Bevington Care Services Limited

Home Instead Senior Care

Inspection report

1st Floor, Raydean House
15-17 Western Parade, Great North Road
Barnet
Hertfordshire
EN5 1AH

Tel: 02084457044
Website: www.homeinstead.co.uk

Date of inspection visit:
09 August 2018
10 August 2018

Date of publication:
30 August 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection took place on 9 and 10 August 2018 and was announced. We gave the provider 48 hours' notice that we would be coming because we needed to be sure that someone would be available to support us with the inspection process.

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to predominately older adults with physical disabilities or those living with dementia. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the service was providing personal care services to 43 people.

At our last inspection in March 2017, we rated the service good. However, we did find one breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, where risk assessments did not always capture risks to people and did not identify measures to address or minimise those risks. At this inspection we found that the service had met the breach in regulation that we had identified. Evidence seen as part of this inspection process continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People received a safe service. Safeguarding policies and procedures were clearly understood and followed by all staff. Safe and robust recruitment processes ensured that only those care givers assessed as safe to work with vulnerable adults were recruited.

Risk assessments identified people's individual risks and gave clear guidance to care givers on how to mitigate known risks and ensure people remained safe and free from harm.

People received their medicines safely and as prescribed. Policies and processes supported this.

People and relatives confirmed that they always received care and support from a regularly allocated team of care givers.

Care givers received training on a variety of topics to support them effectively in their role. Care givers confirmed that training was highly effective and in addition received appropriate support in the form of regular supervision and annual appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

The service carried out needs assessment for each referral they received prior to starting any package of care. This allowed the service to determine that they could meet the assessed and required needs of the person.

People were supported with their meals and hydration needs where this was an assessed part of the package of care. People had access to a variety of healthcare professionals and were supported by care givers where needed.

Care plans were detailed and person centred. They gave clear information about the person and how they wished to be supported.

During the inspection, care givers visited the office along with the person they were supporting. During this time we observed people had established positive and caring relationships that were built on trust and mutual respect. People and relatives confirmed that they were involved in every aspect of their delivery of care and periodic review meetings were held with the service.

People and relatives knew who to speak with if they had any complaints or issues to raise. The service had not received any complaints since the last inspection. Procedures were in place to manage and address any complaints received.

The service implemented various processes to oversee and monitor the quality of service provided to people. These processes allowed the service to ensure that continuous monitoring, learning and improvements were made to service provision.

Further information is in the detailed findings below.
This comprehensive inspection took place on 9 and 10 August 2018 and was announced. We gave the provider 48 hours' notice that we would be coming because we needed to be sure that someone would be available to support us with the inspection process.

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to predominately older adults with physical disabilities or those living with dementia. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection the service was providing personal care services to 43 people.

At our last inspection in March 2017, we rated the service good. However, we did find one breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, where risk assessments did not always capture risks to people and did not identify measures to address or minimise those risks. At this inspection we found that the service had met the breach in regulation that we had identified. Evidence seen as part of this inspection process continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People received a safe service. Safeguarding policies and procedures were clearly understood and followed by all staff. Safe and robust recruitment processes ensured that only those care givers assessed as safe to work with vulnerable adults were recruited.

Risk assessments identified people's individual risks and gave clear guidance to care givers on how to mitigate known risks and ensure people remained safe and free from harm.

People received their medicines safely and as prescribed. Policies and processes supported this.

People and relatives confirmed that they always received care and support from a regularly allocated team of care givers.

Care givers received training on a variety of topics to support them effectively in their role. Care givers confirmed that training was highly effective and in addition received appropriate support in the form of regular supervision and annual appraisals.

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

The service carried out needs assessment for each referral they received prior to starting any package of care. This allowed the service to determine that they could meet the assessed and required needs of the person.

People were supported with their meals and hydration needs where this was an assessed part of the package of care. People had access to a variety of healthcare professionals and were supported by care givers where needed.

Care plans were detailed and person centred. They gave clear information about the person and how they wished to be supported.

During the inspection, care givers visited the office along with the person they were supporting. During this time we observed people had established positive and caring relationships that were built on trust and mutual respect. People and relatives confirmed that they were involved in every aspect of their delivery of care and periodic review meetings were held with the service.

People and relatives knew who to speak with if they had any complaints or issues to raise. The service had not received any complaints since the last inspection. Procedures were in place to manage and address any complaints received.

The service implemented various processes to oversee and monitor the quality of service provided to people. These processes allowed the service to ensure that continuous monitoring, learning and improvements were made to service provision.

Further information is in the detailed findings below.

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 has improved to Good.

Risk assessments were detailed and identified people's individual risks. Clear guidance was provided to care givers on how to mitigate or minimise risk to keep people safe and free from harm.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care and we needed to be sure that the registered manager would be available to support with the inspection process.

One inspector and one pharmacist inspector carried out this inspection with the support of two experts-by-experience who made telephone calls and spoke with people and relatives of people using the service. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office location on 9 and 10 August 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We made telephone calls to people, relatives and care staff employed by the service on 8, 9, 10 and 13 August 2018.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also looked at the action plan that the provider had sent to us following the last inspection in March 2017.

During the inspection we spoke with nine people and 14 relatives. We also spoke with the provider, the registered manager, the head of recruitment and training, one senior field care supervisor, one field care supervisor and seven care givers. We looked at nine people's care plans, ten staff and training records, six people's medicines records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe and re-assured with the care that they received from Home Instead Senior Care. Comments from people included, "I do feel safe with them", "I feel perfectly safe with all of them. They have worked out where everything is and how to do everything to support me" and "I have a key safe and they will call to me through the letterbox before they come in so I know it's them." Relatives' feedback included, "They always make sure that everything's locked up when they leave and I feel confident about her being in their care" and "I do feel he is safe. I see the way they handle him."

At the last inspection in March 2017 we found breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, where risk assessments did not always capture risks to people and did not identify measures to address or minimise those risks. At this inspection we found that the service had addressed this issue. Each care plan contained individualised and detailed risk assessments which identified risks associated with, for example, the environment, swallowing difficulties, falls, and moving and handling. Risks associated with specific health conditions such as diabetes and use of specific medicines were also documented. Each risk assessment detailed the identified risk, the service's assessment of the risk and the support method to be implemented by care givers to minimise the risk. Risk assessments were reviewed every six months or sooner where significant changes were noted.

The service had not received or raised any safeguarding concerns since the last inspection. Policies and procedures in place continued to ensure that people were protected and safeguarded from the risk of abuse. Care givers received updated safeguarding training on an annual basis and demonstrated a good understanding of the different types of abuse and the actions they would take to report any noted concerns. One care giver told us, "Families leave their loved ones in our hands. If there was something wrong I would report it." All care givers understood the term 'whistle blowing' and were able to give examples of external agencies they could contact to report their concern without fear of recrimination.

People and relatives did not raise any specific concerns around availability of care givers and confirmed that overall they always received care from a team of regular care givers that had been introduced and were known to them. Feedback was that care givers generally arrived on time. Where they were late people were informed by the office of this or alternatively they could call the office and they would always receive a response.

The service used electronic call monitoring systems which allowed them to monitor care givers' arrival times and the time spent with each person receiving care and support. Where care givers had not logged in, within a timeframe of 15 minutes, the office would receive an alert informing them so that the person could be called to check whether the care giver had arrived. The office would also contact the care giver to confirm their location and the expected time of arrival so that the person receiving the visit could be updated. The service tried to ensure that care givers were allocated care visits in clusters within a specific area, to prevent lateness and the possibilities of missed visits.

Rotas confirmed that there were sufficient numbers of staff to meet people's needs safely. Care givers told

us and records confirmed that they were always allocated sufficient travel time between each care visit.

The service continued to follow and implement robust recruitment processes to ensure that only those care givers assessed as safe to work with vulnerable adults were employed. References confirming performance in previous employments, evidence of the person's right to work in the UK, and Disclosure and Barring Service criminal record checks were on file for all care givers.

Medicines management and administration was found to be safe. The provider had a medicines policy which reflected current guidance and was shortly to be reviewed. People's medicines preferences and risks were documented so that care givers knew how to safely give medicines in a way that suited the person. People's allergies were documented in their medicines risk assessments and on the MAR chart. We found no gaps in the recording of medicines administered, which provided assurance that people were receiving their medicines safely, consistently and as prescribed. There was a process to update MARs when medicines were started, changed or stopped.

MARs showed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. 'When required' medicines are medicines that are prescribed to people and given when necessary. Medicines were administered and recorded by care givers that had been trained in medicines administration. Care givers had regular competency checks which included an annual review of their knowledge, skills and competencies relating to managing and administering medicines.

We saw evidence of MAR chart audits that were done monthly or more frequently (for example on a weekly basis with medicines in blister packs). Care givers checked that people had received their medicines at three different time points; every four weeks when there was a new MAR cycle, when people's medicines changed, and during regular care plan review periods.

Accidents and incidents were clearly recorded. They included details of the accident, the actions taken at the time of the accident, and any follow up actions required to prevent any further re-occurrences. Any accident or incident were also discussed at team meetings held specifically for the person involved where the direct team of care givers allocated would come together to discuss the incident in detail so that learning and improvements, where required, could be taken forward.

The service ensured that care givers understood infection control and how to protect people from infection. Care givers had been trained in infection control and the service ensured adequate supplies of personal protective equipment such as gloves, aprons and shoe covers were available.

Good

Is the service effective?

Our findings

People and relatives believed that care givers were appropriately trained and skilled to carry out their role and supported them in a way that effectively met their needs. One person told us, "I think they do get training. They mention training they have passed or writing they have got to do and they do some shadowing." One relative commented, "They're very, very good; professionally trained and competent."

Care givers continued to be trained and supported through regular training, supervision and annual appraisals. Newly recruited care givers were very positive about the induction and training that they had received prior to delivering any form of care and support. One newly recruited care giver told us, "The training was great. It was for four days and was very intense. We could contribute and we understood the content." Established care givers told us and records confirmed that they received regular training in a variety of topics which included moving and handling, safeguarding, medicines administration, stroke awareness, falls and dementia. One care giver said, "If there is anything you are not sure of you can come in and they do a refresher."

At the last inspection we noted that not all care givers had received an annual appraisal as part of their support and development programme. This was acknowledged by the provider who confirmed that this was an area that required further attention and improvement. At this inspection we found that this concern had been addressed. All care givers we spoke with confirmed that they had received an annual appraisal. Records looked at confirmed what we had been told.

The service continued to complete pre-service needs assessments to ensure that they were able to meet people's assessed needs prior to providing care and support. Following the assessment a care plan was compiled giving care givers detailed information about the level of care and support people required and how people wished for this to be delivered. Care plans were reviewed on a periodic basis or as and when required where people's needs had changed. Completed reviews were clearly documented within the care plans that we looked at.

The service was regulated to provide personal care. However, care givers supported people with nutrition and hydration needs where this was an identified need. Care plans detailed people's likes and dislikes around food and drink and also outlined the support they required. This varied from promoting to eat to meal preparation. People and relatives confirmed that they received appropriate support in this area. One relative explained, "She [care giver] prepares her breakfast and lunch. We started with ready meals. [Relative] has never cooked so she didn't even have a working oven but we got a new oven and now [care giver] cooks her a meal from scratch."

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. Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team. There were no people using the

service that were subject to a judicial DoLS.

We checked whether the service was working within the principles of the MCA. People had signed their care plans consenting to the care and support that they received. Where people had been assessed as lacking capacity, the care plan documented relative's or involved individual's or health care professional's involvement in the planning of the person's package of care. A capacity assessment had been completed detailing the areas where people were unable to make specific decisions and how the person was to be supported in their best interest.

Care givers demonstrated a good understanding of the principles of the MCA and how these were to be implemented when delivering care and support. One care giver explained, "It's about understanding the needs of the clients and their capacity. We promote them to have input into their own care in order to promote the best quality of life for them."

The team at Home Instead Senior Care worked in partnership with each other, the people they supported, relatives and any involved health care professional to ensure people received effective care and support in response to people's needs. Care givers completed daily activity logs which detailed the support they had provided to the person, meals and drinks people had eaten or drank, and any specific noted observations which required follow up actions. Each person also had a communication book available at their home which relatives, care givers and visiting healthcare professionals could record any significant information or actions that needed to be exchanged or followed up.

The registered manager told us and records confirmed specific examples of where the service had worked in partnership with other health care professionals where this was a required need, to ensure people received the appropriate care and support taking into account any on-going changes in needs. People and relatives told us that care givers were very observant and always reported any concerns in addition to accessing relevant health care services where required. One relative told us, "The care giver has responded well several times to emergencies. [Relative] goes into a deep sleep sometimes and can't be woken. The carer will phone the GP. She has also sorted out a dietician and podiatrist and makes appointments for [relative] and will advocate for her at the GP but at the same time she is careful not to overstep the mark."

Good

Is the service caring?

Our findings

People and relatives were overall happy with the care and support that they received from their allocated care givers and found them to be caring, respectful and friendly. Comments from people included, "Most of the care givers I can have a chat and a laugh with. I like that rapport and [name of care giver] is great", "It's very satisfactory. They turn up on time and they know how we live and our routines and fit in well to support me" and "They are always gentle when helping me. It's all how I like." Relatives' feedback included, "They have been so kind. When in hospital after her fall they arranged for her to have her favourite care giver visit her every day in hospital which was so reassuring for her", "They treat my relative as though she is one of the family. They are so caring" and "They're very caring and go over and above the call of duty."

During the inspection we observed interactions between care givers and people that they supported whilst they were visiting the office. Care givers supported people with respect, were caring and continuously encouraged them to maintain their independence. This was particularly well done through communication where people living with dementia needed small prompts and encouragement to remind them of certain words and phrases, as opposed to speaking on their behalf. Interactions also gave assurance that care givers knew the people they supported and were aware of their preferences, personalities and behavioural traits. With this awareness care givers knew how to support people which took into account their needs and disabilities in a way that maintained the person's positive well-being.

People and relatives told us that they always felt involved in the delivery of their own care and that care givers always ensured that care and tasks associated with their needs were delivered in a way that was according to their preferences and daily routines. One relative told us, "She [care giver] really listens to what [relative] wants and how she'd like her to do it." Another relative stated, "Yes I was very much involved in the planning; she [person] has a complicated care package with the other agency being involved too."

Care givers gave us several examples of how they supported people to maintain their privacy and dignity. One care giver told us, "I would give the person a flannel and I'd start them off with their personal care and then I wouldn't stand over them. I would close the door and keep an eye on them." A second care giver explained, "I'm there to support them where required and give them their privacy."

People and relatives confirmed what care givers had explained about respecting people's dignity and privacy. One person told us, "I strip wash in the sitting room as I can't get upstairs. I do some myself and they do my back. They also put the bandage on my legs at night and the heel protectors and this helps the pain. They are very particular about closing curtains and protecting my privacy." Another person explained, "They cover me in a huge bath towel after my wash and help me into my dressing gown. They also respect my privacy. Even though today was hot she [care giver] said she wouldn't open the door as I'd get cold after my bath - very thoughtful."

Care givers clearly understood people's needs especially in relation to promoting their independence and gave us examples of how they achieved this. Furthermore care plans clearly evidenced how care givers were to support people in maintaining their independence. One care plan documented, '[Person] has shower

which he is independent with doing, he sometimes needs direction when getting ready' and '[Person] has some short-term memory loss but tries to be independent as much as he can.'

Care givers understood people's needs in relation to equality and diversity and that each person was different and possibly had different needs and requirements due to their religion, culture or sexual orientation. Care plans provided information and preferences related to people's religious and cultural identities to care staff especially where this may have impacted on the care and support that they delivered. One care giver told us, "A person is a person. I am there to do my best for the person."

Good

Is the service responsive?

Our findings

Care plans and associated records were detailed and reflected each person's individual care needs. People's likes and dislikes, choices and preference had been clearly recorded such as if they preferred a male or female care worker. Specific details such as, '[Person] likes to have a glass of hot water before breakfast' and '[Person] likes a cup of coffee with a light breakfast' had been clearly documented which evidenced the recognition of each individual's personal preferences and choices.

People and relatives confirmed that care and support provided by the service was responsive to their needs and was reviewed on a regular basis. Relatives especially commented on the responsive nature of the service which was always flexible in order to meet their relative's needs. One relative said, "They have been great. [Relative's] care needs have increased over the last few months following a fall. She now has a live-in carer from another agency but Home Instead cover her break each day for a couple of hours. They are able to be flexible and responsive about the care." Another relative stated, "They [service] are very attentive and responsive. I can really recommend them and have done."

Rota's confirmed and people and relatives told us that they received care and support from a regular team of care givers which enabled them to establish and maintain positive working relationships and continuity of care. This also allowed care givers to understand people's needs and provide care that was responsive to those needs.

The service ensured that each care plan included detailed information about the person and their life which gave care givers a foundation with which to build an engaging and meaningful relationship with the person that they were supporting. Care givers were able to talk with and reminisce with the person about their life, their achievements and their hobbies and interests which supported people's positive well-being.

Where people received a holistic package of care including personal care and companionship, care givers, as part of the person's assessed need, also supported people with a variety of activities. This included taking them shopping, going to the cinema and theatre, supporting people to pursue their hobbies and attending various appointments and sessions in relation to their health and physical needs.

Care givers explained to us their understanding of 'person centred care.' Explanations included, "It's about understanding the individual's needs and providing the best care possible to meet those needs", "It means that the client is at the centre of the care and everything is built around them in terms of services" and "Making sure that they are the most important person."

The provider had a complaints policy in place which clearly outlined how a complaint should be raised and the way in which the complaint would be dealt with. People and relatives confirmed that this information was available in the folder that the service kept at people's homes. People and relatives knew who to speak with if they had any complaints or issues and were confident that these would be appropriately addressed. One person told us, "If I needed to complain I would talk to the office and I'm sure they would take it seriously." One relative commented, "The Home Instead folder contains complaints information. I can't

imagine having to use it. I don't have any worries." The service had not received any complaints since the last inspection. However, past complaints received had been clearly documented with details of the complaint, the action taken, the outcome of the complaint and any recommendations or learning that could be taken from the complaint.

Good

Is the service well-led?

Our findings

A registered manager was 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 relatives were highly complementary of the service and the way in which it was managed. They knew the registered manager and members of the management team whom they had daily contact with. One relative told us, "They are excellent and they understand the importance of consistency. The level of care is very high and they genuinely do care. The communication between the carers and the wider team is very good." Another relative said, "It's easy to get hold of them by email or phone. They are all very kind thoughtful and respectful on the phone."

Care givers liked working for Home Instead Senior Care and were also complementary of the management and the provider in relation to their work and the way in which they were supported. Feedback from caregivers included, "We have a good manager. She is approachable. Also the director's always available", "This is a good company, amazing! There isn't anything they wouldn't do for you. They are always available at the end of the phone" and "They [management] are there when you need them, very helpful."

Care givers told us that there were numerous support mechanisms available to them which included, supervision, annual appraisals, team meetings, monthly newsletters and monthly care givers' ideas exchange day. This was a new initiative that had been implemented over the last six months and gave care givers the opportunity to come together and share ideas, care practices and different strategies. Minutes were taken which were translated into an information sharing poster and was sent out to all caregivers alongside the monthly newsletter. The poster also included various pieces of information and resources available to care givers to support them in their role. Care givers confirmed that these meetings were helpful and useful. One care giver told us, "These meetings are a good idea. It gives us an opportunity to share ideas."

The provider and the registered manager completed a number of audits and checks to monitor the overall quality of the service so that where issues and concerns were identified improvements and further learning could be implemented. This included audits for medicine management, care plans, daily client activity logs and care giver files. Regular spot checks of care delivery and quality assurance visits and checks were also completed. Following these visits in addition to any concerns that were raised by people, relatives and care givers, an action plan was completed which was reviewed on a weekly basis at the weekly quality assurance meetings. Each item on the action plan was reviewed with details of the actions taken and the date by when the issue would be addressed.

Annual quality assurance surveys were completed by the national organisation, which the provider was part of under a franchise agreement. Surveys were sent out to all stakeholders which included people, relatives and caregivers and responses were anonymised. Overall results seen of the last survey completed in 2017

were positive and where concerns were highlighted these were communicated to the provider who discussed these with the care giver and management team to implement improvements and further learning. People and relatives confirmed that they did receive questionnaires which they completed with their feedback. One person told us, "They do send a form round about once a year. I do fill it in regularly." The service also held a compliments folder where people and relatives had written in expressing their satisfaction with the service that they had received. Compliments were shared with the care givers to recognise and acknowledge good work.

The service recognised the importance of rewarding good practice. The service acknowledged staff performance and had a 'Care giver of the month award' given to care givers that had demonstrated very good practice and work. This was positive for the staff group as this was further motivation to perform well and progress in the company.

The provider worked in partnership with a number of community groups and organisations to raise awareness around falls, dementia care and fraud and scams awareness. People using the service, relatives, care givers and members of the community were all invited to attend to raise awareness in these areas. In addition, the service also engaged with social workers, district nurses, occupational therapists, day centres and the hospital discharge team to ensure people received the appropriate care and support that they required.

The service ensured that very high standards were set to ensure that people received the best quality care and support. Standards focused on the CQC's five key lines of enquiries (KLOE's) and the service had set up a folder to evidence good practice and examples of how they were meeting the KLOE's. Care givers that we spoke with were very clear on the values of the service and the high quality care they wanted people to receive. One care giver told us, "They [provider] stand for being professional. It's all about good practise and high standards, being caring and responsible. It's a family business and you feel at home."