

Olympus Care Services Limited

Daventry/South

Northamptonshire START

Inspection report

55 Brackley Road
Towcester
Northamptonshire
NN12 6DH

Date of inspection visit:
01 March 2016
02 March 2016

Date of publication:
25 April 2016

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 inspection took place on 01 and 02 March 2016 and was announced.

This was the first comprehensive inspection carried out at Daventry/South Northants START since the service was last inspected on 09 October 2013, where they were assessed as meeting all the regulations.

The Daventry/South Northants START service is a re-ablement service for people to manage independently at home following discharge from hospital. It provides short-term intensive support for people to work towards independence. This service is provided for a maximum of six weeks. There were 28 people using this service when we visited.

The service had 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual and any potential risks to people had been identified. We saw that risk management plans had been completed to enable them to live as safely and independently as possible. There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. People told us they met staff before they worked with them.

People had their medicines managed safely, and received their medicines in a way they chose and preferred. The registered manager and staff had given much consideration about how they could support and encourage people to manage their medicines independently and safely.

Staff were well trained and aspects of training were used regularly when planning care and supporting people with their care and support needs. People told us and records confirmed that all of the staff received regular training in mandatory subjects. In addition, we saw that specialist training specific to the needs of people using the service had been completed. This had provided staff with the knowledge and skills to meet people's needs in an effective and individualised way. People told us they were mainly responsible for their own food provision. However if they required support then this was provided. People who received this support said they received meals of their choice and they said their food was varied. People could be supported to attend appointments with various health and social care professionals if required.

The staff team were passionate about providing a service that placed people and their families at the very heart of their care. We found a progressive, extremely caring and highly positive atmosphere throughout the service and within the delivery of care provided by staff. People and their relatives were placed firmly at the

heart of the re-ablement pathway. All aspects of people's care; recovery and re-ablement needs were focused on them, their personal goals and their re-ablement goals. Without exception, people and relatives praised the staff for their caring, compassionate and professional approach. Everyone we spoke with said that staff went over and beyond what was expected of them and they were like family. Staff were exceptional in enabling people to become independent and re-gain lost skills.

People received care that was responsive to their needs and centred on them as individuals. Their needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care. People were able to express their opinions and views and were encouraged and supported to have their voice heard. Staff listened and respected people's views about the way they wanted their care and support to be delivered. Staff were passionate about their work and driven by a desire to provide high quality care. They were flexible and adaptable, ensuring that people participated in their own care and achieved their full potential. The service had an effective complaints procedure in place and we saw appropriate systems for responding to any complaints the service received. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

There was an extremely positive culture within the service, the registered manager provided strong leadership and led by example. They had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about their role and how they cared for people. Individualised care was central to the philosophy of the service and staff demonstrated they understood and practiced this by talking to us about how they met people's care and support needs. They spoke with commitment and were passionate when they talked about people they supported.

Staff attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were welcomed, and used to drive improvements and make positive changes for people. Quality monitoring systems and processes were used robustly to make positive changes, drive future improvement and identify where action needed to be taken. All staff, irrespective of their role, wanted standards of care to remain high and so used the outcome of audit checks and quality questionnaires to enable them to provide excellent quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm and felt safe living within the service. Staff were able to recognise signs of potential abuse and knew how to report any concerns they had.

Risk assessments were in place, which meant that people benefitted from an approach which enabled them to take positive risks. Staff supported people in a way that minimised risks to their health and safety.

Staff were recruited using a robust process. They were sufficient in numbers, skill mix and experience, so as to support people to remain safe.

Suitable arrangements were in place for the safe administration, recording and disposal of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received a robust induction, on-going training and regular supervision sessions to support them to develop their skills and knowledge to enable them to perform their duties effectively.

Where required, staff supported people to eat and drink and to maintain a balanced diet.

If needed staff supported people to access healthcare services.

Is the service caring?

Good ●

People told us that the staff were exemplary in how they treated people. Without exception, people and relatives praised the staff for their kindness and compassion.

Staff were intuitive and were able to anticipate what people wanted and responded appropriately to them with warmth and professionalism. .

Staff were passionate about providing people with care and support that was based on mutual respect and equality. People and relatives told us they were involved in making decisions about their care and were always listened to by the service. They said the service was excellent at making sure they had been involved in determining the care they needed.

The service has a strong, visible person centred culture and staff performed duties that were over and beyond their role.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences. .

People were supported by staff that knew them well and were passionate about improving people's independence and quality of life.

People's views were actively and regularly sought, listened to and used to drive improvement in the service. Complaints and concerns were listened to, taken seriously and addressed appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided very strong leadership and led by example.

There were effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The vision and values of the service were imaginative and person-centred and these made sure people were at the heart of the service.

The service promoted an open culture, was person centred, inclusive and transparent.

Daventry/South Northamptonshire START

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 01 and 02 March 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available to facilitate our inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with the local authority that commissioned the service to obtain their views about the service.

We spoke with three people who used the service over the telephone, in order to gain their views about the quality of the service provided. We also spoke with three relatives over the telephone and met face to face with eight staff members to determine their views of service delivery. Staff we spoke with included the registered manager, two supervisors, one re-ablement support worker and four support workers.

We looked at five people's care records to see if their records were accurate and reflected their re-ablement needs. We reviewed five staff recruitment files, two weeks of staff duty rotas, staff training records and further records relating to the management of the service, including quality audits and health and safety checks.

Start this section with the following sentence:

Is the service safe?

Our findings

People told us they felt safe and comfortable in the company of staff. Without exception, people who used the service and their relatives were complimentary and positive about the staff that supported them. One person told us, "You're as safe as houses with the carers. They know exactly what they are doing and always make sure you're safe." Another person commented, "I feel very safe. They have helped me improve and I've gained a lot of confidence. I have never felt unsafe or vulnerable with the staff." A relative said, "Without a doubt they know how to provide help and support as safely as possible. It has given me peace of mind. I'm a lot more relaxed now knowing [name of person] is safely cared for."

People were protected by staff who knew how to recognise signs of possible abuse. . All of the staff we spoke with could clearly explain how they would recognise and report abuse. Staff said they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the manager would listen and take action. One staff member told us, "I wouldn't hesitate to report any concerns I had." Another member of staff commented, "I know I would be listened to and any concerns I had about a person's safety would be dealt with straight away. I'm confident of that."

Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing their records. One staff member said, "The safeguarding training we have is very good. It's always good to refresh your training every year." Another told us, "As a team we are all aware of safeguarding and it is discussed on a regular basis. We always have training to update us on any changes." The registered manager was able to demonstrate a good understanding of their responsibility to report allegations to the local authority and to notify the Care Quality Commission (CQC) of these.

We saw the service had a safeguarding and whistleblowing policy in place to guide staff. There were also safeguarding posters displayed in the service, which included telephone numbers of external agencies who staff could contact if they did not feel able to report incidents internally. We saw evidence that potential safeguarding incidents were raised with the local safeguarding team and recommendations made had been acted on.

There were risk management plans in place to protect and promote people's safety. One person told us, "They discussed the risks assessments with us before they started my care." A relative informed us, "I was involved with the risk documents. They asked my opinion which I thought was good."

Staff were able to explain to us how risk assessments were used to promote people's safety. For example, one member of staff told us that when she visited one person she observed an overloaded electrical socket. They said they completed a full assessment of the risks straight away, discussed it with the person using the service and made appropriate changes so that it was safe. They told us, "It's good that the carers are able to write risk assessments. It means being able to assess if people are safe and if there're not we can act straight away."

Staff told us that people were involved with the development of their risk assessments and we were able to

confirm this by looking at people's risk management plans. These outlined key areas of risk, such as falls, medication and manual handling as well as any other areas of potential risk specific to each individual. They included information on what action staff should take to promote people's safety and also ensured that people's independence, rights and lifestyle choices were respected. We saw that risk assessments were up to date and reviewed as people's re-ablement needs changed.

Recruitment procedures were in place to ensure only suitable staff were employed by the service. The registered manager told us that staff would only be allowed to commence employment following receipt of all relevant documentation. We saw that prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out which included Disclosure and Barring Scheme (DBS) checks, health clearance, proof of identity documents including the right to work in the UK and two references. Staff files demonstrated that staff members had been safely recruited and that appropriate steps carried out, to ensure staff were of suitable character to work with vulnerable people.

There were sufficient numbers of staff available to keep people safe and people were positive in their comments about the numbers of staff to provide their care. One person said, "They always turn up on time and although I might not always see the same people, they do have the time to spend with me." Another person commented, "What I like is that we are introduced to the carers before they start. That's a good way to start your care." The service had a stable staff team, most of whom had worked for the service for many years.

Staff confirmed they had a manageable workload and did not feel under pressure. One told us, "There are no worries about being short of staff or having to rush people's care. We have enough time and enough staff to meet people's needs. If we needed to stay longer it would not be an issue." A second member of staff said, "We are able to stay and do what we need to, to give people the time to become more independent."

We looked at rotas and saw that the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff, which ensured people were looked after by staff who knew them. Staffing levels had been organised for each person dependent on their assessed need. Support plans clearly described how these staffing levels were organised and the support required by each person concerned.

There were systems in place to ensure that medicines were administered safely. People told us they received their medicines as prescribed. One person said, "My carer takes the tablets out of the container and reminds me to take them. It's one of my goals to self-medicate. We are working on that." A relative said, "[Name of person] has help with all his tablets. The staff are very good at getting him to do as much as he can on his own. Now they only need to prompt [name of person] a little bit."

Staff told us they had received training in the safe handling and administration of medicines; and their knowledge and skills were regularly updated. One staff member told us, "We try to enable people to take their own medicines and become independent. We try to think outside the box. If we are supporting people to become independent with their medicines we assess how much they can do for themselves and how much support they need. We then plan the best way to support the person to become independent."

The service had policies and procedures in place to manage people's medicines when they were not able to. We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been completed in line with best practice guidelines. There were risk assessments in people's support plans that recorded the level of support each person required to take their medicines safely. Care records had

information about people's medicines and times of administration and dosage. We found all staff administering medication had completed training, which we verified by looking at training records.

Is the service effective?

Our findings

People using the service felt that staff had the appropriate knowledge and skills to provide them with effective care and support. One person told us, "They carry out my care with expertise. They are very experienced." Another person explained, "I need help with a few things and the staff know the right way to care for me. I would be lost without them." A relative said, "They are very professional. They know how to manage [name of person] care properly and that means I can relax and not worry."

Staff told us they were well supported and explained that when they first started working at the service they completed an induction. They also told us they were able to shadow more experienced staff until they felt confident in their role. One member of staff told us, "All new staff have an induction and shadow a more experienced staff member." Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. From our discussions with staff and from looking at records we found all staff received a range of appropriate training applicable to their role and the people they were supporting. This gave them the necessary knowledge and skills to look after people properly.

We looked at the training matrix, which showed staff had access to training such as: health and safety, first aid, medication, food hygiene and safeguarding. In addition, staff had undertaken specialist training such as dementia care, Parkinson's and promoting independence and life skills. We spoke with two care supervisors who told us they had completed an Institute of Leadership and Management (ILM) course. They explained that this consisted of six modules and covered areas such as how you manage people and reflective practice. They told us, "The course was fantastic. I learned such a lot from it and it's made me more confident."

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance. We looked at staff records that confirmed this. A staff member told us that supervision was used to help identify any shortfalls in staff practice and identify the need for any additional training and support in a timely manner. They said, "We usually have our supervision every four to six weeks. I could ask for further supervision if I felt I needed it." Another member of staff informed us, "We discuss a different regulation every month. We try to relate our policies to the regulations." They continued to say, "Supervisions and the support that staff receive is outstanding."

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. The application procedure for this in domiciliary care service is called Court of Protection.

People's consent was sought by staff. They told us that staff always asked permission from them before they carried out any task or personal care. One person said, "The carers always discuss things with me. They will always ask if it's okay to do something first before they start."

Staff told us they always gained people's consent before assisting them and demonstrated an understanding of the Mental Capacity Act. One member of staff told us, "The person I support can consent to things and they would definitely let me know if they don't want to do anything." Another staff member commented, "I will always gain people's consent before assisting them. I always tell them what I am going to do. So I might say, I am going to help you stand, is that okay with you?"

If required people were supported with eating and drinking to maintain a balanced diet. One person said, "I have help to prepare my own meals. I am able to choose what I eat and I get good support to do that." Another person told us, "I don't have too much of an appetite but they are very good at coaxing me to eat a little more." A relative commented, "They always make sure [name of person] gets a choice and is involved. It's so important to [name of person] to have some control."

Staff told us that some people's family members supported them with their meals. One staff member said, "If I have to support people with their meals I always involve them and ask them to choose what they would like to eat." The registered manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. We found people had access to the Speech and Language Therapist (SALT) and the dietician via their GP.

In each care plan we looked at we saw detailed guidance about the support people required in respect of food, drink and nutrition, which included the level of supervision required when cooking or using the oven. For example, we saw in one person's file that they had difficulty in swallowing. Records demonstrated that they had seen a dietician and their advice had been incorporated into the persons care plan. We also saw that people's dietary likes, dislikes and preferences had been recorded to ensure they received the meals they enjoyed.

People were supported to access health services in the community. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support them if needed and staff would liaise with health and social care professionals involved in their care if their health or re-ablement needs changed. One staff member commented, "There is good information in the care plans. We have contact details of health professionals if we need them."

Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had attended appointments with health professionals such as their GP, dentist, optician and dietician.

Is the service caring?

Our findings

People were very happy with the care and support they received. One person told us, "Oh the staff are lovely. There is one special carer and we don't stop laughing from the minute she gets here to the minutes she leaves. I'm going to miss them when my care package has finished." Another person said, "I can't say anything better than they are perfect. They always make you laugh and I look forward to seeing them. People we spoke with felt that staff supported them in a way which enabled them to progress and become as independent as possible. One person commented, "I have come on in leaps and bounds since they have been looking after me."

Relatives were very satisfied and pleased with how staff cared for their family members. One relative said, "When [name of person] came out of hospital I was so worried because he couldn't do a lot for himself. Now he's like a different person. He's made so much improvement and it's all down to the carers." Another relative said about the service, "Staff are very professional, they know what to do to motivate [name of person]." Another family member commented, "The carers work hard to make [name of person] feel cared for."

Staff told us they worked hard to help motivate people as part of their re-ablement programme. They said they worked with people and their families to re-gain their independence within a variety of areas, to give people a sense of value, self-worth and satisfaction. One staff member said, "I have complete faith in the staff team. So much so I would be happy for a relation of mine to use the service." Another staff member commented, "It's lovely to see people progress and see them gain their independence back." A third member of staff told us, "Our goals are about re-ablement and making people independent." They told us about a person who had been in hospital for four months and had lost some independent living skills. They said, "He can now make his own lunch. He has got his confidence back, It's wonderful to see."

The registered manager felt they had the right staff team in place to support people and their re-ablement needs. They commented, "The staff team are brilliant. They all work together, support each other and would do anything for the people they care for. They definitely go above and beyond to give that extra mile."

One of the staff members was nominated for a Carer Of the Year award last year for the extra mile she goes for people. An example of her kindness and caring is summed up as follows. Staff were providing personal care to a younger adult who, as a result of their condition suffered from incontinence. They had limited bedding and staff were struggling to launder and dry sheets at the pace required. The staff member went home during her shift and provided the person with an extra supply of sheets from her own linen cupboard. We were told that this same staff member also personally bought mince pies and chocolates and other goodies for another person they were providing care for. They wanted to make sure his Christmas day was special.

The registered manager told us about one person whose condition had taken away their ability to speak English. They had previously been bi-lingual but could now only communicate in Italian. Using Google Translate the service had made numerous flashcards displaying pertinent Italian words and phrases and we

were told that communication has now greatly improved. The registered manager said there is now a greater understanding between the person using the service and the staff.

Staff told us that working with the same people helped them to build up relationships and get to know people as individuals and not someone who was just part of the service. One staff member told us, "We become like friends. You get to know if something isn't right without having to ask." Another member of staff explained, "When you work closely with someone you create a bond. That helps to make the support we provide better and more suited to the person. You get to know what works and what doesn't. It's got to be better than having strangers coming through your front door all the time."

We saw a compliments note from a person who had received a care package from the service. It read, 'To all the ladies who came to help us. Your kindness, gentleness and general care was second to none. You have given me the confidence to keep going and picked me up with your friendship when I have fallen.'

We spoke with people about how they were encouraged to be independent when receiving care and support. One person receiving support told us, "I am encouraged to do as much for myself as possible. If I'm feeling a little lethargic they give me a boost, a laugh and then I'm back on track." Another person told us, "Sometimes I feel that I can't be bothered. When the carers come they cheer me up and motivate me to do things. If it wasn't for their perseverance I don't know where I'd be now." A relative commented, "The carers always encourage [person's name] to do things for themselves. They do it in such a way that it's not patronising but encouraging." This meant that staff supported people to remain independent, and pursue their own lifestyle choices to ensure their diverse needs were met.

People confirmed they felt involved in making decisions about their care and support on a day to day basis. They told us that staff encouraged them to express their views about their care and to inform them about how they would like their care to be delivered. One person told us, "We talk about what I need, what's working well and what's not every time the carers come. We can change it at any time. It's very flexible." Another person said, "Without a doubt I'm in charge of my own care. I say what I need and the carers respect that." A relative commented, "I have been involved in [name of person] care, right from the beginning up to now. That's been very important to both of us. It's our lives and we need to get it right for us." This demonstrated that people were involved in their care and had the information and confidence to make their own decisions about what was right for them.

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "When we do the initial assessment we obviously have reablement goals, but people have their own personal goals that they want to achieve. So we always ask right at the beginning, 'What do you want to achieve?' and sometimes it's just something small, like making a sandwich. Sometimes it's something more personal."

We looked at people's records and saw evidence to show people were involved in decision making processes and their preferences were clearly recorded.

People felt assured that information about them was treated confidentially and respected by staff. One person said, "The staff are very professional. They never gossip." Another person said, "We don't have time to talk about anyone else. We are busy having a laugh and a chat. I know they won't talk about me to other people, because they never discuss other people in front of me."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "All the staff are aware of

confidentiality. We are always very careful to be discreet and we don't discuss people's care, not even on the phone if someone else is close by." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff understood how to support people with dignity and they respected them. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. People told us they had been involved in determining the care they needed and had been consulted at every stage. One person explained, "I am treated like an adult. I'm always asked for my opinion and I have never felt belittled. Another person informed us, "I feel like I have some degree of control over my life because I'm taken seriously and respected by the carers.". A relative told us they were confident that the staff promoted their relative's privacy. They said, "[Name of person] is treated with respect at all times. My [name of person] prefers to be called by his title, Mr... The carers always do this." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "We don't rush people; we always keep peoples embarrassment to the minimum. I find that with some people it's good to chat and its stops them thinking about being embarrassed." Another staff member told us, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants."

The manager confirmed that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. This was done though on task supervision where staff are observed providing care to people. Senior staff observe if the care provided is carried out with respect and ensures people's privacy and dignity is maintained. This is only undertaken with the full consent of the person receiving the care.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. Everyone we spoke with said that when their care was being planned at the start of the service, staff from the service visited them in their homes and spent time with them to fully identify their re-ablement needs and future wishes. People told us they were asked about their preferences, what care they wanted/needed and how they wanted their care to be delivered. One person told us, "It all happened so smoothly. Staff came to my house. We sat and chatted. They definitely were interested in what was important to me." A relative commented, "When [name of person] started with the agency they came and spoke with both of us. We were both asked what we would like from the service. I felt very encouraged."

People told us they felt the staff took them seriously and if they needed to change or adapt their care they felt they only had to make a phone call. One person commented, "If I needed to change anything, or if I wasn't happy about something I could say and the carers would sort it out for me." Another person said, "I've been involved with my care. As my needs change I find the carers are looking at different ways to help me improve and make me more independent."

The registered manager explained to us that people had an initial assessment before a care package was commenced. They said that care packages were usually provided to people following a crisis and usually lasted for six weeks. If a person was assessed as needing further care after the six week period the service would support them to access other care services.

People received personalised care that was responsive to their individual needs and preferences. We saw that re-ablement plans were in place for every person that was receiving support. It listed what was important to the person and how their support needed to be delivered. They were person centred with a focus on people's care, treatment and re-ablement needs. People's wishes, preferences, and their likes and dislikes were also recorded. We saw clear evidence that people's care and support was planned with them and not for them. One person told us, "I have read my plan. I know what's in it and I have agreed with it."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their re-ablement and support needs. One member of staff told us, "What we do well is making sure that people are at the centre of their care. Re-ablement is our goal and it's all about making people more independent."

People told us they knew how to make a complaint. "One person said, "I have never had a need to complain but I would if there were problems." Another person commented, "Communication is very good. I don't think there would ever be a need to make a complaint."

The manager confirmed that people were issued with a copy of the service's complaints procedure when they started to receive care. She said, "Any complaints made would be fully investigated and used as a learning experience to improve on the quality of the care provided." We saw there were effective systems in place to ensure all complaints were investigated in line with provider's complaints procedure.

People told us that the service encouraged them to provide feedback about the care they received. At the end of each care package people were asked to complete a satisfaction questionnaire. We looked at these questionnaires and found that people had been positive about their experiences and many had told how much improvement they had made since they started to receive care and support from the service.

Is the service well-led?

Our findings

People were very positive about the care they received. One said, "It's top notch. It's thanks to the agency that I'm still able to live in my own home." Another person commented, "It's flexible and very well organised. It has always been arranged to suit me, my needs and what I want." People felt they were included in the development of their care package and their views were valued. One person commented, "At every visit they ask me if there is anything I want to change and I honestly feel that they really want what's best for me."

There was a registered manager in post and management had been stable. The staffing structure in place made sure there were clear lines of accountability and responsibility. Staff were very positive about the service and the registered manager. They felt they were well trained and were committed to the care and development of the people the service supported. We looked at the service training and development strategy. We saw that staff completed a comprehensive induction programme and staff development was a high priority for the service. Staff told us they were proud to be part of the organisation, they said they were very well supported and felt valued. One staff member said, "The manager is very trustworthy. She explains things to you and we all respect her." Another member of staff told us, "We nominated the manager for the 'manager of the year' award in September 2015 and she won. It was well deserved." A third staff member commented, "I aspire to be like her. I feel she will guide me to progress in my career. She really is the best manager you could have and that's why she won the 'manager of the year' award."

We spoke to the registered manager about the award they had received. They were modest about the nomination but did provide us with the collective nomination statement that was sent by her team.

'Her positivity and commitment to [name of the provider] is recognised throughout our team. This has a massive impact on our day to day working lives. Her knowledge of [providers] policies and procedures appears effortless; she has a passion to ensure that [name of provider] grows and thrives. [Name of registered manager] clearly directs our team; she projects an expectation of excellence. She always seems to be thinking three steps ahead and at times manages to avoid problems before they arise! [Name of registered manager] treats our team with respect which ultimately earns her the greatest of respect. She praises where due and let's be honest, we all enjoy being recognised for our actions! She is a fantastic role model; she has great integrity. She ensures that her employees know clearly where they need to focus and delegates accordingly. She never ducks away from conflict and deals with it directly and fairly. She is open minded and has a flexible approach. She has a fantastic sense of humour and listens to staff.....a lot! She is quietly confident with humble intentions.'

The registered manager explained that she encouraged and motivated staff to develop in their career and to take on new challenges. For example she informed us that supervisors are encouraged not to shy away from problem solving and decision making. She informed us that recently, two supervisors played an integral role in resolving conflict and tension between two carers. They liaised with one another, after individually talking with the staff members involved and they agreed a plan of action to resolve the situation.

There was a clear relationship between people and the staff that cared for them, as well as with the

registered manager and senior staff. This meant that communication between people, staff and the service was effective and concerns or issues were quickly identified and rectified. Staff felt that the registered manager was supportive of them and this ensured good team working. One member of staff told us, "You couldn't want for more support," A second staff member said, "We have a lot of staff who have worked here for a long time. We have the best team and we work to support each other." Other comments included, "We are a solid network. We are all passionate about our work." "This team is fabulous. Its lovely to work here." "We are a tight team." "It's an honest and open team and the manager is the best you will get." "The best thing about working here is the team."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns. I know, through experience, that any concerns I raise would be taken seriously and dealt with quickly." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The registered manager was an excellent role model who actively sought and acted on the views of people and staff. When we spoke with the registered manager she had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. She commented, "As a senior team we see the importance in providing staff with an understanding of the legislation that underpins the work we do. To this end, as an example, supervisors discuss the relevant individual Regulations of the Care Act with staff by giving an over view at their supervision."

Through our discussions with staff we found they were passionate, enthusiastic and dedicated to their work. Staff demonstrated a good understanding of the values and ethos of the service and described how these were put into practice. They said the registered manager led by example and encouraged them to make suggestions about how the service could be improved for people. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with professionally and sensitively.

We looked at the minutes from team meetings and saw actions had been set and then followed up at the next meeting with any progress that had been made. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information. The service had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

Information was used to aid learning and drive improvement across the service. We saw incident forms had been completed in good detail and included a form for staff to consider any learning or practice issues. Accident and incident records were analysed to look for any trends developing and where preventative action needed to be taken. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.

The registered manager continued to explore ways of improving and developing the service. They said they wanted to provide a safe, effective, caring, responsive and well-led service. The service had actively sought and acted upon the views of people using the service. Most care packages last on average six weeks. At the end of the package people are asked to complete a satisfaction questionnaire and staff had regular one to one discussions with people to seek feedback.

As well as seeking feedback from people and their relatives the registered manager assessed and assured the quality of the service through a number of regular audits and other checks. They said senior staff undertook 'on task' supervision. This entailed senior staff observing staff working with people in their homes. As part of this check they also audited care plans, medication records and risk assessments. One staff member told us, "You don't know they are coming until they arrive. They also talk with the person you have been supporting to see what they think of you." There were systems in place to check people's care records on a regular basis to ensure they were accurate and up to date. There were effective quality assurance systems in place to monitor the standards of the service and care provided. Learning from incidents, feedback, complaints and concerns had been used to help drive continuous improvement across the service.