

Thames Homecare Service Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 8 May 2018. We gave the service three days' notice of the inspection site visits because the service provides support to people living in their own homes and we needed to be sure the registered manager was available.

The last inspection of the service was on 18 March 2016 when we rated the service as Good for the key questions of Safe, Effective, Caring, Responsive and Well-led and Good overall.

This service 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 older people. When we inspected, the service was providing care and support to 167 people living in the London Boroughs of Ealing, Barnet, Hillingdon and Hounslow.

Not everyone using Thames Homecare Services Ltd receives a 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.

The service has a registered manager. 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.

The service was very caring. People said their care workers treated them with exceptional kindness, compassion, dignity and respect. People developed excellent open and honest relationships with their care workers.

People were expertly matched with care workers who had complimentary personalities, backgrounds or shared interests. People received full choice in their care, including choice of the care workers who cared for them.

The provider went the extra mile in ensuring people received compassionate care. People were supported to maintain their independence.

The provider had systems to keep people safe and care workers had completed the training they needed to provide safe care and support.

The provider assessed risks to people using the service and took action to mitigate risks they identified.

There were systems to ensure that care workers the provider employed were suitable to work with people using the service.

People received the medicines they needed safely and as prescribed. Where people needed support with eating and drinking the provider included this in their care plan and gave care workers clear guidance on the support the person needed.

The provider learned lessons when things went wrong and made changes to improve the delivery of care and support to people using the service.

Care workers completed a thorough induction and training the provider considered mandatory. Where people had specific care needs, for example diabetes, epilepsy or end of life care, the provider arranged relevant additional training for their care workers.

The registered manager, office staff and care workers had completed training in the Mental Capacity Act 2005 (MCA). They understood their responsibilities under the MCA and only provided care and support with people's consent.

The provider assessed people's care needs and developed care plans and guidance for care workers that ensured people received the care and support they needed.

The provider had systems for responding to people's concerns and complaints. They recorded and investigated any complaints they received and resolved these where possible.

The provider had a clear vision to provide people with high quality care and support. Staff understood this vision and worked together to deliver this to people using the service.

There was a clear management structure and the provider had systems to monitor quality in the service and make improvements.

The provider worked well with other agencies and ensured they met the requirements of their CQC registration.

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.

The provider had systems to keep people safe and care workers had completed the training they needed to provide safe care and support.

The provider assessed risks to people using the service and took action to mitigate risks they identified.

There were systems to ensure that care workers the provider employed were suitable to work with people using the service.

People received the medicines they needed safely and as prescribed.

The provider learned lessons when things went wrong and made changes to improve the delivery of care and support to people using the service.

Is the service effective?

Good ●

The service was effective.

Care workers completed a thorough induction and training the provider considered mandatory. Where people had specific care needs, for example diabetes, epilepsy or end of life care, the provider arranged relevant additional training for their care workers.

Where people needed support with eating and drinking the provider included this in their care plan and gave care workers clear guidance on the support the person needed. Care workers also supported people to access healthcare services, where this was part of their care plan.

The registered manager, office staff and care workers had completed training in the Mental Capacity Act 2005 (MCA). They understood their responsibilities under the MCA and only provided care and support with people's consent.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People said their care workers treated them with exceptional kindness, compassion, dignity and respect. People developed excellent open and honest relationships with their care workers.

People were expertly matched with care workers who had complimentary personalities, backgrounds or shared interests. People received full choice in their care, including choice of the care workers who cared for them.

The provider went the extra mile in ensuring people received compassionate care. People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

The provider assessed people's care needs and developed care plans and guidance for care workers that ensured people received the care and support they needed.

The provider had systems for responding to people's concerns and complaints. They recorded and investigated any complaints they received and resolved these where possible.

Is the service well-led?

Good ●

The service was well led.

The provider had a clear vision to provide people with high quality care and support. Staff understood this vision and worked together to deliver this to people using the service.

There was a clear management structure and the provider had systems to monitor quality in the service and make improvements.

The provider worked well with other agencies and ensured they met the requirements of their CQC registration.

Thames Homecare Service Ltd

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 3 and 8 May 2018. We gave the service three days' notice of the inspection site visits because the service provides support to people living in their own homes and we needed to be sure the registered manager was available.

Inspection site visit activity started on 3 May 2018 and ended on 8 May 2018. We visited the office location on 3 and 8 May 2018 to see the registered manager and office staff and to review care records and policies and procedures.

One inspector carried out the inspection. Before the inspection we reviewed the information we held about the provider and the location. This included the last inspection report and statutory notifications the provider sent us. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The provider also sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and four members of the office staff team. We looked at care records for 12 people using the service in detail and four other people's care records to review specific aspects of the care and support they received. We also looked at staff recruitment, training and supervision records for 10 care workers and other records including complaints, accidents and incidents, safeguarding and audits and checks the provider carried out to monitor quality in the service and make improvements.

We spoke with 17 people using the service or their relatives and also contacted 21 care workers and four local authorities who commissioned services from the provider by email. We received comments from 10 care workers and the four local authority commissioning and contract monitoring teams.

Is the service safe?

Our findings

People using the service and their relatives told us people were cared for safely. Their comments included, "I feel very safe with the [care workers] they are all lovely people," "I know my [family member is safe and on a couple of occasions when she has wandered off, the carers have been there straight away, looking for her," "I don't live near my [family member] and it is reassuring for me to know she is safe because the care is so good" and "We have never had any worries about my [family member], we know the carers look out for her and she is safe with them."

The provider had systems and processes in place to care for and support people safely. They had reviewed their safeguarding policy in August 2017 and this included clear guidance for office staff and care workers on the actions they should take if they had any safeguarding concerns about a client. Following a monitoring visit, a local authority commissioner told us they had identified the need for the provider to ensure they raised any safeguarding concerns and recorded any actions they had taken in response. The records we saw showed the provider and registered manager worked with local authority safeguarding teams to report, investigate and resolve any concerns.

Care workers told us they had completed safeguarding training and the training records we saw confirmed this. When we asked care workers what they would do if they thought someone was abusing a person using the service, their comments included, "I would call the office immediately and in an emergency I would call the police," "I would deal with the urgent safety and protection needs of my client and contact the office, following our guidelines. I would call 999 if the office advises me to do so," "Call my office urgently and call 999 if required. I would also help the person if they were in danger and it was safe" and "Slapping someone or swearing is under the signs of abuse and comes under our safeguarding policy. We have to first report to management and if it is an emergency, call 999."

The provider took action to identify possible risks to people using the service and where they identified potential risks, they took action to mitigate these. Before care workers started to support people, the provider carried out an assessment of possible risks to the person and their care workers in the home environment. Where they identified risks they gave care workers clear guidance on how to manage these. For example, one person's care plan instructed their care workers to ensure they removed any obstructions to enable the person to move around their home safely. A second person's risk assessments reminded care workers to put away mobility equipment they used at the end of each visit to make sure the person had safe access to all parts of their home. Other risk assessments covered falls, pressure sore development, nutrition, medicines management and mental health. Where the assessments identified risks, the provider gave care workers clear guidance on managing these. We saw they reviewed all the risk assessments regularly to make sure care workers had up to date information about the people they supported.

The provider had systems in place to ensure that the care workers they employed were suitable to work with people using the service. The staff recruitment records we checked included an application form and employment history and a minimum of two references. We saw that, where possible, the provider obtained references from care workers' previous employers but where this was not possible, for example when it was

their first job, they ensured they obtained personal references from people who knew the care worker well. Recruitment records also included proof of the care worker's identity and right to work in the United Kingdom and a Disclosure and Barring Service criminal records check.

The provider used an electronic call monitoring system to monitor the care and support people received. They were able to check that care workers had arrived at a person's home at the time specified in their care plan and that they stayed the length of time agreed in the plan. We looked at a selection of planned and actual visit records and saw that care workers usually arrived on time and stayed for the right length of time. People using the service also confirmed their care workers were punctual and provided the care and support they needed.

To ensure there were enough staff to care for people and to mitigate any shortages of staff, the registered manager told us the service employed an additional care worker for each of the four local authorities they worked with to provide emergency cover. For example, if a care worker was delayed or unwell the cover care worker was available to visit the people on their rota to make sure they did not have to wait for care or support.

People received the medicines they needed safely and as prescribed. A local authority commissioner we contacted before the inspection told us that, following a monitoring visit, they had asked the provider to "complete audits, detail reasons for when there are any gaps and errors and evidence follow up actions."

At this inspection we found the provider kept up to date and complete records when care workers supported people with their medicines. The service followed local authority procedures and completed a Medicines Administration Record (MAR) sheet when they gave people their prescribed medicines. We checked a selection of MAR sheets care workers had returned to the office and found they had completed these accurately. We also saw a supervisor checked returned MAR sheets to ensure care workers followed the provider's procedures. Training records showed that care workers who had responsibility for administering people's medicines had completed training and a competency assessment.

Care workers told us they had access to personal protective equipment that included gloves, aprons and sanitising hand gel when they supported people with their personal care. Training records showed care workers completed infection control training as part of their mandatory training and the provider had systems in place to refresh this training regularly.

The provider had systems to identify and record accidents and incidents involving people. They ensured they reviewed each incident and made any changes necessary to improve the delivery of care and support to people using the service. The provider also responded to quality alerts from local authorities who commissioned the service. For example, when a social worker found gaps in the daily recording of care provided by a person's care workers, the provider arranged for the care workers to complete refresher training in record keeping and increased spot checks to monitor their performance.

Is the service effective?

Our findings

People using the service and their relatives told us their care workers were well trained. Their comments included, "I'm sure they are well trained, we have never had any concerns about the way they help our [family member]," "The carers know what they are doing and this must be down to the raining they have had" and "I think the carers are very well trained, they have all been able to answer any questions we've had about [family member's] care."

The provider assessed people's care needs and their policies and procedures referred to relevant legislation and guidance, for example from the Royal Pharmaceutical Society and the National Institute for Health and Care Excellence (NICE). We saw care records included detailed assessments of the person's physical, mental health and social care needs and the provider used these to develop a care plan that was in line with current guidance

The provider used an electronic call monitoring system to monitor the care and support people received. They were able to check that care workers had arrived at a person's home at the time specified in their care plan and that they stayed the length of time agreed in the plan. We looked at a selection of planned and actual visit records and saw that care workers usually arrived on time and stayed for the right length of time. People using the service also confirmed their care workers were punctual and provided the care and support they needed.

Care workers told us they had the training they needed to provide care and support to people using the service. They said, "The training was very helpful. After I completed all my training I received the Care Certificate," "There is a lot of training and I have just completed my level 3 in health and social care. All of the training has helped me be professional and give quality care" and "It was very hard but they helped me and pushed me to achieve a level 3 Health and social care certificate. I couldn't work and deliver the quality of care the company wants without training. All the training was helpful to me to carry out my duty of care."

The Care Certificate is a nationally recognised set of standards that gives staff an introduction to care workers roles and responsibilities within a care setting. Care workers told us they completed a period of induction training that included shadowing more experienced staff and completing the provider's training they needed to obtain the Care Certificate.

The provider had developed a tracking system for care worker training as part of their in house information technology system and we saw this showed all care workers were up to date with training the provider considered mandatory. This included, moving and handling, health and safety, first aid, medicines management, food safety and safeguarding. In addition, the provider arranged for some care workers to complete training that was specific to the needs of people they cared for. For example, some care workers had completed ends of life care and dementia awareness training to help them support individual clients and their families.

The provider used an external company to train staff but the registered manager and four office staff had

also completed 'train the trainer' qualification courses for a number of subjects, including moving and handling, infection control, safeguarding and medicines management. The registered manager told us this enabled them to respond to questions from care workers in between planned training courses and also to run training sessions when needed.

Where people's care plans included support with eating and drinking, their care workers provided this and recorded details in the daily log book. We saw some people's daily records included details of what they had to eat and drink and all of the records we saw showed the care workers always left people with a drink at the end of their visit.

Most of the people using the service whose care records we checked had relatives who supported them to attend health care appointments. People's relatives told us that their care workers always kept them informed of any changes they noticed in their family member's health. One relative commented, "They are very good, if they notice any change or if [family member] is feeling under the weather, they always call and let me know."

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

Office staff and care workers told us they made sure people had choice and control over their lives and they supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Care records showed care workers sought people's consent before they provided care and support. For example, care plans included information about people's preferences for how they received support and the daily care logs we saw showed that care workers respected these.

The provider shared information and guidance on mental capacity with care workers and office staff via posters, training and supervision. Care workers told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One care worker told us, "Choice is important for everyone and we must respect the choices people make." A second care worker said, "I have had training in the MCA and I always make sure I get consent before I support someone."

We also saw that the provider worked with people's families to ensure they understood the importance of the MCA and their responsibilities under the legislation. In one case the provider worked with a person and their relatives to ensure they applied for Lasting Power of Attorney (LPA) to enable them to make decisions in the person's best interests in the future. A LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

Is the service caring?

Our findings

All the people and relatives we spoke with were positive about the care and support they received and told us that their care workers were kind, compassionate and caring towards them. Their comments included, "It's going very well. My [family member] loves her carers and they really care, it's not just a job for them. One time the carer stayed way past their time to make sure my [family member] was okay when she wasn't well. That's going above and beyond," "They are all absolutely wonderful and so friendly. I can't imagine being able to go on living here without them," "My regular [care worker] is fantastic, she is so good to me" and "My [family member] always has the same carer. It's important I trust the carer and [care worker's name] is an absolute angel."

We saw examples where staff went the 'extra mile' to support people using the service. For example, one person's daily care notes showed that when the care worker arrived on one occasion, there was no food in the person's house. Although it was not in their care plan, the care worker went to a local shop and bought groceries to make sure the person had something to eat and drink. Other examples the registered manager gave us of care workers exceeding expectations included care workers who had done extra shopping not included in a person's care plan, office staff asking care workers to visit a person at the end of their rota to check on a person when concerns were raised and care workers taking people's dirty clothes to the laundrette or even to their own homes and a care worker who took her own vacuum cleaner to a person's home when theirs was not working.

The registered manager also showed us evidence that the service had increased a person's care package from one to two care workers and provided additional time on each visit when the care workers identified a person's mobility had deteriorated and they needed additional support to remain safe in their home. The provider arranged the increase immediately before they obtained agreement from the local authority funding the person's care as the coordinator was not able to contact the person's social worker. The coordinator continued to liaise with the local authority and they agreed the increased care package. This showed the provider took action promptly to ensure people received the care they needed when their needs changed.

Comments from people and their relatives included, "I have very good carers who go out of their way to do more than they should," "My [family member] has a lovely relationship with her carer. It's so nice to know she has regular, good carers" and "The carer gets my [family member] like nobody else. If [family member] doesn't want help she just comes back later. She is so respectful and it is an absolutely fantastic service. I would recommend it to anyone."

A relative commented on the support a care worker provided to help a person maintain their personal hygiene. They said, "I am impressed with [care worker's name], her kindness and sensitivity are a credit to your organisation. On Monday she asked me to help her persuade [person's name] to have a strip wash as she thought this might be easier for her. [Care worker] managed and I was able to see her sensitive handling of the situation and the real affection she had for my [family member]. I also learned she took some of [person's name] clothes home to wash when she discovered blood stains after a hospital stay. In this and

other ways I feel her efforts go beyond expectations."

We also noted that the provider showed consideration towards people's relatives. They wrote a letter of condolence to the family of people using the service who had passed away and continued to offer their support to the relatives if they needed to talk to them.

We saw the provider had produced an annual report based on satisfaction surveys they sent to people using the service in December 2017. Sixty-five people replied to the questionnaire and we saw 87% rated the service as 'good' or 'excellent'. 98% of people 'agreed' or 'strongly agreed' that they knew how to raise concerns, care workers respected their beliefs and values, they were supported to take managed risks, staff explained their medicines and they had enough support to stay safe.

We also saw the provider did their best to ensure people had regular care workers which allowed them to develop caring relationships with people using the service and understand how they liked to be cared for and supported. People and their relatives commented, "We always have the same carer and if they are on holiday, they always bring the replacement carers to meet my [family member] first," "My [family member] has had the same carers for a long time and they are very good. They treat [family member] like one of the family" and "[Family member] always has the same carers, they are hardly ever late and they always do anything she needs. They really are great."

We saw the provider's scheduling system allowed them to allocate care workers and if concerns were raised, they would be able to make sure they changed the care worker to avoid causing any distress. The registered manager explained how, during their initial assessment, staff discussed people's preferences for the care workers to support them. This would include whether the person wanted a male or female care worker as well as consideration of the person's communication, cultural and religious needs. One person using the service told us, "I've built up a good rapport with my regular carer and we know each other very well. She is interested in me as a person, not just as a client. She is so lovely."

Care workers and office staff knew the people they were working with very well and were able to talk about their personal histories and how they liked to be supported, including important parts of people's routines. One care worker said, "We take time to get to know people and find out about them so we are always able to talk with them when we are supporting them." A second care worker told us, "We are looking after people and they have their own lives and families. It is important we can talk to the people we are caring for." We saw records in one care worker's spot check where a supervisor had highlighted that the person they were supporting was feeling emotional and that the care worker stayed with them until they were feeling better and reassured them throughout the visit.

People and their relatives told us that care workers respected their privacy and dignity and always tried to encourage their independence. People's care plans included detailed information about how they wanted to be supported with their personal care, including how much privacy they wanted when at home or out in the community. The plans highlighted the importance of encouraging people's independence and giving them the opportunity to do as much as they could on their own, but also highlighted the areas where they needed support.

Care workers we spoke with were aware of the importance of maintaining people's independence and explained that care plans records were often detailed so that they knew the level of support a person needed. One care worker explained to us how they supported a person who was living with dementia with their personal care. They were able to tell us the challenges they faced and how they managed to work with the person and encouraged them to do it in a way which ensured their dignity was respected and their

needs met in the most reassuring way. They said, "Sometimes [person's name] doesn't want help but we always give them time, reassure them and encourage them to be involved. It takes time but it is a good feeling for me when they let me help them." The relative of another person living with dementia commented, "[Care worker] is a fantastic carer, she is always smiling, has good social skills and interacts very well with my [family member]. She delivers her work very professionally and with the utmost skill and she makes my [family member] laugh which has to be a great thing."

People's care records showed they and their relatives were involved in making decisions about care and support. The registered manager told us that they always made sure that, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during an initial assessment or review. People's care records also used 'I' statements to indicate they had been fully involved in planning how they wanted their personal care to be carried out, with detailed instructions on how they should be supported. For example, one plan included, "I want my care workers to make sure there are no obstacles at the side of the bed" and another said, "I want my care worker to leave water and other drinks to avoid dehydration."

Is the service responsive?

Our findings

People using the service and their relatives told us they received care which met their needs and reflected their care plans. They received regular care visits, at the right time from care workers who carried out the instructions in their care plans. Their comments included, "It's going well and I know I don't have to worry," "It's not too bad, the carer is very attentive and goes out of her way to help," and "They are very helpful and when things are needed it happens the next day."

People using the service, their family members and care workers also told us the provider kept copies of the person's care plans and risk assessments in their home. The registered manager told us they carried out an assessment of people's care needs before they started to receive care and support. The assessments were informed by the local authority care needs and risk assessments, if these were available and were used to develop a care plan that was agreed with the person using the service or their representative.

The care plans we reviewed were mainly task focused and detailed the care and support the person needed on each visit. It was clear from the care plans what people could do for themselves and where they needed support. There was some personal information included in the care plans, including details about the name they wanted the care workers to use, a brief life history and details of relatives, friends and other significant people. The plans also outlined the person's preferences and routines so the care workers had information about how they preferred to receive care and support.

People's care records included information about their care and support needs, including their health care, personal care, mobility, medicines management and nutrition. The daily logs care workers completed at each visit indicated that they followed people's care plans and people received the care and support they needed. The plans also included people's cultural and faith needs and we saw the provider had an equality and diversity policy and information for care workers. When we asked care workers how they met people's religious and cultural needs. Their comments included, "This is London. We have people with different beliefs and I respect their diversity," and "I respect people's cultural needs and religion. For example, I check the care plan and don't prepare meals that are against their religious beliefs."

We saw care workers completed daily records that outlined the care and support they provided to each person. These were mainly task focused but most also referred to the person's mood and included information about what people talked about.

The provider reviewed and updated their complaints procedure in 2016. We saw that the procedure referred people to the local government ombudsman and the Care Quality Commission if they were not satisfied with the outcome of their complaint. We also saw that when the provider received a complaint, the registered manager logged the details, carried out an investigation in line with their procedures and sent a response to the complainant. People using the service and their relatives told us they knew about the complaints procedure and said they felt confident the provider would respond if they raised concerns. Their comments included, "There is a procedure for complaints but we have never used it," "No complaints, I'd speak to [the registered manager] if I had any," "No complaints but I'd just ring the office" and "No

complaints, there were very minor things at the start but they were all sorted out."

A local authority commissioner commented, "We had found evidence of concerns that were reported to the agency. However these were not always evidenced and we advised them to ensure the complaints procedure was initiated, noting all concerns along with lessons learnt." During this inspection we found that the provider dealt with any complaints in line with their procedures.

Is the service well-led?

Our findings

People using the service and their relatives told us they felt the service was well managed. Their comments included, "It is so well run. The manager is a lovely person and always has time for you," "I can speak with the carer directly but the manager and office staff are all very helpful" and "The manager and the office staff are all lovely, it runs like clockwork."

A local authority commissioner told us, "Thames Home Care is one of our approved providers and my experience of working with them has been positive. I would say generally Thames Homecare are proactive and responsive, the office staff are also polite and helpful." A second local authority commissioner told us, "We commission work with Thames Homecare on a regular basis. We currently have no issues with them." A third local authority commissioner commented, "With regards to communication there is always a rapid response and they return calls immediately. Communication is effective, messages sent are returned back with updates even when the coordinators are out in the field completing home visits. Staff are trained in making safeguarding referrals and making care package reviews and there is clear person centred care and a good knowledge of the person's needs."

On their website the provider stated, "Our aim is to deliver care which improves the lives of our service users and treating them, and their families, with respect, dignity and compassion. We believe that our service should not only be in line with the Care Act 2014, but should deliver excellence and enable people to live their lives safely and well." Care workers told us the provider expected high standards of care and people we spoke with and their relatives said they received high quality care and their care workers treated them with respect.

The service had a registered manager who was experienced and skilled to run the service. The registered manager was a qualified social worker and also held a masters degree in strategic management and leadership and an advanced diploma in leading care services.

People using the service, their relatives and care workers told us the registered manager was approachable and supportive. Their comments included, "[Registered manager] is very supportive, you can ask him anything and if he doesn't know, he will find out," "[registered manager] has been very supportive. It hasn't been easy but we are confident my [family member] is getting the best care possible" and "The manager has been a great help. He really cares about people and has done a lot to help us and our [family member]."

Throughout the inspection the registered manager spoke passionately about the importance of providing high quality care and striving for continual improvement. For example, they had introduced weekly management team meetings to discuss all aspects of the service and the findings of these meetings were fed back to care workers and other staff at monthly team meetings. They had also supported the development of an in-house computer system for monitoring quality in the service.

The registered manager told us they kept up to date with best practice guidance and changes in legislation by reading social care journals and websites, attending Skills for Care workshops and attending provider

and registered manager forums the local authority arranged. They had also completed 'train the trainer' courses to enable them to support staff with medicines management and safeguarding.

Care workers were highly motivated and proud of the service. They told us they felt valued by the provider who asked for and responded to their views on the care and support they provided for people using the service. They told us, "I'm very happy with [the provider]. I really enjoy the work I do and the training is very good," "We are well supported. The [registered manager] asks what we think and really listens. I am very happy with my work and the office support," "Our managers really want to know what we think about the job and how we could do it better" and "I feel supported by senior staff and managers. This is the best company I've worked for."

The provider supported staff by offering regular supervision and an annual appraisal. We saw records of these in the staff files we checked and saw the provider gave care workers the opportunity to discuss aspects of their work and any training needs. The provider also encouraged care workers to suggest how they could improve the service they offered to people. The provider held regular team meetings and to make it easier for staff, they hired local facilities for these meetings and training courses so care workers did not have to travel to the provider's office in Ealing.

Five members of the company's office staff were completing a NVQ Level 5 in leadership and management. Other staff were also completing NVQ qualifications, including 18 care workers who had completed a level 2 qualification in health and social care and 19 who had completed the level 3 qualification.

People using the service, their relatives and care workers received regular satisfaction surveys. We saw that people commented positively on the care and support they received and care workers felt they received good training, a thorough induction to the service and they were supported to take into account people's diversity, culture and support needs. Supervisors also made regular phone calls to people using the service to make sure they were happy with their care and support. They also carried out regular spot checks on care workers to make sure they followed the company's policies and procedures and delivered care in line with people's care plans. We saw records of phone calls to people and spot checks on care workers in the records we reviewed during the inspection.

The provider had systems in place to monitor quality in the service and identify areas for improvement. They had developed their own computer systems that enabled office staff to record changes in people's care packages. Office staff told us this had improved communication with people and their care workers and improved the invoicing system. They had also introduced a daily report system where staff logged any calls, concerns or enquiries on the system. Staff told us this meant they did not lose track of individual issues in a busy office environment. The registered manager said the improved recording systems had enabled them to improve their service by minimising risks, complaints and safeguarding concerns.

The provider had also developed a system for monitoring staff recruitment, training, supervision and appraisals. Managers and supervisors could see what information was needed during the recruitment process, what training care workers needed to complete and the number of supervisions sessions or appraisals each supervisor needed to complete each month. The provider had also expanded the system to include a client tracking system that showed supervisors what work needed to be completed for each person. The system was colour coded so that supervisors were able to prioritise their work to make sure they managed medicines safely and reviewed people's care plans and risk assessments regularly.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required by law to

send to the Care Quality Commission.