

Balkerne Gardens Trust Limited

# Balkerne Gardens Trust

## Care at Home

### Inspection report

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Colchester  
Essex  
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Tel: 01206543517

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09 October 2019

10 October 2019

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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?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Balkerne Gardens Trust is a domiciliary care service providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was supporting 52 people with 32 of these people receiving support with personal care.

### People's experience of using this service and what we found

People received an exceptionally caring service. Every person we spoke with throughout the inspection praised the quality of care. People told us they felt supported and truly valued as individuals and believed staff genuinely cared. We heard words such as 'excellent', 'wonderful', 'genuinely caring' and 'first class' being used to describe the service and staff.

People's care was exceptionally responsive. Care plans were personalised and had been developed with people. Care and support provided was flexible and quickly adapted to meet people's changing needs.

People were supported by small and consistent staff teams who knew people extremely well and trusting relationships had been formed. We saw numerous examples where the staff had gone above and beyond to ensure people's physical, emotional, leisure and cultural needs were met. We were consistently told that staff were sensitive and respectful when visiting people in their own homes and when providing personal care.

Balkerne Gardens Trust was exceptional at placing people at the heart of the service. The managers and staff had a strong focus on people having as many opportunities as possible to maintain their independence and reduce the risk of social isolation.

There was a very positive, enabling culture in the service. Staff attributed this to the standard of training, support and outstanding leadership. The service was exceptionally well led, and staff felt well supported by a caring management culture with a clear focus on continuous improvement.

People's voices were of paramount importance. Staff shared the same hopes and aspirations for people to continue to live the lifestyle of their choice. People highly praised the quality of the service they received and the positive impact it had on them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider worked with other professionals and organisations to provide advocacy support and share training to ensure positive outcomes for people. The provider was involved in a number of initiatives to improve people's wellbeing. These included providing advice and support to enable people to stay safe from the risk of scams and health promotion.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 10 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

# Balkerne Gardens Trust Care at Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one Inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 October 2019 and ended on 10 October 2019. We visited the office location on 9 October 2019 and visited people in their homes.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection such as notifications. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the provider (who was also the nominated individual), the registered manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the quality and safety management monitoring of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe with all of the staff who supported them. One person said, "I am confident that they will turn up when they say they will and, I will be given the most excellent treatment."
- There were appropriate policies and systems in place to protect people from abuse.
- Staff could demonstrate an awareness of safeguarding procedures and how to report an allegation of abuse and said they had received training in safeguarding people from the risk of abuse.
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. Staff demonstrated they had a good knowledge of people and how to reduce the potential risks to them.
- Environmental risks in people's homes had been assessed with plans in place to reduce the risk of harm. Where people needed support to use equipment to move safely, moving and handling plans were in place to guide staff in the correct use of equipment and procedures to follow to keep people safe.
- Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations such as bad weather. A Brexit exit plan had also been produced which highlighted potential risks and action plans in place to ensure people received continuity of service.

Staffing and recruitment

- People received care from a consistent staff team. This meant people were supported by staff who knew them well and understood their needs.
- People told us, "We always receive a rota each week. I know who is coming and, I have never been missed. If they are running late we always get a phone call. I never feel rushed, they are patient and kind." Another told us, "I have no concerns about any shortages of staff. They are 100% reliable. If I need to change the time of my call or need extra time they are flexible and accommodating. I get to see the same carers who know what I need."
- People had been allocated enough time and travel time in between each visit had been included in staff rotas. This, staff told us, ensured they were never rushed with plenty of time available to meet people's needs.
- People told us the punctuality and continuity of care staff was appreciated. One person said, "I have the

same carers. If there is anyone new they come along with another carer and are introduced to. There are no surprises with strangers turning up. They wear ID badges and I do not have to worry I am inviting in a stranger to my home. This helps me feel safe and secure."

- People told us there were enough staff employed to meet their needs. Staff confirmed that they had enough time with each person to undertake care safely. One told us, "We always have enough time. There is time to chat and do anything extra people need doing."
- There were safe systems in place and followed when recruiting new staff. This included obtaining three references including from the last employer and undertaking criminal checks with the Disclosure and Barring Service (DBS).

#### Using medicines safely

- Staff told us that they had received training in the safe management of medicines and regular assessments of their competency were carried out. Documentation supported this good practice.
- People who were supported with their medicines, had a medicine administration record (MAR) in place. These had been completed correctly, identifying that people were receiving their medicines as prescribed.
- Staff documented when medicine was taken, and the system provided "live time" information which was monitored by senior staff. This would alert senior staff if a person's planned medicine had not been administered allowing them to follow this up.
- One person had been prescribed a barrier cream which staff administered daily. However, we noted this person's care plan stated they administered their own medicines. We discussed this with the registered manager who assured us this would be rectified immediately.

#### Preventing and controlling infection

- All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE) to prevent the spread of infection. One staff member told us, "We are provided with plenty of equipment such as gloves and aprons, I have a boot full. We are also provided with warm coats and first aid kit."
- People confirmed staff wore protective equipment when supporting them with personal care to prevent the risk of cross infection.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The provider monitored and reviewed accident and incidents across their services. Their audits reported on trends and identified high risk areas. Action plans were put in place with timescales to reduce the risk of harm to people



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments to ensure people's needs could be met had been carried out prior to the start of care.
- Care had been taken to find out as much as possible about the person, their family, previous work, life history and interests. This enabled the registered manager to allocate the right member of staff with similar interests.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service. This included shadowing more experienced staff for up to two weeks.
- There was a strong emphasis on the importance of training and induction. New staff received a formal induction programme delivered face to face by trainers who were suitably qualified to teach their subjects.
- Discussions with staff confirmed training to be of a high standard and provided in different ways to suit them. One staff member told us, "The training is brilliant. I requested some training in end of life care and this was no problem, they quickly arranged this for me. Whatever you suggest you might need, they help you access it."
- Additional training subjects, such as those relevant to leadership were provided for staff who wished to develop their career prospects.
- Staff told us they received regular supervisions including face to face meetings, observational checks and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the arrangements in place where care support included the preparation of meals. One person said, "Yes, I get to choose what I want to eat. They make my breakfast and will prepare vegetables for me. Whatever I want doing they just get on a do it."
- People's nutritional needs were managed well. Care plans confirmed people's dietary needs has been assessed and support and guidance recorded for the individual person, such as how they liked their cup of tea. People's weight was monitored where risks had been identified of their losing weight. Where specialist support was needed referrals were made to dieticians.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to see health care professionals according to their needs. They described occasions when staff had supported them with transport to access a dentist, to obtain a flu jab and visits to their GP. They also told us care calls were flexible to enable them support from staff to access visits to health care professionals when needed.
- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records confirmed staff took action when health care concerns had been identified and worked closely with healthcare professionals to ensure people received the appropriate level of care as their needs changed.
- In response to recent best practice guidance for care providers, the director told us an oral health care policy had recently been implemented. This was being rolled out to all their services with oral assessment tools provided to enable staff to effectively assess and plan for people's oral health care needs.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans showed that mental capacity assessments were carried out to ascertain whether the person had capacity to make decisions related to their care.
- Consent was sought for all care support and we saw evidence of this recorded in care records. This documented how consent was gained taking into consideration people's preferred methods of communication.
- Care plans identified if people had legally appointed representatives or an advocate in place. Advocacy seeks to ensure people have their voice heard on issues that are important to them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a tangible person-centred culture throughout the whole staff team. Staff told us they were extremely proud of their efforts to provide the best possible care and support.
- Everyone we spoke with, both people and their relatives were exceptionally positive about the care and support received. People told us they looked forward to the carers visiting and enjoyed their company. One person told us, "I have regular carers who are like family to me. They are wonderful, you will not find better care anywhere." Another person said, I look forward to their visits. They are always cheerful, kind and pleasurable company. They are magnificent, really wonderful."
- A relative told us, "We have used other care companies, but these are by far the best. The staff cannot do enough for you and take the pressure off me as the main carer. I come home to find they have cleaned up the place and made sure I don't have so much to do, such as bagging up the rubbish ready for me to put out. They do much more than is expected. It is so refreshing. I feel like both [person's relative] and myself are well cared for."
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Comments included; "I have worked for several agencies and this one is the best. The management lead by example, it is a kind organisation. Everyone is so passionate about the customers and genuinely care for them." Another told us, "This company is amazing I have worked for other companies and this one is brilliant I don't have a bad word to say about them. They genuinely care about the people and their staff. The manager tells people I play guitar and I have three people who regularly ask me to play for them, I do, and they love it."
- The registered manager told us the ethos of the company was, "Providing care which meets people's needs, treating them with dignity and enabling them to maintain their independence. We don't want to take over but seek to work with people to support them as they would want us to not how we think best."
- Staff confirmed this, their comments included, "The focus is on people, making sure we have enough time to help them as they need", and, "The care is organised for that person's holistic needs. We have enough time to spend with people to make them feel valued and not rushed."
- The provider had carefully considered people's human rights and supported people to maintain their individuality. This was evident from assessment of needs and in care plans.
- We were repeatedly told of occasions where staff had exceeded what was expected of them. One example given, "I had an occasion where they [staff] needed to help me with a very personal task which was not expected of them as part of my care and would have caused me some embarrassment, but their response

was kindness and they treated me with such dignity. I was so grateful for their care and how they reassured me."

Supporting people to express their views and be involved in making decisions about their care

- People told us their views were listened to and they were involved in their plan of care. One person said, "I feel valued as a member of society and not overlooked. They take time to listen to you." Another said, "You only have to pick up the phone and talk to the kind people in the office. Whatever you need they will do their best to help you."
- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. People were involved in planning how their care was provided. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making and any review of their care.
- One person told us, "I am a terrific reader, I love books. I suggested to the manager a book club and they helped me, and others set this up."
- A relative told us, "They do a lot more than a sitting service. I like the way if I want to change things they have never let me down. They are flexible. There are staff who go above and beyond, they seem to read my mind and know what needs doing. I get up in the night to [person's relative] and it saps all my energy. They just seem to pick up on this and do things which make a massive difference to me."
- A positive feature of the staff induction process was that the people using the service were asked to provide feedback on the performance of new staff. This showed that the provider considered the opinions of the people using the service by including them [people] in the recruitment process.
- People were supported to access independent advocacy services if they wanted guidance and support or an advocate to act on their behalf. Staff were knowledgeable about local services, schemes and additional sources of support available to people.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded as part of the values displayed by staff and the registered manager. Staff understood how to promote and respect people's privacy and dignity, because they had such a thorough knowledge of the person's background and needs.
- People told us that they were treated with dignity and staff were always respectful. Relatives told us, "The behaviour of staff is exemplary. They are respectful and [person's relative] is calm when they are with them."
- The registered manager told us how they ensured that call times and visits were led by people, when they wanted them and how they wanted their care provided. There was a culture of flexibility that was embedded within the service. People and relatives confirmed this.
- There was a strong emphasis on supporting people to promote their independence. For example, people were supported to go out shopping supported by staff rather than staff doing this for them.
- The main focus in planning people's care was supporting people to regain independence and live fulfilled lives. One person who had lost confidence to go out alone wrote in a letter to the service; "I have now done two Sainsbury's shops without your support and all has gone well. I thank you and your staff for the considerate and unobtrusive help I received during my assisted shopping visits. It was exactly the kind of help I needed until I felt confident about coping on my own, I am very appreciative."
- Staff told us, "It's not up to us to dictate to people how to live their lives and take over. We want to keep people independent and not lose skills and the enjoyment that comes from doing things for themselves." Another said, "We go shopping with people not for them but with them. We work out where they want to go. The care we provide is not task focussed care. Having the time with people makes the job more enjoyable and I feel we make a real difference to people's lives. We see people thrive."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care provided was personalised, designed and reviewed with the person and or with their loved ones when appropriate.
- The registered manager spoke with compassion and enthusiasm about involving the people using the service and told us, "We plan care looking at the whole person, in a holistic way. We want to involve people in planning and don't want to take over and just do things for people, we want to work with them looking at how we can promote their independence."
- There was a clear focus on providing person centred care and staff understood the needs of people, their past lives, their individual wishes and preferences.
- People consistently told us that staff went the extra mile to ensure that the care and support being provided was responsive to their individual needs, was reviewed and adapted as their need changed.
- Staff told us matching staff to people with similar interests provided conversation points beyond common courtesies. For example, one person who loved to talk about their travels had a shared interest with a member of staff who supported them who had also travelled extensively.
- One person commented in their care review, "When they [staff] visit, I talk about my interests and they talk about theirs, I learn new things from them and I hope they learn little things from me. This mental stimulation is something I look forward to every day, and it's a reason to get up in the morning."
- People told us they had access to their care plans and these were reviewed with them. They also told us they were provided with a weekly programme which told them what staff would attend and the timing of their call. They also told us communication from the office was "Excellent" as they were informed if staff were running late or if there was a change in the staff attending.
- There were numerous examples of staff carrying out extra, thoughtful acts, in their own time or where staff time had been paid for by Balcerne Trust but not charged to people who used the service.
- One example of the many given related to one person with limited verbal communication due to living with dementia. A group of staff visited the person in their home to sing Christmas carols. This staff told us "Gave the person great joy and enhanced her sense of wellbeing which was evident as they sang along."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The registered manager described how care was provided to meet the communication needs of people living with dementia.
- Staff were passionate and motivated to ensure that people had access to care that enhanced their wellbeing. All staff we spoke demonstrated disability would not be a barrier to people living a good quality of life.
- Care plans contained information about people's communication needs if they were unable to express this verbally. For example, if a person was in pain, distressed or happy.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager constantly looked at implementing ways of responding to people's needs and to address loneliness. They told us, "I am passionate about reducing people's isolation and loneliness. I feel passionate about this and I am always looking at ways we can reach out to people and make a positive impact to people's wellbeing through our service."
- Various events took place in the agency office or community venues including the provider's care homes and sheltered housing unit. These organised social gatherings were in addition to the normal care provided. People living in the community were transported to and from these venues and not charged for this service.
- These included: providing SKYPE sessions to enable people to learn how to access this system to maintain contact with family and friends. Also, regular opportunities to attend book clubs with talks for people to aid reminiscence and coffee mornings.
- People confirmed they were invited to these events and told us these events had a positive impact on them by preventing loneliness and social isolation. One person told us, "I have made new friends through the book club. I would be very disappointed if this stopped, it gets me out and meeting people."
- A competition took place during the Summer to see who could grow the biggest sunflower. People less able were supported by staff to take part in this activity.
- Monthly newsletters provided people with information as to new staff, and social and community activities. One person told us, "I look forward to the newsletter it gives you information about events coming up. They [service] also put photos of the new staff with a little information about them."

Improving care quality in response to complaints or concerns

- None of the people or relatives we spoke with had any concerns about the care they received.
- However, all confirmed they felt confident any concerns would be taken seriously.
- One person said, "They [service] could not improve on perfect, I am very happy indeed. I cannot fault anything." A relative told us, "We have no complaints at all. If we did have concerns, we know they would respond and do all they could to put things right."
- Where concerns had been raised, records showed the provider had carried out an investigation and provided a response to the satisfaction of the complainant within agreed timescales.
- Numerous compliments about the service had been received. Compliments included, "I have been provided with everything I have asked for. I appreciate the service and cannot fault the carers. I know that I can ring the office if I have any query." And, "I think the service you provide is unbelievably good. The carers are wonderful people, I can count on them as friends. They do things for me which I didn't realise I needed. Everything is excellent."

End of life care and support

- Whilst the service was not currently supporting anyone with end of life care, care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.

- Some staff had been trained in end of life care. Training was provided face to face via a local hospice. One member of staff told us, "The training I attended was very comprehensive and so helpful, it has increased my awareness greatly."

# Is the service well-led?

## Our findings

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People continued to be extremely satisfied with the service provided and the way it was managed.
- The culture of the service was exceptionally positive and enabled people to live their lives how they wanted to. One relative told us, "The agency is very well managed by competent, easily accessible people. They are a good team, easy to get hold of and always pleasant and accommodating."
- The provider and registered manager's passion and dedication continued to be threaded throughout the service delivery. They had developed a culture which continued to be overwhelmingly caring and responsive to people's needs.
- One person said, "The service is managed by some lovely people. Nothing is too much trouble for any of them. There is true leadership at the highest level." Another person told us, "I have called the office on many an occasion asking if they would help me get through to my GP for an appointment. I struggle to get through to the surgery with their new telephone system. The office staff are always willing to help me. They manage to get me a GP visit. They make you feel like it's no trouble at all. A real bunch of caring people I would say."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences. One told us, "This is a lovely company to work for, it really is. Care is at the core of everything they do. We and the people we care for are valued and supported. You can express your views without fear of reprisal. The manager is kind, considerate caring of people and the staff. I would also say intuitive, she picks up on how you are feeling. Any problem is not too much trouble whether on the road, anything. I have never been happier than working for this company."
- Where required, staff were recruited and trained for a package of care prior to the person using the service. The support provided helped to reduce the length of a person's stay in a care home or hospital setting and enabled the person to receive care in their own home.
- People were introduced to potential staff before they started working with them. This gave people the opportunity to decide whether they were happy with the member of staff allocated to support them.
- The provider valued and responded positively to people, relatives and stakeholder views. Feedback received was used to plan for continuous improvement. One person during a review of their care said, "I am very pleased with the communication from the manager she always tries to accommodate my requests for care at home and has provided much needed advice in emergencies. The carers are great, and they are very committed."



How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People continued to be supported by staff who were trained and highly motivated to carry out their role.
- A member of staff said, "It's a very caring company with a personal touch. The focus is on the people we care for and I feel really valued as a member of staff. I have received amazing support when I have experienced some personal issues, they are really amazing."
- Staff received regular supervisions and annual appraisals where they had the opportunity to discuss their role, plan training and review their performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training provided.
- There was a strong framework of accountability with effective performance management systems.
- In accordance with their legal responsibilities, the registered managers had informed us about significant events which occurred at the agency within required timescales.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff demonstrated the same level of motivation and commitment to provide a quality service. Staff told us they were valued by the provider and described the pride they took in their work.
- Regular staff meetings were provided through a variety of formats and at different times to enable staff to attend who may have other caring commitments.
- When care plans were reviewed, staff confirmed that the registered manager listened to them regarding the care needs of people, which showed that the service worked as a team and valued the knowledge the care staff had about the people they cared for. This ensured that people were supported to achieve their goals and best outcomes.
- The management team were open and transparent. People told us they felt able to approach the registered manager or anyone from the office at any time. People told us how they received home visits and phone calls regularly from the office staff to check they were happy and to review their care and any changes needed. They told us they felt listened to.
- The provider had invested in the use of computerised communication systems which were effective in monitoring the timing of calls and preventing missed calls.
- This system recorded when staff entered and left a person's home and enabled changes to care plans to be updated instantaneously. Staff had easy access to care plans and were able to communicate any information or changes promptly to each other. Alerts could be set up for specific notifications to ensure early intervention could be taken to promote people's wellbeing.
- The management team followed current and relevant legislation along with best practice guidance to promote people's health and wellbeing.
- People told us they knew the registered manager well and they were a visible presence, visiting people to review their care or when providing hands on support.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the importance of continuous learning and innovation. They continued to ensure the delivery of an effective training programme and bespoke workshops. There continued to be a strong emphasis on continually striving to improve the service.
- The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or omissions raised or found on audits to help them further improve care.
- The registered manager reviewed accidents and incidents to see if lessons could be learnt and improvements made and shared these with the staff team.
- Quality Assurance customer surveys were undertaken to gain feedback from people and their relatives

about the service they received. These were reviewed by the management team and responded to with any change of practice where required. We saw evidence of how feedback had been followed up with people and additional information sought.

- Pamphlets and newsletters were sent out to people and relatives which provided information about the service in relation to current activities or changes. They also included puzzles and games to promote active minds. People who used the service contributed to the newsletter with articles including poems and stories.
- The service was an important part of its local community to benefit people who received, or were considering, receiving care from Balcerne Trust. The registered manager had been involved in raising awareness of the issues of loneliness among the elderly and vulnerable as well as showing their community how easy it is to encourage people who are isolated to be more socially inclusive. This helped increase the support and involvement of people socially isolated within their community.
- The office location was based in the town centre high street and was used as a centre for community support activities including fundraising events and social events. This encouraged people to enjoy companionship and reduce any feelings of isolation. Refreshments, transport and activities were provided.
- The service worked collaboratively with health care professionals, community organisations and charities. For example, the provider was involved in a number of initiatives to improve people's wellbeing. These included providing advice and support to enable people to stay safe from the risk of scams and health promotion. They also supported charities through fund-raising events such as coffee mornings.