Reflective Care 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?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Overall summary

The inspection took place on 18 November 2014, and was an announced inspection. The manager was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

Reflective Care Limited is a domiciliary care agency that provides personal care to people with a learning disability who live in supported living accommodation. At the time of the inspection, the service supplied care and support to people living in two adjacent houses. One of these accommodated two people, and the other had six people. The houses were next door to the agency office, which provided people with easy access to the management. People receiving support had agreed to living in the houses with other people, and had their own bedrooms and shared communal areas.

The service was run by a registered manager, who was present throughout the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. In supported living services the process involves the court of protection, and no applications had been necessary.

The agency had suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, the director, or the local authority safeguarding team.

The agency had suitable measures in place to protect people from risks to their safety. Each person had individual risk assessments highlighting specific concerns around their own needs, such as assessing the risks to them going out into the community on their own, or using public transport. Other risk assessments were in place in regards to their home environments, such as fire risks and use of shared equipment. These were tailored to each individual person. The environment was checked to ensure that it met people's needs, and each person had tenancy agreements with the landlord.

The manager carried out checks on staffing numbers to ensure that people were provided with the correct number of support hours, in line with the agreements with the different Local Authorities. This included identifying if people had sufficient support hours provided to enable them to live their lives as they wished, and participate in community and social functions with support from staff where this was needed.

The agency had comprehensive recruitment procedures in place, ensuring that staff were suitable to work with the individual people concerned. For example, where someone wanted to take part in sports, the agency would recruit staff who had similar interests. Recruitment practices included stringent checks for any criminal records and to take up references. Staff were trained in essential subjects during their induction programme; and refresher training was provided throughout each year. Staff were encouraged to develop their knowledge and skills with formal qualifications; and to train in subjects which were relevant to individual people they were supporting.

People were assessed for their ability to manage their medicines and for the support that they needed to take them correctly. Staff were trained to assist people with their medicines, and to understand the importance of promoting safe storage, and disposal of any unused medicines.

Assessment processes included discussions about people's dietary needs, and how to support them with making healthy choices and following any recommended diets for their health needs. People were supported to shop, prepare food, cook and eat food in line with their individual needs and preferences.

Staff supported people with their health needs, and reminded them of health appointments such as with their doctor or dentist. They accompanied people to appointments if they wished them to do so, or if they had been assessed as needing support in this area.

The environment was maintained in agreement with the landlord, and the provider ensured that the properties were suitably maintained for people's safety, welfare and comfort. One person told us "I am enjoying it in my new home"; and another said "I like it here."

It was evident that people felt relaxed with the staff, and they said they felt safe and well supported. Staff were friendly and kind, and chatted with people or left them alone depending on their wishes. They supported people with household chores and with going out in accordance with their individual development and agreed support. People knew who their specific key workers were, and said that if they had any concerns that they would talk with their key workers. As people shared houses, they knew all of the staff who provided support for the people living there.

Staff signed a confidentiality agreement as part of the induction procedures. They were careful to discuss people's preferences and requirements in private.

Summary of findings

Monthly key worker meetings were always carried out in private and covered the range of people's care planning and person centred care. Advocacy services were requested if people needed additional support with decision- making and did not want to involve family members or friends. A relative told us that their family member had increased in their independence over the last few months, and that staff had supported them in this.

Each person receiving support had a person-centred plan which had been prepared in a format or easy read style to promote their understanding and involvement. This was in addition to a written care plan. Individual communication books were used to record discussions and phone calls from family members or health or social care professionals, to ensure that a clear record was maintained, and nothing was missed which was relevant to people's on-going support.

Staff helped people to identify their interests and hobbies, and supported them in finding suitable work placements, day centres or places of interest to visit. One person told us about their place of work, and another told us they were in the process of applying for a new job.

Some people developed further skills and independence as a result of receiving agency support, and moved on to live on their own, or with less support in the future. Liaison between different services promoted a smooth transition for people as much as possible.

The manager and the provider took an active role in supporting people and acted as support workers on a regular basis. This enabled them to observe how people were progressing with their life skills, and helped people to relate to them in the event of any concerns. Staff said "We work really well as a staff team"; and "We can talk to the manager at any time if we want to ask anything." Staff said that they were supported through individual supervision and through regular staff meetings. The agency had a culture of openness, where staff were invited to share their ideas and opinions.

The agency had robust quality assurance processes to obtain the views of people receiving support, staff, relatives and health and social care professionals. People's responses were analysed and their comments were listened to. Changes were made in the way things were done in response to people's views.

Summary of findings

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 told us they felt safe and that staff supported them in the ways that they needed.

Staff understood their roles in regards to safeguarding people from abuse, and knew how to raise any concerns of abuse with the manager or safeguarding authorities.

People had individual risk assessments to highlight specific risks and dangers. The risk assessments provided a framework for support staff to know how to minimise the risks and take appropriate action to protect people.

Is the service effective?

Good

The service was effective. Staff were appropriately trained and supported to understand their responsibilities and provide the support that people needed.

The manager and staff understood the requirements of the Mental Capacity Act 2005, and ensured that people were appropriately supported by their next of kin or advocate in making complex decisions.

People were supported in having suitable amounts and variety of food and drink to promote healthy eating, and to follow their preferred food choices.

Is the service caring?

Good

The service was caring. Staff supported people with kindness and friendship, and helped them to increase in confidence and make their own decisions.

Staff encouraged people to carry out their own lifestyles and interests, and promoted their independence. They supported people with maintaining relationships with families and friends.

Staff ensured that people were fully involved in all discussions about their care and support, and gave them information in ways that were suitable for their different levels of communication and understanding.

Is the service responsive?

Good

The service was responsive. People took part in their care planning and received support that was tailored to their individual needs.

People were supported in following their preferred lifestyles, activities and interests.

People were confident that they could raise any concerns, and that they would be listened to. There was a culture of learning from people, and using concerns or complaints to bring about on-going improvements.

Summary of findings

Is the service well-led?

Outstanding 

The manager and the director were known to people using services, and worked alongside support staff in carrying out effective care and identifying any changes needed. Staff were highly regarded by people receiving care, and said they were well supported by the management.

The manager and the director led the staff team and listened to their ideas and promoted their learning skills and development. This provided the way forward for a continually improving service. They liaised with other services and were developing sources to encourage local networking and support.

The agency had procedures in place to listen to people's views, and to monitor the on-going effectiveness of the service provided. Their quality assurance methods took into account new ways of inspecting by CQC.

Reflective Care 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 was 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.

The inspection took place on 18 November 2014 and was announced. The manager was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector. Due to the small size of the service, and in respect of people's learning disabilities it was not appropriate for the inspection to include more people on the inspection team.

We looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We talked with the previous inspector to obtain information about the service before the inspection. We contacted five people's relatives, and three health and social care professionals on the day of the inspection.

We visited the agency's office, which was situated on the first floor of a building. All of the people currently receiving supported living had their accommodation in one of two houses situated next door to the agency. We visited both houses. We met one person in one house, and met four people in the second house. Two people did not wish to speak with us, but we were able to talk with two people at length, and met another just as they were going out. We talked with four staff as well as the manager and director.

During the inspection visit, we reviewed a variety of documents. These included two people's care plans and their own person-centred plans; two people's communication diaries and daily records; two staff recruitment files for staff recruited within the year; the staff induction and training programmes; staffing rotas; medicine administration records; health and safety and environmental risk assessments; records of accidents and incidents; the complaints file; quality assurance questionnaires; minutes for staff meetings; and some of the agency's policies and procedures.

The last inspection was carried out in November 2013, and no concerns were raised.

Good

Is the service safe?

Our findings

People said that their support staff made them feel safe and supported them when they needed help. One said "I like having staff staying here at night as it makes me feel safe." People's relatives commented that it had been a good move for their family members to move away from home and find out that they could be more independent than previously. People had the support they needed to help them feel safe; and staff helped them to learn how to manage situations so that they felt safe. For example, people had developed more ability in going out of their homes for shorter and then longer distances as they learned about crossing roads safely, or using public transport. Many people no longer needed staff support when travelling to specific places.

Staff had been trained in understanding safeguarding processes, how to recognise different forms of abuse, and how to raise any concerns of abuse. They said they would usually go straight to the manager or the director, who worked closely with them. They also knew support staff who had more experience than they did, and would ask them for help if they needed to, or would contact the local authority safeguarding team directly.

The agency had clear guidelines in place for supporting people with money management. The director said they had raised concerns for people who might wish to spend their money unwisely, but recognised that they must be allowed to make unwise decisions if they had the mental capacity to make their own decisions about their purchases. Each person had a finance folder where all expenditure was recorded and receipts were retained for people who needed this support. There were different methods for people to obtain access to their money depending on their mental capacity, their understanding of money and how to use it, and their assessed needs for support.

People had individual risk assessments in place which highlighted specific dangers for them. These included risks of being exploited; risks associated with using the kitchen and food preparation; risks of getting lost or with road safety if going out unaccompanied into the community; risks of neglect with hygiene care; and risks when using stairs if there was impaired mobility. The risk assessments showed how to minimise the risks for each person, and included guidelines for the action to take to protect people. For example, kitchen guidelines for one person included identifying risks with food hygiene management, using a knife safely, and being unaware of food items past their use-by date. Other guidelines were for items such as bathing safely, using hot water, and carrying out hygiene care effectively. The guidelines were very detailed, showing exactly how to help each person concerned. People told us that if they did not feel safe at any time they felt able to talk about this with staff and ask for help. For example, a person who would usually go out of the home on their own may feel unsure about this sometimes, such as in bad weather, and would then ask for staff to accompany them. Each person had a risk assessment and a Personal Emergency Evacuation Plan (PEEP) in the event of a fire or other emergency in their accommodation.

Staff recorded any accidents or incidents on individual forms and in people's care diaries. The accident/incident forms were passed on to the manager so that she could keep a record and see if any patterns were developing, and if there was any further action that could be taken to lessen risks.

Staffing levels were provided in line with the support hours agreed with the local authority. The manager identified when people might need more support hours than they had been allocated to give them the quality of life they required. For example, a person who needed support when going out into the community might wish to go out more, and have new experiences. The manager informed the local authority and case managers if it was apparent that people's lifestyles were being restricted due to insufficient support hours. The people currently receiving support were living in adjacent houses. At least one person in each house needed a member of support staff to be available for them during the night. As support staff carried out sleeping-in shifts for these people, there was the added advantage of other people feeling safer because they knew a member of the agency staff was on the premises.

We saw that the agency had robust procedures in place for recruiting staff. These included completion of an application form which requested a full employment history, with any gaps in employment discussed; a declaration of any criminal convictions; and a record of any training. Applicants had to provide proof of their identity and address. The manager obtained at least two written references, and checked these with verbal references. Successful applicants were invited for an interview; and a

Good

Is the service safe?

Disclosure and Barring Service (DBS) check was carried out prior to confirmation of employment. New staff were given a copy of a code of conduct, as well as a job description, and were informed about staff disciplinary and grievance procedures. The manager and director ensured that the correct procedures were followed if these needed to be used.

Staff were trained to support people with taking their medicines. Staff ensured that people's medicines were stored safely in locked cupboards, and not left in communal areas. This was important for people's safety as they shared living accommodation, and there were recognised dangers that people should not have access to other people's medicines. Staff assisted people in accordance with their individual risk assessments and care plans. This might include helping them to collect prescriptions, reminding them to take medicines, or assisting them with taking medicines at the right times.

Where staff supported people with their medicines they recorded this on a medicines administration record, and we saw that these records had been accurately maintained. Some people had medicines to take 'as necessary' (PRN), for example for pain relief. Clear guidelines had been provided for people and staff to ensure that they knew when to take PRN medicines. One person had two different types of pain-killers, and there were clear instructions for which ones should be used for which type of pain, and not to take them at the same time. Staff kept daily records for medicines for people that they supported, with storage and administration. The amounts were checked and counted at staff handovers, so that any discrepancy could be found and followed up the same day.

Good

Is the service effective?

Our findings

People told us that the staff were "good" and "They look after us well". A relative told us that the service had worked really well for their family member in their first experience of living away from home, and "It has been just what he needed." All of the people receiving support spoke positively about the staff.

We talked with two staff who had been employed within the last year, and they said that they had gone through a very extensive induction period. This had lasted up to six months, to ensure they really understood the required training subjects and knew how to apply them. Training records showed that essential training subjects included safeguarding adults, moving and handling, infection control, health and safety, and basic food hygiene. All staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and were able to talk knowledgeably about how to apply these.

New support staff completed the nationally recognised Skills for Care 'common induction standards', and they shadowed an experienced staff member until they were assessed as competent to work unsupervised. Staff told us that their training was mostly carried out through a system which involved watching DVDs, and working through questions in associated workbooks. The training led to a test which was completed by the staff member and sent directly to the company for marking. Staff had to achieve specific percentages in order to pass training. Certificates and confirmation of training were sent through to the manager. The manager and senior support staff carried out competency checks for new staff, to ensure that they knew how to apply their training in practice. Support staff carried out formal training for Diplomas in Health and Social Care for levels 2 or 3, if they had not already completed this training. This enabled staff to develop their skills and to follow a career pathway. They told us they were encouraged and supported with this training. All staff had regular individual supervision with the manager or other senior staff, usually every two months. However, staff told us that they could ask for extra supervision at any time if they were concerned about something, and could speak to the manager or director at any time.

Support staff were informed about the different mental capacity for people that they supported. People's mental capacity assessments showed if they could make day to day decisions such as choosing clothes or food. Staff had to support some people with subjects such as their choice of clothes to ensure it was appropriate for the weather and the time of year. Other people needed support in making decisions about visiting family and maintaining friendships; attending college, and finding work places. Some of these were complex decisions where people needed additional support, such as managing their health needs. The manager and staff arranged meetings with the person, their family member or representative, and health or social care professionals if decisions needed to be made on their behalf and in their best interests. People were always included in these discussions, and advocacy support would be found if this was applicable.

Support staff told us that there was no one they supported who needed any restraint practices, and they did not use any restraint. The ethos of the service was to encourage people to talk things through with their keyworker or other support staff, and to give people time to voice things and raise any worries. One person told us "I know I don't need to hide my problems now; I can talk to the staff and they understand me." Staff obtained people's verbal consent before assisting them with different assessed needs such as bathing or showering. We saw that formal consent processes were in place for specific areas, such as tenancy agreements; consent to photographs for use on the company's website or to display in communal areas of houses; consent to open official or important looking correspondence; and consent to paying money towards petrol costs for use of the company vehicle. The manager or support staff discussed the different areas for consent with the person first, and best interest meetings were carried out if people were unable to make decisions in these areas. Most people had signed their own care plans, risk assessments and consent forms to indicate their consent and understanding; but some people had their next of kin or representative to sign on their behalf.

People were able to make their own choices about food and drink, but had chosen to share a main meal each day with the other people in the house that they lived in. One person told us how the people receiving support met with staff each week and decided on the meals they would share together in the next week. They also had agreements about sharing household chores and there were rotas to show who was responsible for different items each day. We saw that these were flexible depending on how people felt. During the inspection, one person kindly offered to swap

Good

Is the service effective?

with another person to carry out their cleaning tasks, as the other person felt unwell. In the same way, people identified the meals that they liked to cook, and they had agreed to support each other by having one person and their support worker cook for the others each day. One person told us "I like doing it that way; it means other people cook for me too." The menu plan for the current week showed there was a variety of food to provide people with suitable nutrition. Each person prepared their own breakfast, lunch and snacks with assistance from support staff if they needed this. People were able to develop their skills in this area. For example one person's care plan stated that they were able to 'Make hot drinks now with verbal prompting and staff support.'

Each person had a health assessment as part of receiving agency support, and a health action plan was put in place. These included all aspects of people's health, including general health, dental health, mental health and emotional health; and took into account any medical conditions or other illnesses. People had yearly 'well man' or 'well woman' checks if this was applicable for them; and regular medication reviews. People were supported to attend health appointments, such as to district nurses for injections or dressings; to GPs; to out-patient departments; to dentists and opticians, and for podiatry or chiropody. Each visit was recorded, and showed any health concerns such as high blood pressure, infections, or significant weight changes; as well as any decisions taken in regards to treatment. The records showed that people were supported by staff in understanding how to apply changes in their lifestyles to support their health needs, if this was indicated and had been agreed.

Good

Is the service caring?

Our findings

People told us that the staff were "lovely", "really nice", "helpful" and "They look after me well". Another person said "All the staff are really supportive, and they understand me." We saw that people's support staff noticed when they were upset or not feeling well, and took time to chat with them and ask how they were feeling. Staff supported people to do the things they wanted to do, such as going out to the shops, or to visit friends; and supported them with household tasks such as preparing food and washing up. One person said "The staff help me with everything I need, but I can do more for myself now."

The agency had a system of on-going surveys to obtain people's views. We saw that recent responses to questions about care had all been positive. For example, every person had responded as 'strongly agree' or 'agree' to the statements "Staff treat me with kindness and compassion"; and "Staff respect my dignity at all times." People's relatives sometimes sent in thank you cards, and a recent card included "Thank you for taking such good care of him."

Staff had received training in equality and diversity, and treated everyone with respect. They involved people in discussions about what they wanted to do and where they wanted to go, and gave people time to think and make decisions. Staff knew about people's past histories, their life stories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. People's care plans gave specific directions about different aspects of care, such as assistance with bathing or showering. These showed when people were safe to be left on their own,(such as having a 'soak' in the bath), which promoted people's dignity and independence.

People's person-centred plans were in formats which they could understand and relate to, such as using photographs, pictures and simple language. The complaints procedure was in a simplified form to enable people to take part in raising any concerns. There was a relaxed atmosphere between people and their support staff, whereby people felt confident in asking staff questions, and receiving explanations.

Staff signed a confidentiality policy and statement during their induction. This ensured that they understood the importance of treating people and information about them with respect, and only sharing information with the right people at the right times. People's care plans and person-centred plans were stored in a locked cupboard in each house, so as to protect people's confidentiality. However, people could ask for access to their files at any time. People were fully informed about their different files, and showed pride in having input into these. One person showed us photographs of carrying out work-based activities, and household tasks, for which they expressed pride in having increased their independence.

People knew that the house was their home, and this meant that they could invite family or friends in at any time. There was a respect between different people living in the same house, recognising people's different boundaries and space, and being sensitive to each other's own bedrooms. People had chosen to have house meetings each week, when they could talk about different things that affected them living in the same property, as well as discussing menus for the following week. The meetings brought about changes in accordance with people's agreed decisions.

Good

Is the service responsive?

Our findings

People told us about the things that they liked to do, and said that staff helped them to carry these out. Some people went out to work placements, and were proud of the jobs they did; another person was looking forward to having an interview for a potential new job. Staff supported people with finding relevant jobs for them, and in finding increased opportunities for carrying out meaningful activities. This included arrangements for people to work with animals, cleaning and feeding them; attending day centres and arts and craft activities; going to the gym; going for long walks; having train rides; and meeting up with friends and families. One person had been for a long walk with a walking club in the morning, and told us it had been very muddy. Support staff had helped him to clean his boots and put some clothes in the washing machine. Another person had been feeling unwell, and their support staff had explained they did not need to go out to work when they were unwell, and had advised them to go back to bed.

People's care plans contained detailed information about their background, medical history, family history, and how they should be supported. There were separate sections for each activity of daily living, such as managing personal hygiene, communication skills, eating and drinking, continence, medicines and finances. People had been involved in their assessment processes, and in developing their plans of care. This was an important part of encouraging people to develop their own life skills and independence. The plans showed where it might be possible for people to do more for themselves, and areas where they would need ongoing support due to minimal understanding of some situations. For example, some people were unable to understand the concept of road safety, and would need continued support when accessing the community. However, other people had been able to gradually visit nearby shops on their own, or build up their knowledge and skills to travel on their own on public transport. Some people were developing computer skills and had the option of doing this at college courses, or of receiving training and support through using the agency's own training centre.

Care plans included details of the general support people needed on a daily basis, and their night support routines. These showed the usual times that people liked to get up and go to bed; and if they needed prompting or practical support with washing, bathing, showering or dressing. Some people needed support staff to help them shave or wash their hair, but could manage other aspects of their personal hygiene on their own. The plans showed if people usually preferred a bath or shower; and if it was safe to leave them on their own. The support routines showed if people needed assistance with food preparation, shopping, managing money, health care and household tasks. People had weekly planners which helped them to know which tasks to carry out on different days; and the places that they would usually visit. People were able to develop their learning with increased ability for tasks such as changing bed linen, putting laundry in the washing machine, making drinks or snacks, and cleaning rooms. Night routines showed people's usual preferred times to go to bed, if they liked drinks or snacks before bed and if they were likely to be unsettled or need support during the night.

Support staff knew the activities that people preferred for relaxation and leisure. These included watching television and DVDs, listening to music, playing board games, visiting cafes or restaurants, going to the cinema and going to places of interest. People were supported with contacting their families, going for family visits, making friends and spending time with them.

Each person had an identified key worker who knew them better than other staff. People knew who their key workers were, and said they would talk to them if they wanted to ask anything. People met with their keyworkers each month to talk through their care plans and discuss any changes or things that needed addressing. The meetings began by reviewing the notes from the previous meeting, to see that everything that had been decided had been carried out. They then went on to review how the placement was going, any concerns about relationships with people in the same property or other people; health needs and any action required; risk assessments; their person centred plan; days out and holidays, and ongoing activities and work placements. Each person had yearly reviews with a social worker, or more frequent reviews if concerns were identified. The manager, and people's next of kin or representative, were usually invited to these meetings.

Person-centred plans were provided in an easy-read or pictorial format, depending on each person's individual communication assessments, and these included photographs. They were written from the person's own

Good

Is the service responsive?

perspective, with sections such as 'Things that I like to do', 'Things about me', 'People important to me' and a weekly activities plan. People's health plans were recorded separately and included sections such as 'My general health', 'My mental health needs', 'My diet' and 'My sleep'. Information was provided in formats which encouraged people's participation in their own care planning.

Each person was given a copy of the agency's Statement of Purpose when they started receiving support from the agency. This included general information about the agency, and how to make a complaint. People were encouraged to raise concerns on a daily basis, with their key worker or with other support staff; and were also able to raise concerns at monthly key worker meetings. One person said "I know not to hide my feelings now. I can talk to any of the staff, or go and see the manager."

People had agreed to have 'House meetings' in each property, and this provided an opportunity to raise any concerns about things that affected other people or the house in general. One person said, "Staff give me feedback about what happens after I have raised concerns". People were supported by staff in making complaints if they felt unsure about how to do this and we saw forms that identified where a staff member had written something on a person's behalf, and the person had then signed it. Complaints forms were written in a style which helped people identify what they wanted to happen as a result of their complaints, with questions such as 'What would you like to see happen now?' They were asked if they wanted other people to be informed about their complaint, such as their next of kin or representative. The complaints file showed that people's complaints were taken seriously, were investigated, and were responded to appropriately.

Outstanding ☆

Is the service well-led?

Our findings

The agency had a culture of fairness and openness, and staff were encouraged to share their ideas. One of the documents stated, 'Staff are trained, supervised and encouraged to raise their concerns.' Staff told us that they could "Speak to the manager any time, about anything"; and said "We work really well together as a team. We always keep each other informed about any changes. We have handovers each day between staff, and we write things in people's communication books to make sure we don't forget anything". Another staff member said, "We are all very flexible. I know if I am not sure about something I can always phone the staff member who was working before me and they won't mind if I ask for more details."

Staff told us that they knew the whistleblowing policy, and one said "I would not hesitate to talk with the manager if I thought someone was doing something that could harm people." Monthly staff meetings enabled staff to share ideas and discuss proposed changes together. Staff said that they felt "Very well supported" and knew that the manager and director were available to them when needed. Staff safety was risk assessed for lone working, and action was taken to minimise risks. Staff said that they knew that "The manager looks out for us as well as the service users." The director told us, "We always work hard to try and make sure the staff are happy. Without the staff we are nothing, and we try to look after the staff as far as we possibly can."

Organisational values were regularly discussed with staff, and reviewed to see that they remained the same. Staff felt that they had input into how the agency was running, and expressed their confidence in the leadership. Staff surveys were carried out at regular intervals, which provided staff with a forum to raise ideas or concerns anonymously if they wished to do so.

The manager and the director were both included in staffing rotas, and worked directly with people receiving support. They said that this enabled them to keep up to date with how people were progressing. Staff said it gave them confidence to see that the management had the skills and knowledge to deliver care and support, and it was helpful to work alongside them from time to time.

The manager and director were both involved in different areas of training and checking staff competency. The agency had built a new training centre nearby, and this provided opportunities for staff and people receiving support to have training in different subjects. The facilities included a kitchen where up to four people could work; a training room; and a computer area with several computers. The director had planned this so that other companies in the vicinity could be invited to share in training programmes, and this showed an innovative way forwards in developing local contacts, increased networking, and supporting other organisations.

The agency had a new system of quality assurance in place, which provided an on-going method for surveys every two months for each area inspected by the Care Quality Commission. For example, one survey would be about how people felt the agency kept them safe; the next survey would be about how effective people found the agency. Questions were carefully geared to these topics so that an overall assessment of the agency was continually taking place. For example, questions for 'Safe' included agreeing or disagreeing with statements such as 'The equipment I use in my home is well maintained and safe for me'; and 'Staff remind me to take my medication at the correct times'. People's responses were analysed and a percentage was evaluated to show the agency's progress. We saw that the results for all of the most recent surveys were very positive, and mostly had percentages for over 90 per cent for each area.

The manager was registered with the Commission (CQC), and was familiar with her responsibilities and the conditions of registration. She kept CQC informed of formal notifications and other changes. It was clear that the manager and director complemented each other's skills and worked together for the good of the agency. They showed a passion to ensure that people were looked after to the best of their ability, and were not afraid to challenge other professionals if they thought that a person was not receiving the care or support they had been promised. This determination to provide good care for people had been passed on to the staff, and there were high expectations that staff would behave in a professional and caring manner.

The ethos of providing good care was reflected in the record keeping. We saw that clear and accurate records were maintained, and comprehensive details about each person's care and their individual needs. Care plans were reviewed by key workers and audited by the manager on a regular basis. A staff member pointed out to us that one

Outstanding ☆

Is the service well-led?

care plan was not completely up to date, as the person's key worker had recently moved to work elsewhere, and had not updated the care plan before they left. The staff member had written notes in the front to highlight the changes that needed to be made, and was ensuring that this plan was being brought up to date. This demonstrated the thoroughness of staff in identifying where documentation needed altering, and their recognition of the importance of keeping records that were properly completed.