family relationships and religious and cultural needs were taken into account.

People and relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. People explained how staff went the extra mile for them and assured us they couldn't ask for anything more. People told us the support they received significantly improved their well-being.

People's relatives told us that the service went above their contractual duties by providing their loved ones with end of life care. The relatives said staff helped them to put their minds at ease and get through the difficult time. The provider's philosophy, vision and values were understood and shared within the staff team.

The service was extremely responsive to people's needs and wishes even if the support people needed proved to exceed their contracted hours. People told us that staff went over and above the call of duty. People also said this made a profound difference to their lives.

People felt consulted and listened to about how their care would be delivered. Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs. People's histories, family relationships and religious and cultural needs were taken into account while preparing their care plans.

The provider valued their staff team and had endeavoured to take steps to retain and develop staff to their full potential. They believed this was the key to delivering high quality, consistent care. A number of measures had been employed to recognise the contribution staff made and this had been appreciated by staff who told us they felt valued and respected.

Quality checks took place regularly and identified actions needed to be taken to enhance the service. The registered manager was devoted to providing people with such care so that they were able to live as independently as possible in their own homes. The manager involved staff in promoting an open and positive culture. Staff knew how to put the aims and values of the service into practice so people received personalised care. Staff, relatives and other professionals spoke positively about the registered manager.

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.

People were kept safe from abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

Risks to people's well-being were assessed, managed and regularly reviewed.

Medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to enable them to provide people with care effectively. Staff were supervised and felt well supported by the whole team and the registered manager.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People received support with their dietary needs in line with their choice and health requirements. People were supported to access healthcare professionals when they needed to.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The management team and staff were committed to providing the highest quality care possible.

Staff treated people with respect and dignity and took time to build positive caring relationships with people. They knew people well and were well liked by people.

People told us that staff went the extra mile for people they supported. People's feedback was overwhelmingly positive about the service.

Is the service responsive?

Outstanding 

The responsiveness of the service was outstanding.

The service went the extra mile for providing people with personalised care in which emphasis was put on the quality of people's lives and meeting people's needs and preferences.

The service was extremely flexible and responsive to people's needs.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Good 

The service was well-led.

Staff understood the vision and values of the service and knew how to put these into practice. People benefitted from being supported by staff who felt valued and were motivated to provide them with individualised care.

The registered manager led by example. They understood the needs of the people who used the service.

There were systems in place to monitor the quality of the service provided and to promote best practice.

George Springall Homecare Partnership

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 checked 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 18 May 2017 and was announced. The provider was given notice in due advance because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they must inform us of by law.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any relevant information to share with us. Healthwatch promote the views and experiences of people who use health and social care.

We spoke with two people and seven relatives, five staff members and the registered manager. We also talked to two social workers who regularly supported people at the service.

We reviewed care plans for four people, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People felt safe at the service as they knew there was always support available when they needed it. One person stated, "Definitely, I feel safe with them". One of the relatives told us, "I couldn't wish for better care. They were always there for us".

We spoke with staff about what actions may need to be taken to ensure people were protected from abuse. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff told us, "If I witnessed or suspected abuse of one of my clients, I would immediately report this to my manager. If they didn't act, I would report this to the safeguarding team".

Care plans seen included risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided clear instructions to staff members concerning support delivery. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified, action taken by the service had been recorded. Training records seen confirmed staff had received moving and handling, and health and safety training to ensure they had the knowledge and skills to support people safely.

A thorough recruitment policy and procedure were in place. We looked at recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The service used an electronic monitoring system to ensure people received their care at proper times. Staff used an application on their mobile phones provided by the service to record the time when they began and finished their care visits. An alert system was in place to notify the office or on-call staff if a staff member failed to record their arrival or departure from a person's home. This enabled the service to monitor the whereabouts and safety of their staff whilst working in the community. The application also contained information about staff's scheduled care visits. The information was updated in real time, which meant staff always had their most current working rota available. This system helped ensure people received their care visits as planned and it significantly reduced the risk of any care calls missed.

There were sufficient numbers of staff available to keep people safe. The number of people using the service and their needs were estimated to adjust staffing levels. People told us that staff had enough time to carry out their tasks and were prompt at arriving at agreed times. One person said, "They are very punctual. If they are running late we always get the message". One of the relatives told us, "They are pretty well on time. They are never more than five minutes late".

People's medicines were safely managed and given as prescribed. People were supported to take their medicines as needed. There were clear policies and procedures in the safe handling and administration of

medicines. Medication administration records (MAR) demonstrated people's medicines were being managed safely. Staff received training, observed other staff and was assessed by the registered manager before being allowed to administer medication. One relative told us, "They are very good at handling medication. When dad was prescribed new medicines, the registered manager was clear that instruction must be on the box. I had to call 111 for new painkillers for dad. Thanks to them I was very clear on how to get the medication right".

The provider had an on-call system which operated 24 hours a day. Robust contingency plans and systems were in place to ensure the service ran smoothly outside of office hours and in the event of untoward emergencies such as adverse weather.

Is the service effective?

Our findings

People we spoke with said all the staff were knowledgeable about how to meet their needs. One person told us, "They are knowledgeable. They know what they are doing and they are very helpful". One of the relatives told us, "They are very knowledgeable and very clear of what they are doing".

People were supported effectively by staff who were well-trained. Staff received a three-month induction training programme when they began working for the service. The whole induction period was carefully planned and structured to build knowledge and skills steadily using the care certificate framework. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. It allowed time for supervisory meetings, practice observations and gathering of feedback. At the end of this process a meeting was held to decide if the probationary period had been completed successfully or if additional time was required.

All of the staff members we contacted told us and records confirmed that staff had received appropriate training to enable them to provide people with effective care. This included training in a number of different areas, such as safeguarding, stroke, pressure sore, and skin care. We asked the staff members if they felt they were provided with sufficient training and support to enable them care for people effectively. A member of staff told us, "Yes, definitely. I am always offered options for more training in areas I might be interested in". Another member of staff told us, "Yes, I do feel I have enough training to support my clients effectively. If we have a new client or a client's needs change, we are trained by [the registered manager]. We are always offered courses to go on about the subjects we are interested in".

Records showed that staff received regular supervision sessions and staff confirmed this while talking to us. Supervision sessions enabled staff to discuss their personal development objectives and goals. Supervision records showed that when the staff raised the need to complete any additional training, this was arranged by the service. For example, one member of staff had asked for training in Parkinson's disease. The service had directed the member of staff to a free online course on this subject.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed they were aware of the process to assess capacity and the fact that it is decision specific. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood the procedures needed to be followed if people's liberty was to be restricted for their safety. A member of staff told us, "The MCA is designed to protect individuals who may lack capacity to make their own decisions. Making the wrong decision does not mean the service user lacks capacity. People who may help make these

decisions are: family, friends, advocates and care workers".

People's needs in regard to food preparation, eating and drinking were assessed if this was part of the required care. People's preferences concerning food and drinks were recorded. Relatives also told us that if people did not want to prepare their own meals or were physically unable to do it, staff members would prepare meals for the person. Relatives told us that people were always offered food that they liked and were given choices.

Peoples care records showed relevant health and social care professionals, such as GPs, dentists or opticians, were involved in people's care. We saw people's changing needs were monitored, and changes in health needs were responded to promptly.

Is the service caring?

Our findings

Throughout the inspection and through speaking with people and their relatives we were given a number of examples of how staff went the extra mile for people. One person said, "They are extremely good to me". Another person told us, "All the carers always go the extra mile which makes my life and my wife's life so much better. I can see the bumps on their backs where their wings should be. Even the management take the time to come and visit us. I feel special and they are extremely caring". One of the relatives remarked, "We couldn't wish for better carers".

When people were nearing the end of their life, they received compassionate and supportive care. People and their relatives contributed to end of life care plans so that staff knew people's wishes. People were treated with dignity and respect at the end of their life. Additionally, the service provided families with after death care. This meant that when a person passed away, the service offered to prepare the body. One of the relatives told us, "We were overwhelmed by the positive experience. When my dad was vulnerable, the service paid consideration to that fact and they sent only few carers very familiar with dad. On the routine visit when dad passed away they offered to give dad a washing and dressing which we felt was so outstanding. It made a difference that someone was so involved and trusted. This experience was so unique to us, they never rushed. There was no time allowance. If dad needed something, they provided this straight away".

The service had a strong, visible, person-centred culture and was exceptionally efficient at helping people express their views. As a result, both staff and the management understood people's point of view on various things. Staff and the management were fully committed to this approach and found innovative ways to encourage and facilitate communication with people. They used creative ways to make sure each person was able to express their thoughts in accessible, tailored and inclusive means of communication. One person's relatives told us, "As his condition became worse, his voice reduced to a permanent whisper, and staff encouraged him in other methods of communication. For example, to attract staff's attention he would click his tongue; and later when he began to use the non-invasive ventilator all the time and could no longer click his tongue, a very touch-sensitive buzzer was set up that he could use for the same purpose. Towards the end, when he could barely even use that, staff would spend ages arranging the button in his right hand to enable his one moving digit - his thumb - to touch it at just the right angle so that it could activate the buzzer. Attempts were also made to use eye recognition software but his head and neck were by then too uncomfortable so he didn't get on very well with that. So it was with the utmost patience that staff moved on to communicating with him via a printed alphabet. They would stand holding the page up in front of him and painstakingly point to each row until he nodded 'yes', then point to each letter in the row until he nodded 'yes', and this way he would slowly spell out what he wanted to say. They all became proficient in figuring out what he was trying to say by his spelling out just a few key words. As his movement decreased even further and he could not always nod, he would blink to signify 'yes' when the right row or letter was pointed to. In addition, staff used printed lists of his most-used phrases so they could more quickly ascertain things he needed instantly".

Another person's relative told us, "My father had a cognitive impairment and he could not concentrate on

instructions and tasks and would become violent due to not understanding what was happening. George Springall Homecare started caring for my dad and started using alternative ways of communicating with dad so he found it easier to understand and communicate back. They used sign language by showing and pointing, colours which helped him recognise objects and toys (a teddy key ring) used to help him focus on instructions (can you see the teddy sitting on the bed, can you go and sit next to teddy, can you see the teddy turning on his side, can you turn on your side like teddy). Dad found this so much easier to understand and communicate. This made a massive impact on dad's life and the challenging behaviour was far lessened. He would actually seem to be enjoying their presence and towards the end he would look forward to the carers visits".

A person's relative told us, "The quality of the care is extremely good. They helped us when we needed this and they put my mind at ease". When a member of staff assisting a person in the community had spotted the person had been unwell, they had rung for paramedics. The member of staff had not been able to contact the person's relative. The staff member had stayed with the person and assisted them while the person was being taken to hospital. They did it in their own time. After the person had been admitted to the hospital, the staff member checked on the relative to ensure they were not in distress.

In another example, one person had been at risk of social isolation as their relatives had had no means to take the person out. Staff had taken the person out in their own time so that the person could enjoy a bright sunny day. Staff had also devoted their own time to join in the person's games or colouring books, which they sometimes bought for the person at their own expense.

Another person's relative told us that staff had accommodated their own time to help the person when the relatives had not been able to do this themselves. The person's relative told us, "They are absolutely brilliant, all of them. Nothing is too much trouble to them. They even go back to my mum just to take her to the toilet. They are always helpful and try to find a solution. My mind was put at rest straight away. My mum is happy with them and nice to them".

Some people had pets which required care and attention. As some of people were not able to care for them due to their condition, staff dedicated their own time to take care of the pets. This allowed people to maintain their relationships with their pets.

In another example, a person had lived with dementia and displayed challenging behaviour, which had included physical and verbal violence. A member of staff had devoted their free time to stay with the person and patiently removing the person's dentures. The person had previously been adamant not to take them out because had been afraid of other people thinking they had wanted to hurt them. Staff had also come in their free time to support the person at mealtimes.

We spoke with a social worker who was regularly involved in supporting people. They said people were happy with the service and they saw staff had built strong and long-lasting relationships with people. This was because the value of best practice was ingrained in staff. Staff's long-term goal was enabling people with specific conditions to live independently in their homes as long as possible.

Everyone we spoke with said they were visited by a consistent team of care staff. A relative told us their family member had a large package of care which inevitably meant they had a number of different care staff visit them. However, they told us they had worked closely with the office staff to establish a small team who worked well together. This team now knew the person and their needs thoroughly which enabled them to support the person in line with the person's needs, preferences and wishes. One person's relative told us, "We have a small group of carers. They know her and she knows them all".

Staff were able to demonstrate that they had built up a very good relationship with the people they supported. They told us about people's histories and the progress they had made, what they liked and disliked and what was important to them. Staff told us it was crucial to know as much as possible about each person in order to provide a caring, person-centred service.

People said staff respected their dignity. One person's relative told us, "They treat us all with dignity and respect. As well as the professional skills, it is important to have empathy. They are kind, friendly and they cheer my father up. It was noticeable that his psychological attitude improved." Another person's relative told us, "The relationship dad built with staff made a difference to his life and proved that there were people that do care about him after all and that made him feel special".

People and their relatives told us they were regularly asked for their views and opinions and were involved in shaping people's care. One relative said, "I'm involved in care planning. Any question they have, they contact me and I give them a piece of guidance".

Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like cooking or dressing themselves. This helped to develop people's independence and self-esteem. A member of staff told us, "I give them choices regarding meals or clothing and I encourage them to make their own decisions. Also, I encourage them to do as much as they can for themselves, always keeping in mind their personality and individuality".

We saw that records containing people's personal information were kept in the main office which was locked and no unauthorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Is the service responsive?

Our findings

We found the service provided outstanding care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with consistently praised the responsiveness of the management team and their ability to support them to express their views and wishes. One person told us, "Yes, they are responsive to me needs". One person's praised the service saying "They are outstanding. We, as a family, were made very comfortable. They always found a solution to any problem providing really tailored care package. A dog wasn't a problem, the bed wasn't a problem when dad wanted to stay in his own bed instead of the hospice bed. Even my sister's toddler running around – nothing was a problem to them".

People and their relatives told us the service regularly went above their contractual duties. For example, one person who had been receiving end of life care had expressed a desire to have their bed moved to the conservatory. As the bed had been too heavy, the registered manager had helped to rearrange the conservatory so the person could come out of their bedroom and enjoy the sun, the garden and the company of their grandchildren. The person's relative told us, "My grandchildren used to come and stay here. We tried to move the sofa but with the help of [the registered manager], we piled up mattresses so he was lying on them like the princess on the pea".

In another example, staff had taken on the responsibility of ordering a person's food to unburden the social worker and neighbours, and to make sure the person had their favourite meals available at all times. The person's relative had lived far away and had not been able to come and visit them very often. Staff had taken the person out for walks and shopping in their own time. One member of staff had spent their break putting the person's hair in rollers. Staff had decorated the person's house for Christmas and dedicated their free time to dressing the person for the occasion and celebrating it with them.

The registered manager and staff knew people well and were able to respond to any changes in their health and behaviour. For example, during a routine visit a member of staff had called an ambulance recognising signs of a person having a stroke. The person had been admitted to a hospital, however, the hospital had decided to discharge the person. The family had been in distress as they had been worried about the doctors not dealing with the person properly. The registered manager had decided to refuse to take the person home against the recommendations from the hospital. This decision had probably saved the person's life as that very evening the person had been found to have suffered a haemorrhagic stroke. The person's relative told us, "They are great. [The registered manager] handled the situation so well. She always rings us and the doctors at the surgery to keep us informed".

One person had not been able to meet their needs in their own home due to their health condition. The person had been a compulsive hoarder and due to their condition they had not been able to do any cleaning themselves. The person had refused to let anyone come in and clean the place for them. The person had also smoked indoors with the windows closed. As a result, the person had been stuck in the home that they said they had hated. When the service had begun to provide the person with care and support, staff had spent some of their own time to gently convince the person to allow them to clean little

areas, one at a time. That way they were helping social services and the person to keep a safe and clean environment.

People and their relatives told us, the service always consulted them and discussed various ways to meet people's changing needs. One person's relative told us, "We always discuss things. For example, we decided to swap a return hoist for a standing hoist as this works much better. It is easier for carers and puts less stress to my mother. When we needed a different type of the commode, carers suggested and organised a better one".

The service recognised the importance of immediately responding to people's needs. Some people's needs could only initially be met by health care professionals, for example, district nurses. The registered manager had begun to liaise with other health care professionals to provide staff with specialised training so that they were able to meet people's unique needs. Staff were trained in specialised tasks, for example, bladder flushing and changing the dressing on a grade 4 pressure sore. This allowed the service to respond quickly to people's specific needs without seeking support for these tasks from health professionals.

The social worker also told us that staff were not task-focused, and were creative at supporting people effectively. For example, did not hesitate to spend time with people who were initially resistant to receiving support. On the contrary, they were willing to give such people enough time to earn their trust and build a rapport. The social worker told us, "They are brilliant. Time and time, they went over and above of what was expected from them". Another social worker told us, "They are exceptional at working with clients that are displaying challenging behaviour. For example, they deal really well providing sensitive support to a person who has got a tendency to scream with insult. I trust them, they put extra hours to build a rapport with people and to maintain good relationship with them".

Everyone we spoke to told us they had no concerns or complaints regarding the service and the care they or their family member received. However, they said that if they felt such need, they would feel confident in raising anything with either the staff who supported them or the registered manager.

Although the service had a system in place for recording complaints, none had been received by the time we conducted our inspection. People supported by George Springall Homecare, their family members and healthcare professionals only had positive comments to make about the service. People supported by the service confirmed they understood the service's complaint procedure and knew how to make a complaint if needed.

Is the service well-led?

Our findings

People told us they had trust in staff and the management and they considered the service to be friendly and homely. One person's relative remarked, "They are absolutely top class management". Another person's relative said, "The management is fantastic".

Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation. They found the registered manager and the provider to be very supportive to staff in terms of their work but also at the personal level. The registered manager and provider treated staff members not as personnel but as individuals. Their thorough knowledge of each staff member allowed them to motivate and support staff efficiently, but also make staff members feel valued. A member of staff told us, "I love my job and always feel very supported and appreciated". Another staff member said, "The whole team feels very supported and we know we can ring any time. The manager and the director are always there for us and genuinely care about staff and clients alike. They are brilliant".

Staff described the registered manager as a reliable, resourceful individual with a "hands on" attitude. We were given examples of when the registered manager had gone out on care calls in emergencies to support staff. Staff members also mentioned occasions when the service had begun to provide care to a new person and staff received extra support from the registered manager. Staff told us they felt morale amongst them was high and this resulted from the outstanding leadership of the registered manager and owner.

People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

Social workers we spoke with repeatedly praised the standard of care provided and described the service as exceptional, professional, reliable and responsive. One of the social workers told us, "They are very responsive and very flexible in terms of packages. For example, when one person was about to be transferred to a care home, this was postponed number of times. They never made any trouble and kept providing the service to that person".

The registered manager was a strong role model who was passionate and aimed to enable people to be as independent as possible by providing them with relevant, person-centred care. Due to such an approach, people provided with care could live in their own homes instead of being forced to move into a service-run house. One of the social workers explained that the registered manager led by example. They told us that when new people began to receive care and support, the registered manager always visited them in person for the first week. The registered manager themselves provided care to people and gave staff guidance on how to meet people's needs and read their difficult behaviour. For example, the registered manager taught staff how to recognise a person's behaviour as non-personal.

The contributions of care staff were valued and acknowledged. The service had introduced an incentive scheme for staff to encourage them to go above their duty. We saw evidence that staff were awarded for helping people and their relatives in their own time and for covering shifts if another member of staff was

unexpectedly unable to work their shift. As a reward for achieving the title of the carer of the month a £100 bonus was paid to the staff member. Staff we spoke with were very positive about the scheme and said it made them feel valued and respected.

We found people were encouraged to participate in a satisfaction survey so they could make comments on the quality of the service provision. The registered manager told us that the purpose of the survey was to obtain information which would be analysed and form part of the organisation's future business development plans. One person said, "I receive forms from them to comment if I'm happy or not". We saw the results of the last survey were very positive and people praised the service provided to them.

Staff also participated in an annual satisfaction survey. All staff employed by the service provided very positive feedback.

The registered manager used a range of quality checks to make sure the service was meeting people's needs. This included monthly checks of visit records, equipment checks and checks on medicine records. The medicine records check was used to make sure that people received their medicines as prescribed and care was delivered as outlined in their care plans. Any issues identified through audits were quickly acted upon and the experience gained was used to improve the service. For example, members of staff had been reminded to use a black pen when completing MAR sheets.

Due to the size of the service, the registered manager also performed the same tasks as care staff. This enabled the manager to observe the operating of the service in detail. Staff were involved shaping and enhancing the service. They could share their thoughts and provide informal feedback about the care and support provided to people through their daily interaction with the manager.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities, particularly in regard to the CQC registration requirements. The registered manager adhered to their legal obligation to notify us about important events that affect the people using the service. It was evident from the CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.