

JLKare and Support Limited

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 15 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This was the first rating inspection of this service since they were registered with CQC on 25 August 2016.

The service is registered to provide personal care and support to younger and older adults, living in their own homes. People using the service have a range of needs which include dementia, old age, physical disability or learning disability. At the time of the inspection the service was providing support and personal care to six people who were living in their own homes or within a supported living facility within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

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 and their relatives were full of praise and compliments about the staff who supported them. They described them as kind, caring and supportive. Staff went above and beyond when supporting people and this was recognised and commented on by people, relatives and other professionals. People were supported and encouraged to maintain their independence and have their voice heard. Staff respected people's privacy and dignity and were respectful when supporting them with their needs. People were happy to recommend the service to others, based on their own positive experiences.

People were protected from harm because there were systems in place to identify and manage risks associated with their needs. Staff were aware of the risks to people on a daily basis and of their responsibilities to report any concerns they may have. For those people who were supported to take their medicines, systems were in place to ensure this was done safely and effectively.

People benefitted from being supported by the same consistent staff group, who had been introduced to them and were aware of their needs.

The recruitment process ensured people were supported by staff who were recruited safely and who had the values that represented the ethos of the service, which was to employ caring and compassionate people.

People were supported by staff who received a comprehensive induction and were well trained. The training programme ensured staff had the most up to date skills required to meet the individual needs of the

people they supported. Additional training was identified and provided where required. Staff received regular supervision and were provided with the opportunity to discuss their learning or any concerns they may have.

For those who required it, support was offered at mealtimes to ensure people had sufficient food and drink. People were supported by staff who were aware of their health care needs and supported them to access healthcare appointments where necessary.

People were fully involved in the development of their care plans to ensure that care staff knew how to support them in the way they wanted to be supported. Care staff were aware of people's likes and dislikes, what was important to them and how to support them in the way they wanted to be supported. People's care needs were regularly reviewed. The service was responsive to people's needs and kept staff up to date with changes in people's packages of support.

Staff felt listened to and were well supported in their role and told us they felt valued and were proud to work for the service. The registered manager and directors all took an active role in the day to day delivery of care in order to ensure the standards they set were maintained.

Staff felt valued and supported and were proud to work for the service. Efforts were regularly made to obtain feedback from both people who used the service and staff in order to improve the quality of care provided. Audits took place and where any errors were highlighted, they were acted on immediately and lessons were learnt. There was a strong emphasis on continual improvement and striving to provide a quality service in order to support people to live healthy and independent lives.

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 supported by sufficient numbers of staff who knew them well and were aware of the risks to them on a daily basis. Staff had received training in how to recognise signs of abuse and were aware of the actions they should take if they had any concerns. People were supported to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained to meet their individual needs. Staff were provided with a comprehensive induction and ongoing training, support and supervision to ensure they provided effective care. Where required, people were supported with their healthcare needs to ensure they maintained good health.

Is the service caring?

Outstanding ☆

The service was caring.

People were keen to highly praise the staff who supported them and described them as kind, caring and supportive. Staff went 'above and beyond' their responsibilities in order to provide people and their relatives with a caring service. People were fully involved in making decisions about their care and were treated with dignity and respect by staff who were highly motivated in their role.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to meet their needs. People were encouraged to give their views on the service and where complaints had been received they had been dealt with to the complainant's satisfaction.

Is the service well-led?

Good 

The service was well led.

There was a culture of supporting staff and ensuring they received the training and guidance required to enable them to focus on caring for people safely and effectively. Staff were proud to work for the service and were highly motivated. Quality assurance systems were in place and there was a strong emphasis on providing a caring service for people.

JLKare and Support Limited

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 15 and 16 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular, any notifications about incidents, accidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with the registered manager, two directors, four members of care staff, a trainer, a person who uses the service in their own home, another person who uses the service in the office, two relatives in person, two relatives on the phone, a healthcare professional, and an advocate.

We reviewed a range of documents and records including four care records of people using the service, two medication administration records, two staff files, training records, accident and incident records, complaints and compliments and quality audits.

Is the service safe?

Our findings

Everyone we spoke with, gave us a resounding "Yes" when we asked them if they felt safe [or felt their relative was safe] when supported by care staff in their own home. One person told us, "They [care staff] always ring the bell first, to let me know they have arrived, then they use the key safe and they never come into the lounge without knocking the door first", and another person told us, "I won't say anything derogatory about my carers, I always feel safe, particularly when they are hoisting me, they all know their job" and a relative added, "[Person] is absolutely and completely safe [when supported]".

People were supported by staff who had been trained to recognise any signs of abuse and were aware of their responsibilities for acting on any concerns they may have. One member of staff told us, "If I had any concerns, I would contact the manager straight away". The registered manager was aware of their responsibilities to raise concerns and we saw that where safeguarding concerns had been raised, they had been acted on and reported appropriately.

Staff were aware of the risks to people on a daily basis and were able to describe to us how they supported people safely, for example, a member of staff said, "[Person] uses a stair lift, you have to make sure their belt is on and their feet are on the plate". Where one person was a risk of developing pressure sores, staff monitored their skin for any marks or blemishes that may indicate that their skin was at risk of breaking down.

Where accidents and incidents took place, they were reported, recorded and acted on appropriately. For example, where one person was concerned regarding strangers who had turned up at their doorstep, the registered manager visited the person at home within 15 minutes of their call to provide support and reassurance and arranged for staff to stay with the person until they felt safe and calm in their own home. Relatives spoken with confirmed this.

We saw that people were involved in the development of their care plans and risk taking and a variety of risk assessments were in place, including for their environment and where appropriate, visiting the community. There was a colour coded system for assessing the level of risk for each activity people were involved in, which provided staff with an instant visual guide. We saw that this information was regularly reviewed and updated to ensure care staff were in receipt of the most up to date information regarding the people they supported.

People were supported by sufficient numbers of staff with the right skills to meet their needs. Each person had their own team of staff who supported them, so they always knew who would be attending their call. The registered manager told us, "We make sure everyone [care staff] is introduced to people prior to supporting them". Care staff and people supported by the service confirmed this. One member of care staff told us, "We all support the same people, we're involved in the assessment and you get to know the person and have a chat. You're not a stranger then and you can assess any risks, you can see people a few times before supporting them". This arrangement meant that when people commenced their packages of care with the agency, they were supported by familiar faces who were aware of their needs and the risks to them

on a daily basis.

One person told us, "Calls are always on time, they [care staff] have never missed a call. Was 10 minutes late once because of traffic, but they let me know. Always stay the right amount of time," and another person said, "Calls are always on time, never had any missed or late calls", adding "They [care staff] are organised and know what they are doing". Relatives spoken with agreed with these statements. A relative had commented in a feedback form, "They [care staff] are making a difference. We are not standing by the window looking for carers, we are confident staff will arrive on time and are regular staff who know and understand [person's] needs". A member of care staff said, "If we were running late we would let the client know, we cover each other, take it in turns".

The provider told us in their PIR [Provider Information Return] that all staff received their rota a month in advance. This meant that any changes that were required could be agreed with the person using the service beforehand and we saw evidence of this. We saw that the service used a system that enabled them to log calls and check the times staff arrived and left. Staff worked in geographical areas and told us they were provided with enough time between calls to allow for travelling and if their call over-ran.

All calls were covered by the existing staff group and each of the three directors played a part in supporting people on a weekly basis. This meant that any unexpected absences could be covered by staff who were familiar to and with the people they were supporting and people could be confident that their call would not only be attended, but by someone who knew them. We saw that each person was provided with a pen picture of each member of staff who supported them. It provided people with a large photograph of the member of staff and information regarding their skills, qualifications and personal details such as hobbies and interests.

People were supported by staff who had been recruited safely. Recruitment systems were in place to help minimise the risks of employing unsuitable people. A member of staff said, "During the interview and induction we were asked a lot of questions on our opinions and values". The registered manager told us, "We look at people's attitudes and values. If they can demonstrate they care, we can teach them the technical side". Staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they started work and we saw evidence of this. A member of staff told us, "They [management] were very thorough".

For people who were supported with their medicines they told us there were no concerns and they were very happy with the arrangements in place. A relative said, "I've no concerns regarding [person's] medicines, and I am very happy with the arrangements". Staff told us they had received training in the administration of medicines and we saw evidence of this. We looked at a number of Medication Administration Records and found that they were completed with no gaps. Daily audits were conducted of people's medicines and staff competencies were checked to ensure they administered people's medicines safely and in line with prescribing instructions. We saw for one person who required creams to be applied there were no body maps in place to instruct staff as to where to apply the cream. However, before the end of the inspection, the registered manager had ensured that these were put in place.

Is the service effective?

Our findings

People told us they considered the care staff who supported them, to be well trained. A relative commented, "They [care staff] know exactly how to support [person]", and another added, "The staff are very well trained". Another relative told us how impressed they were with the staff group that supported their loved one. They told us that no member of care staff supporting their loved one came into their home 'blind' and that all care staff were fully aware of how to support their relative safely and effectively.

People were supported by care staff who were provided with a comprehensive induction and were offered continual support throughout the process. The induction included the studying of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life. One member of care staff told us, "The registered manager and everyone were really supportive. I started shadowing to get to know the client first". Another member of care staff said, "You shadow calls until the registered manager feels you are confident enough to be left alone. She's been really good. Any questions or queries and you can go to her". One person commented positively about a new member of care staff who had recently started to work at the service, they told us, "She's doing really well". A healthcare professional commented positively on the induction process for staff and told us, "They [management] involved [person's name] in the recruitment of their own staff team, which they appreciated".

Care staff told us they felt well trained. We saw that specialist training was also provided to care staff in order to meet people's needs, for example, catheter care. The provider told us in their Provider Information Return [PIR] that they trained their own care staff and the care staff of other providers and we saw evidence of this. We saw many testimonials from other providers thanking the service for their support. The trainer who worked alongside the service told us, "It's quite an ethically based service, they offer support to other providers as well and helped deliver training in home care standards for the local authority".

People were supported by care staff who received regular supervision and whose practice was regularly observed through spot checks. We saw that regular meetings took place in the office to offer support and share information. A member of care staff told us, "Communication is good. Every week we have breakfast meeting, we all get together and have a chat and a general catch up and management check if everything is ok". Care staff told us they were kept up to date with any changes in people's care needs. We saw there was a comprehensive system of daily recording and handover in place. Feedback was also sought from the person receiving the service to ensure they were happy with the support provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and found that they were.

People told us care staff obtained their consent prior to supporting them and we observed this taking place. Care staff were able to provide us with numerous examples of how they obtained people's consent prior to offering support and people spoken with confirmed this. We saw best interests meetings took place and were documented. Care staff told us it was considered the norm to obtain people's consent prior to supporting them and expressed surprise that anyone would think differently. A member of care staff told us, "You always give people a choice". A healthcare professional told us the service had worked hard to develop a working relationship with a person they supported, ensuring the person's voice was heard whilst following professional standards.

We saw where best interests meetings took place, people were supported to be actively involved and enabled to have their voice heard. The registered manager told us, "This [the office] is a safe place for [person] and we encourage them to visit and talk through any concerns they have and the goals they want to achieve", and we saw evidence of this.

For those who required it, support was offered to ensure they had enough to eat and drink. One person told us, "They [staff] always ask, 'what do you fancy to eat?' and they will do it for you. They even ask, if you like your gravy thick or thin." Relatives commented positively on the support staff provided for their loved ones around mealtimes and that staff cooked meals using fresh ingredients. One relative praised staff for the efforts they made in encouraging their loved one at mealtimes, adding, "They [staff] got them [person] eating as well". Another relative told us how staff had informed them they were concerned that their loved one wasn't drinking enough during the day. They told us, "Whenever there is a problem, they will tell me and we work together as a team, that's how we do it and we get there".

People provided us with a number of examples of how staff supported them to maintain good health and attend a variety of healthcare appointments including annual health checks, visits to the doctor and dentist. Any changes in people's medical needs or medication were noted, and where appropriate, shared with relatives. One person told us how staff had chased up a prescription and went and collected it for them. They told us, "[Staff's name] went over the road and got my prescription when it was late. She wouldn't leave until they had sorted it for me". A relative described how staff had arrived and found their loved one after they had suffered a fall and how impressed they were with how this was dealt with. They told us, "They kept us informed of everything, they rang the ambulance first, got [person] comfortable and then rang us".

Staff spoken with were aware of people's healthcare needs. We saw that people's care files held information about their healthcare needs and details of all healthcare professionals who were involved in their care and support. Hospital passports were in place to be used in an emergency, providing healthcare professionals with the essential details they required when providing care.

Is the service caring?

Our findings

Every person spoken with told us that, without exception all staff at the service were kind and caring. People told us they couldn't find enough words to describe how wonderful the care staff were who supported them. They were very keen to share their experiences and tell us how happy they were with the caring service they received. We received many positive comments about the caring nature of staff, such as, "I look forward to them coming and we have a cup of tea together. I miss them when I don't see them"; "[Care staff name] is one in a million", "Really friendly service, always so polite, I can't fault them at all. They are conscientious and respectful. It means a lot when you see a friendly face in the morning when you're feeling poorly, it brightens your day", and "They [care staff] are very caring, I couldn't ask for better". A relative told us, "They [care staff] are so kind and caring, so talkative and lovely people. They talk to my relative like they are a normal person". One member of staff told us, "I think the way the company is run shows we actually care. I think JLKare are trying to create a new breed of carers who go the extra mile, it's very person centred".

People provided us with numerous examples of where staff had gone what they considered 'above and beyond' to help them. One person said, "When they [care staff] turned up, it was like having someone from heaven". A relative told us, "This is the first time in two years that I haven't had to visit [person] every day; I've been able to go away and not worry. They [previous agency] made [person] feel like a burden. This has been a totally different experience. They work round [person's] needs." Another relative said, "Previously [person] fitted into their [another agency] routines. Not with these, it's the other way round" and "They are so kind, caring and deal well with people; you want someone to care and they really do".

People described how staff went out of their way to help them. One person told us, "Every Saturday [care staff name] brings me fish and chips and a paper. [Staff name] rings me when she's out shopping and will ask if I want her to get me a couple of things. She is absolutely brilliant. I couldn't fault them." One relative told us, "[Director's name] went to see [person] in hospital and took chocolates, it's the little things they do that help you out". Other people described how staff went out of their way to get shopping for people, to change their beds or do some ironing. A relative commented, "Without asking they changed her bed, did the ironing, we have never asked them to, if they had some time they do it". Staff spoke with kindness when describing the people they supported and demonstrated a warmth of character. One member of staff talked with pride of the achievements of one person they supported and the work they did to help them achieve their goals. They told us, "[Person's name] doesn't understand time or money but is really intelligent, you just have to remind and reassure", other staff joined in the conversation, adding, "We go out of our way for clients and do what we can for them", and people spoken with agreed with this statement.

A relative told us how care staff had 'gone the extra mile' when their loved one had had a fall. They described how a member of care staff had made their relative comfortable and called an ambulance. We saw that the ambulance crew had taken the time to write to the service praising the member of staff for their 'care and support' of the person who had fallen. Their relative told us how all staff had supported them and their relative at a very stressful time. They said, "We didn't realise they were caring for us as well. They could see we were under enormous pressure and they were taking it off us. They couldn't do enough. I'd say they are exceptionally caring and kind". They went on to tell us how impressed they were that a member of care staff

stayed overnight with their relative once they had returned from hospital in order to give the family some respite and peace of mind, adding, "They [care staff] care for everyone in their entirety, not just bits. They have made such a difference [to their relative] and had such a positive impact on my relative". We also noted the following positive feedback had been received recently from relatives, "Since you have been caring for [person] I feel like I have my life back", "Your staff are amazing", and from a person who was supported by the service, "I do like [care staff name], she makes me smile, she cheers me up. I really like all the staff".

People told us they were fully involved in the planning of their care and we saw evidence of this. One person told us, "They introduced me to [care staff name]. We discussed it on the day, they asked me what I wanted, and the times of day" and another said, "They [care staff] ask you how you want things done". A relative described how the registered manager had visited their relative's home to meet with them both and discuss their relative's needs. They told us, "We were really impressed when they walked in they went straight over to [person] and introduced themselves. They asked what they liked doing, any clubs they visited, their routine, they were with us about two and a half hours". They went on to describe the operations director, who carried out the assessment as 'efficient and friendly' and told us they felt very reassured that someone was listening to them and taking note of what they were saying. Another relative commented, "The whole process was very person centred, it was all about [person] and it was very clear that's what it's all about. I can't praise them enough".

People told us that all staff treated them with dignity and respect. People were given a choice of male or female care workers to support them. One person told us, "They [care staff] are very careful with how they wash you. Very caring, they ask if they can do this or do you want to do it yourself. They are very mindful". Another person said, "Staff are very respectful". A relative commented, "Staff treat my relative with dignity and respect at all times, even the new ones, they are lovely. They always chat and have time to have a chat. I've met all the team", and another relative said, "Yes, staff treat [person] with dignity and respect; they asked what [person] wanted to be called and that's what they called them". Another relative said, "They [care staff] made sure [person] was clean, presentable and knew who was coming. They had a positive impact on [person]". The provider told us in their Provider Information Return [PIR] that the service promoted The Dignity Challenge and each of the Directors were Dignity Champions. We saw evidence of this and that this subject was routinely discussed in team meetings in order to promote a caring service.

People told us, and we saw many examples where staff supported them to maintain and improve their independence. For those who required it, all documentation was provided in an easy read format this meant people were fully engaged in the whole process of setting out how they wished to be supported. We saw one person had fed back to the service, "At JLKare they always listen to my voice and if I'm not happy with anything or need someone to speak to I can always ring the office to speak to someone". Another person told us, "I used to lie in bed clock watching. They [care staff] have supported me to get my independence back, a relative said, "I really see the difference in [person] now, you can't get them into bed they've got a new lease of life", adding, "As soon as [person] met [registered manager's name], that was it. They [the service] took him on, he was ready to give up, but they didn't and he didn't". Staff described how they supported a person to have their voice heard during a meeting with healthcare professionals. They told us, "[Person] was a star and managed the best they could" and went on to describe how the person benefitted from this. We saw where one person had been supported to regain their independence, the service had gone back to the Local Authority to advise them they were able to reduce the person's package of care as they were no longer required as much support.

We saw for those people who needed it, advocacy services were available. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

We saw that regular reviews of people's care took place and people and their families were fully involved in these meetings. A relative commented, "We had a meeting after four weeks, it went on for three hours and my relative was fully involved".

The pre-assessment and care planning process provided staff with the information they required in order to support people the way they wished to be supported. Staff spoken with provided a good account of the people they supported, what was important to them, their likes and dislikes and aspirations. One member of staff told us, "The care plan gives you all the information you need, it gets reviewed regularly as things change." Another member of staff described positively their inclusion in the pre-assessment process and told us, "You get to know people, their routine, interests and it gives you a chance to have a chat with people".

Care plans detailed not only how people wished to be supported but their goals and aspirations. For example, one person who wanted to visit the gym was supported to do so and appropriate guidance was sought from physiotherapist to ensure their safety and wellbeing. Where people had set goals to go on holiday, staff were supporting them to do this. A member of staff, describing their relationship with a person they supported told us, "We are more sort of friends than carers, I support [person] to do things they want to do."

The provider told us in their Provider Information Return [PIR] that they had the capacity to respond to people's individual needs. For example, on a daily basis, one person would tell staff at lunchtime the preferred time of his tea time call and staff were able to accommodate this request. The registered manager told us, "[Person's name] will tell staff whether they want them to come back at four or five in the afternoon".

People told us they were very happy with the service they received and were aware of the system in place to raise concerns, should they have any. One person said, "I've no complaints, I would just pick up the phone and tell [registered manager's name] if I had a problem". A relative told us, "We have no complaints whatsoever. The service is great and so different from what we had before, we had lost faith in previous agencies. This is a totally different experience." We noted that one person had been supported to raise a complaint and this was investigated and acted on and the outcome of the investigation was shared with the complainant in a format that they understood. We saw there was a system in place to record and investigate any complaints received and these were analysed and noted for any trends. We noted that where complaints had been received they were responded to in line with the service's complaints procedure.

We saw that regular feedback was sought from people regarding the service they received. As well as regular reviews, phone calls were made and a questionnaire had recently been sent out. One person told us, "I have been asked to fill in a questionnaire and [registered manager's name] comes in once or twice a week and rings to get feedback", and another person told us, "I have been questioned a lot! But every question I ask is always answered and usually in writing".

We saw a number of compliments were received regarding the service. For example, a social worker had thanked the agency for providing an update on how a person had settled since receiving support from the service, commenting, "You are the first agency that has ever given me feedback", and a relative took the time to write in and comment, "From the very first contact with JLKare the worries started to lessen. They have been understanding of all our concerns and gently but caringly helped all of us".

Is the service well-led?

Our findings

At the time of the inspection, the service had been operating for approximately six months. In that short amount of time, we found evidence to suggest that service delivery had made a positive impact on the lives of the people they were supporting.

People spoken with were full of praise for the service, the staff and the directors. People could not speak highly enough of the care and support they received and went out of their way to meet us or contact us to share their thoughts. We received a number of positive comments from people, including the following; "It's a marvellous service, better than I've ever had", "[Care staff name] is brilliant, I couldn't fault them. I've taken their leaflets to Church and to my club", "We are so impressed with them [the service], it's a pleasure to give feedback", "One time I thought they were a charity; they still go and see [person] in a care home and they don't get paid for it" and "It's the third service my relative has had and it's brilliant. Staff are respectful and look after [person] really well".

Everyone spoken with said they would recommend the service. One person said, "I would recommend to anybody", and relatives told us, "I would absolutely recommend them. They go over and above what they have planned", and "I've recommended them to loads of friends, they are the best I've come across". People told us that when their package of care commenced with the service, they were given a service user guide which provided them with all the information they needed about the service. One person told us, "You can always get hold of the office. I've got staffs work mobile number as well".

The provider told us in their Provider Information Return [PIR] that the three directors [one of who was the registered manager] took an active role on a daily basis not only in the running of the service, but supporting people in their own homes. This contact provided them with the opportunity to keep in touch with people, obtain feedback, observe staff and build a rapport with the people the service supported. The registered manager told us, "We [directors] will do the pre-assessment and provide care and support initially. It's only when we feel we have got it right we will then hand over to a carer. It's important we are role models for our staff; we will continue to do calls, that will never change".

There was an ethos of wanting to get things right, not to rush and not to spread themselves too thin. Monthly board meetings took place focusing on developing the service and ensuring there were enough skilled staff with the ability to meet people's needs, before taking on any other packages of care. Each director had their own set of goals to achieve to ensure the on-going development of the service. The service had also been commissioned by the local authority to deliver training in care standards to other providers of services, in order to improve quality of care across the sector. The service had signed up to the 'Social Care Commitment'. This is a Department of Health initiative which allows a service to measure quality against the minimum standards required when working in care. The registered manager told us, "We need to do it justice and ensure it's embedded into what we do". The directors were realistic about their abilities to provide good care and that investing in staff was important. They knew how they wanted care to be delivered and wanted to share their own learning amongst other providers.

A visiting occupational therapist commented positively on the location and layout of the office environment and the fact that it was made accessible for all. The registered manager told us the office location had been chosen specifically because, "We want to be in the heart of the Community".

There was a culture of caring for and supporting care staff and providing them with the skills and knowledge required in order to meet people's needs safely and effectively. The registered manager told us, "We spend a lot of time finding the right staff. You look after your staff and treat them properly. I'm very lucky in terms of the staff we've got and we have a good relationship". Staff spoken with agreed with this sentiment. Other comments received from care staff were; "It's a lovely, nice place to work, best decision I ever made coming to work here", and "I like the way everyone has to be fully trained, there are set times and routines with us and people know what they are getting", and "I feel like it's a really good company to work for". Staff told us they were encouraged to call into the office in between calls, one member of staff added, "I feel very supported. If there is an issue, there is always someone to call on".

The registered manager told us and staff confirmed that once they had been with the service for a while, they were rewarded with a financial bonus and a company fleece. We saw examples of staff being financially rewarded and received acknowledgement of their good work practices. One member of staff proudly told us they had been given their fleece that day, in acknowledgement of how far they had come. They told us they felt valued. Staff explained the company logo and the reasons behind it and told us they were very proud to wear their 'heart on their sleeve'. Policies and procedures seen, all linked to the Care Quality Commission's five key questions for inspection. We saw when the ambulance service had written in to praise a member of staff, the registered manager wrote to the member of staff thanking her and added, "You have added so much value to our company, our sincere thanks."

The registered manager told us, "Staff are reminded of the open door policy and they are welcome to come and talk to any of the directors with any concerns they may have". We saw that staff meetings took place monthly and staff were encouraged to start the meeting with something positive. Any areas for action were identified and reported on at the next team meeting. Staff surveys were sent out and staff told us they felt listened to and were able to put suggestions forward to improve the service, for example staff had suggested amendments to paperwork for double up calls to ensure there were two signatures in place and this was put in place immediately.

There were a number of audits in place to assess the quality of service provided and drive improvement, including obtaining regular feedback from people who the service supported. Where issues or concerns were identified, they were acted upon and lessons were learnt. One person told us, "They [management] contact me one or twice a week to see how things are going. I've completed a questionnaire too. It's a marvellous service better than I've ever had". We saw that client satisfaction surveys had recently been sent out. Two responses had been returned immediately and the following comments had been added to the surveys; "Care could not be better" and "Outstanding".

We found that the registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law. The provider completed a Provider Information Return and had informed us of their plans for improving the delivery of the service and we found evidence of this.