Serenity Care East Anglia Limited

Administrative Offices

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 28 July 2016, with telephone calls to people using the agency on 1, 2 and 4 August 2016. It was announced.

The service provides support with personal care to people living in their own homes. It also provides some social support and help with domestic tasks if this is needed as part of the care package. At the time of our inspection, the service was providing support to approximately 120 people.

There was a registered manager in post who was also the provider's nominated representative. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received a service that was safe. Where people needed support with their medicines, staff were trained and assessed to ensure they were competent to assist people safely. There had been problems with ensuring people were supported by sufficient staff. However, improvements were in progress to ensure that staff were able to meet people's needs safely. Staff were recruited in a way that contributed towards protecting people from the employment of staff who were not suitable to work in care. They were aware of their obligations to report any concerns that people were at risk of harm or abuse and of the need to work in a safe way.

People received support from staff who were trained and competent to meet their needs. People felt that their regular care staff understood how to support them properly. Staff recognised the importance of seeking consent from people before they began to deliver care. Training was available to support them to understand people's rights to make decisions about their care and what to do if people were not able to understand the implications of their choices.

Staff understood the importance of making sure that people had enough to eat and access to drinks where this was a part of people's care packages. Where people did not need support with this, staff were aware that they needed to ensure people had drinks in particular in easy reach. Staff were aware of the importance of reporting any concerns about people's health so that they could receive medical advice promptly if it was needed.

People were involved in discussions about their care and staff were aware of people's individual needs and preferences. People had developed warm and caring relationships with their regular staff team, who supported them with respect for their privacy, dignity and independence. People's care was reviewed regularly with them to ensure that staff always understood their current needs and the support they needed to offer to people.

There was room to improve people's confidence in the way that they could raise complaints and concerns and that improvements made in response to complaints would be sustained. However, the management team was aware of common threads in the issues people raised through either complaints or questionnaires and the need to ensure they had good communication with people using the service or their relatives.

People using and working in the service were empowered to express their views about the service. The management team reviewed people's suggestions to see what improvements they needed to make and devoted resources to ensuring these happened. They were open with us about areas of difficulty and their plans to ensure that improvements were made.

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.

Staff understood the importance of reporting concerns that people were at risk of harm or abuse.

People's safety was taken into account in the way that staff delivered care.

Staffing levels had been improved to ensure there were enough staff to support people safely. Recruitment processes contributed to protecting people from staff who were unsuitable to work in care.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were trained and supported to meet people's needs competently.

Staff understood the importance of seeking people's consent before delivering care and asking for advice if they had concerns people did not understand the care that they needed.

Staff would make sure people had access to food and drink, if this was needed as part of their care packages.

People felt staff would support them to seek medical advice if it was necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring. They had built up good and warm relationships with their regular care staff.

People were encouraged to make choices and decisions about

their care and support.

Staff understood how to promote and respect people's privacy, dignity and independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always confident that improvements would be made in response to a complaint or clear about what they could expect if they made one. People were not always confident that improvements to address their complaints would be sustained.

Staff delivered care that took into account people's needs, preferences and what was important to them.

Is the service well-led?

Good

The service was well-led.

The views of people using and working in the service were taken into account and resources devoted to making changes where necessary.

The management team were clear about where further improvements needed to be made in the way the quality of the service was developed.

Administrative Offices

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.

The inspection took place on 28 July 2016, with telephone calls to people using the service on 1, 2 and 4 August 2016. It was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out by one inspector with support from an expert-by-experience to assist with telephone calls. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or manager must tell us about by law. We sought feedback from the local authority's quality assurance team and two commissioners of services. We only received feedback from the quality assurance team.

During our inspection of the office, we spoke with the registered manager and office manager. We spoke with the staff member who completed assessments, reviews and competency assessments for staff. We interviewed two care coordinators and three members of care staff. We reviewed care plans, reviews and assessments for four people using the service and a sample of computer records. We looked at four staff files and examined a sample of other records associated with the quality and safety of the service.

We sent questionnaires to 50 people who used the service and their relatives, and 47 staff members. We received responses from 28 people who used the service and three of their family members. We also received responses from 13 staff members. We analysed the information these surveys contained to help in our evaluation of the service. We wrote to 25 other people who used the service to seek their permission to

interview them by telephone, 15 of whom agreed to speak with us when we called. Others were not available, did not accept withheld numbers for incoming calls, or did not wish to participate.

Good

Is the service safe?

Our findings

People told us that they felt safe with the staff. One person told us, "Yes, I feel safe with them all." Another commented, "They're all nice." All of the people who completed questionnaires for us confirmed that they felt safe from abuse and harm from the care staff. Their relatives agreed that this was the case.

Staff confirmed that they had training to enable them to recognise and respond to suspicions that someone was at risk of harm or abuse. They were clear about their obligations to report concerns. One staff member told us that they would contact the police about these if they felt unable to contact the office staff for any reason.

The office manager confirmed that three staff had completed additional training in the management of safeguarding concerns, provided by the local authority. They showed us how they had improved the way that they recorded concerns and contact with the local authority safeguarding team. This enabled the agency's management team to monitor progress and make decisions when, and if, they needed to start their own investigations. This confirmed what the provider said in their PIR.

The care records we reviewed contained assessments of risks to people. There was guidance for staff about minimising these and working in a safe way. We found that people's plans of care included assessments of risks identified for them as individuals and for staff in respect of working with people in their own homes. These showed staff how to manage and minimise risks.

Assessments included risks associated with the way staff needed to assist people with their mobility. The information was clear about the precautions staff needed to take. Where two staff were needed to assist, the respective roles of each staff member were clearly explained to ensure people were supported safely. Records also showed when people's own equipment for assisting them with mobility was last tested, to make sure it remained safe to use.

One person needed a relative to assist with part of their care because they needed support from three others to move safely. There was guidance about this within the person's care records, the role of staff and the expected role of their family member. They told us they understood that staff had to ensure they worked in a safe way and sometimes this meant staff, "…can't do certain things but they do explain the reasons why and I do understand." Another person who needed staff to use equipment to help them move told us that they had no concerns about their safety and the way staff supported them.

Recruitment processes contributed to protecting people from abuse and risk of harm. We spoke with two recently recruited staff members. They gave us a clear account of the checks made to ensure they were suitable to work in care. Interview notes for prospective staff showed that the management team checked the awareness of applicants about people's rights to be free from abuse. This confirmed what the provider told us in their Provider Information Return (PIR).

We confirmed that the management team completed the required checks, from staff records. They took up

references and obtained full histories for prospective staff. However, we found a potential anomaly in the dates of one staff member's previous employments, which were not properly explored with them. The registered manager acknowledged the need to pay more attention to this in future.

The registered manager obtained enhanced disclosures of potential criminal records to ensure staff were suitable to work in care. The management team had introduced a process for assessing and recording risks if the disclosures revealed historical concerns that did not necessarily make applicants unsuitable for care work.

We found that the management team had made changes to ensure there were enough staff to support people safely. Feedback from the local authority's quality assurance team indicated that there had been difficulties providing cover in one area and the management team had withdrawn from this. People using the service, or their family members, had raised staffing difficulties with the Care Quality Commission during 2015 but had not expressed concerns to us since then.

Longer standing staff members acknowledged that there had been some staffing difficulties. For example, one staff member commented in their survey for us that, "Due to inadequate number of staff, the company has not taken on any extra clients over the past few months which is positive but a reactive response." A staff member we spoke with told us how they felt that the management team was monitoring staff sickness more effectively and this had reduced some of the problems covering shifts.

People appreciated that sometimes care staff were unavoidably delayed. One person told us that there were occasional issues with time keeping but they did not see this as a problem. Only three of the 28 people who completed surveys for us felt that staff did not always arrive on time. All but two people said in their surveys that staff stayed for the expected duration of the visit and completed everything they needed to do.

People spoken with did not need assistance from staff to manage their medicines. However, we found that staff administered people's medicines safely when necessary. The management team took prompt action where there were concerns about this.

Staff confirmed that they received training in the administration of medicines. Their ability to manage these safely was included in spot checks on their competence. A member of the office staff showed us how they managed and recorded these checks. We noted that, where there was a medication error, there was appropriate follow up with the staff member concerned to refresh training and assess their competence. Staff were aware of the provider's intentions to have a staff member who would act as a 'medicines champion' to increase monitoring in this area. Staff told us that the management team raised medicines administration and recording at staff meetings if there were problems. Meeting minutes confirmed this.

Good

Is the service effective?

Our findings

People were supported by staff who had the training and supervision they needed to carry out their roles competently. Only one person completing a questionnaire for us felt that staff were not always well trained. Everyone else said that they felt staff were competent to meet their needs. Three relatives who completed surveys for us agreed that staff had the right skills and knowledge to support their family member. People spoken with confirmed that this was the case. One person told us, "Yes. They are trained. I've no complaints at all." Another person said us that some less experienced staff may miss minor details but responded appropriately when the person pointed these out.

We received conflicting views about the quality of induction training in surveys completed by staff. One of the staff completing a survey for us said that they did not feel their induction had equipped them properly for their role. However, the remaining 12 staff felt that their training was appropriate and those spoken with told us that they had access to good training opportunities. We found that the agency had their own facilities and trainers for delivering this.

We noted that one staff member whose records we reviewed had not completed induction workbooks in a timely manner. The registered manager explained why this was and agreed that they needed to chase these more promptly to agree a programme with staff concerned. However, we noted that the staff member had completed a range of training delivered by the agency's trainers.

Staff spoken with told us that they had good access to training opportunities. One staff member told us there was, "…good, solid training." They felt that they could ask for refresher training if they were unsure of anything. Staff members said that their training was updated regularly. They said this included training in first aid, assisting people with mobility and protecting people from abuse. One staff member described how they had opportunities to work towards further qualifications in care. They said they had the opportunity to complete distance learning in dementia care. They confirmed that there were plans to involve some staff as 'champions' to support others in particular areas of care and were hoping to become a dementia champion. Staff were aware of these developments and this confirmed what the provider had told us in the Provider Information Return (PIR) sent to us before our inspection.

Staff confirmed that they had opportunities to complete 'shadowing' shifts with more experienced colleagues so that they understood people's care needs and how to support them effectively. They also told us that their competency and performance was assessed from time to time, to ensure they were delivering appropriate care. We confirmed this from staff records.

A long-standing staff member said that they did not have much formal supervision but did have regular opportunities to speak with members of the management team. Some very new staff were not fully aware of the arrangements for supervision and appraisal they could expect to receive. Supervision is needed to discuss staff performance and development or training needs. However, those spoken with said that they felt well supported by the management team and could seek advice when they needed to. Twelve of the thirteen staff who completed surveys for us felt they received regular supervision and appraisal to enhance

their skills. During our inspection visit, two staff attended the office for supervision with a more senior member of the staff team.

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

People told us that staff checked things out with them and obtained their consent to deliver care. One staff member completing a survey for us felt that they did not have enough training to understand their responsibilities under the MCA. We found that some very new staff had not yet completed formal training in the MCA but they were aware this was available. All of those spoken with were able to identify the importance of seeking people's permission to deliver care and respecting their decisions. They recognised that they could not coerce people into accepting support and were normally successful in persuading and explaining to people about the assistance they needed. They said, if they had any concerns about a person's capacity to make a decision about their care, they would seek advice from the management team.

One new staff member explained to us how they worked with others who knew the person well, such as family members, to gauge people's capacity to understand the care they needed. A new staff member completing shadowing shifts told us how staff sought people's consent for them to observe care before they entered people's homes.

Staff told us that issues about consent were discussed in staff meetings so that they were aware of the importance of acting in people's best interests. We found from meeting minutes that there had been recent discussions about people's rights and freedoms and the principles of the law governing these.

People we spoke with told us that staff were not expected to assist them with eating and drinking as part of their care packages. However, they said that care staff always offered and asked if they wanted anything. One person told us, "They make me a drink of coffee in the morning and always ask if I want something." Another commented that they could get their own drinks but staff, "…always check if I want anything." Staff had access to training in food safety so that, if they needed to prepare meals, they knew how to do this.

People using the service told us that they were confident staff would seek medical advice for them in an emergency if this was appropriate. Staff explained that they would contact people's family members if someone was unwell and would also alert office or on-call staff if it was appropriate. They were not normally expected to liaise directly with health professionals on people's behalf.

Discussions with staff and review of records showed that staff did respond to advice from health professionals, for example the occupational therapist, district nurse or palliative care nurse. A staff member responsible for dealing with new referrals for the service told us how they very often made joint visits with social workers and occupational therapists to look at people's support needs.

Good

Is the service caring?

Our findings

A quarter of the people who completed our surveys and two out of three relatives, said people were not always told about new staff before they started providing support. One person commented further in their survey for us, "When carers are changed at short notice, little or no communication is received. My visit sheet sometimes states that no carer is allocated. No communication is given about who will be visiting me, before they arrive." Other people spoken to expressed anxiety about this, where their duty rosters showed no carer was allocated. Some people told us they felt this meant that no one would be coming and they worried about it.

We discussed with the office manager that alternative wording might offer more reassurance, while the management team arranged cover. We also discussed how the new care coordinators role could improve direct communication and involvement with people. Two people spoken with did recognise that there were improvements in the continuity of care they received and identified these as taking place within the last six months.

People's regular care staff had built up positive and caring relationships with them. People completing surveys for us all agreed that staff were caring and kind. Surveys completed by relatives also confirmed this was the case. All of the surveys completed showed that people and their relatives were happy with the care and support they received. One person wrote in their response, "The service I receive is second to none, I really look forward to my care worker coming, they are very kind, helpful and help both of us however they can."

People spoken with told us that they generally received support from regular carers, particularly during the week. They spoke well of their regular members of staff and the relationships they had built up. One person said, "I'm quite happy with the way things are going. They are top class." Another person told us that staff were, "…a lovely bunch. Nothing's too much trouble. I'm extremely happy with things." One person commented, "They're lovely and I'm very pleased."

One person explained that they had raised concerns because they did not get on well with a particular staff member. They said that the staff member had only worked one shift with them and that the office staff had rearranged things immediately so that they no longer received support from that member of the team.

Another person told us that they had contacted the agency about their care arrangements. They told us that, since then, if ever there was a need to change their duty roster, they were always informed. However, this was not the experience of others. People said that office staff did not always tell them if there was a change and there were sometimes problems and weekends.

People were involved in making decisions about their care and support. Only one of the 28 people who completed surveys for us did not feel that they were involved in decisions about their care. The remainder said that they were. However, some were unsure whether the agency would involve other people they chose to support them in decisions about their care. We followed this up with people spoken to, who confirmed

that they felt they had been involved. For example, one person told us how they were involved in decisions and, "They also make sure they include my family." People said they had signed their care plans as far as they could remember. We noted, from the samples we checked, that this was the case. The staff member responsible for reviews recorded people's involvement and their views about their care when they visited.

The management team gave us an example of how they had assisted with respecting one person's wishes to move from their own home at the end of their life. They told us how they had assisted with arranging a hospice placement.

Staff treated people with respect for their dignity and privacy and their independence was encouraged. People spoken with told us how they felt this was the case. One person said, "They [staff] are all very polite and respectful." Another described staff as always using their preferred name. A third person explained how staff always knocked on the door to check they were ready for staff to come in. Surveys from people and their relatives all expressed the view that staff treated them with dignity and respect.

All of the people who completed surveys for us agreed that the support and care they received helped them to be as independent at they could be. People spoken with also confirmed that this was the case. One person said, "Yes. They help me with the things I need help with, not the things I can do myself."

Requires Improvement

Is the service responsive?

Our findings

There was room to improve people's confidence in the way that the agency staff would deal with complaints and people's awareness about how to complain. We received conflicting views in both our surveys and telephone calls about people's confidence in raising concerns with the agency office.

People spoken with told us they knew how to contact the service if they had concerns or complaints. However, not everyone completing surveys for us was sure how to make a complaint, what to expect or whether complaining resulted in improvements.

The majority of people completing surveys for us felt that their allocated care staff dealt with concerns or complaints appropriately. However, just over one fifth of the surveys showed people did not feel that the agency's office staff always dealt well with concerns. A relative commented that they were largely happy with support for their family member. However, they also expressed specific concerns about the way the agency staff addressed complaints. They told us how they had raised complaints about care for their family member but, despite reassurances from the management team, concerns remained and had been repeated.

The majority of people we spoke with told us they were confident that their concerns were addressed. One person told us, "I have complete confidence in them." Three of the people spoken with said that they felt concerns about their care had been resolved satisfactorily. However, another felt that they had not been listened to or received an appropriate response. Comments received in both our surveys and telephone calls, reflected that concern for support at weekends was a consistent theme. People said they felt that communication between them and office staff about this could be better. A staff member had also expressed concern in their survey about poor communication between office staff. They felt this needed to improve so that information was consistently passed on and dealt with appropriately.

The management team had introduced a computer 'tracking system' for managing complaints. This showed timescales for responding so that they could ensure problems were dealt with in a timely way. We also noted from discussion with the registered manager and office manager, that they had recently strengthened the senior staff team. They had appointed new care coordinators who were still getting to know the people who used the service. Once established, this should contribute to improving communication, with a more senior member of staff responsible for a specific geographical area. Changes in the office staff team and systems for handling complaints needed to consolidate to contribute to increasing people's confidence in raising them.

People received care that took into account their individual needs and preferences. Before people started to use the service, their needs were assessed. The staff member responsible told us how this always involved a face-to-face meeting with the person before they started to use the service. They said this enabled them to identify what support people required and their preferred daily routines.

People told us that they felt staff understood their needs and preferences. One person told us, "They know

what I like and how I like things." Another commented that, "Yes, I feel involved and they always explain things." One person described how they were always able to discuss things with their regular carers. A person said, "I've got regular carers and they've got to know what I like and how."

A person using the service told us, "We have regular reviews to check things out." Staff spoken with told us that they were confident, if they identified that someone's needs had changed, the management team would arrange to review the person's care plan.

Two senior members of staff were identified to us as responsible for completing reviews and updates of care plans. Those checked were largely up to date to ensure they reflected people's current needs. The management team gave us an example of how a person's needs had changed and additional equipment was required. They said that initially, the person could not have this delivered to their home because there was not room. Staff had offered to go to the person's home and arranged with them to move furniture so that they were able to meet the person's changed needs.

We noted that there were occasional inconsistencies between records when they were reviewed. For example, one person had an 'interim procedure' introduced into their care records in March 2016, while staff waited for a specific piece of equipment. Although the detailed care plan showed what was required, the person's daily routine did not reflect these interim arrangements. However, staff told us that they felt care plans contained enough information for them to understand what was required at each person's visit. Two staff spoken with gave us detailed information about the support they offered to people they visited regularly. This was consistent with information contained within people's detailed plans of care.

Support with recreational or social activities was part of a few people's care packages. One person using the service told us, "One day a week my carer will take me out to somewhere of my choosing." Staff understood about people's preferences and interests and told us how there were separate arrangements to support some people with these. The management team told us how they arranged additional social activities for people that were beyond people's contracted packages. They aimed to arrange one annual outing and hoped to increase this to two in 2017. They explained how a lot of people had shown interest in the proposed trip on the Norfolk Broads organised for this summer.

Good

Is the service well-led?

Our findings

People using and working in the service were empowered to express their views about the quality of the service they received. They received feedback showing how the agency would respond to their views and suggestions as far as practicable.

The Provider Information Return (PIR) told us that the agency sent questionnaires to staff for their views. The staff we spoke with confirmed that this happened and that they could respond anonymously if they wished. The management team consulted with staff at the same time as they sent questionnaires to people using the service. They reported that there was a poor response rate to staff questionnaires so they had not been able to analyse the findings. We noted that they had discussed this at staff meetings as an opportunity for the staff team to express their views.

The surveys people completed for us showed that they all knew whom to contact in the agency if they needed to. A few people were not able to recall whether they had been asked for their views about the service that they received. However, we could see from records of reviews about people's care plans, and from spot checks on staff, that they were asked what they thought about the service.

People spoken with confirmed this. Everyone indicated that they had regular review meetings and these provided opportunities for them to express their views about their experiences of the care provided. They said there were opportunities to complete questionnaires. One person told us how they received a report of the findings of the questionnaires.

The agency's quality assurance report for March 2016 showed that more than half of the people using the agency at that time had responded to the questionnaires the agency sent to them. The office manager showed us how they analysed the information and reflected people's specific comments. The overwhelming majority of responses were positive. We could see that, where people were not satisfied, the management team took action to make improvements.

The improvements planned or made took account of people's views and the findings of the management team's internal audits. The office manager provided us with information showing that the small number of adverse comments from people related to the continuity of care. They also identified the need to improve communication, particularly if care staff were running late. This was consistent with what we found at inspection and people's concerns about their rosters for calls.

The office manager wrote to people in June 2016, with their findings, to show what they had done in response to people's suggestions. The letter also extended an invitation to a "coffee morning focus group" planned in November 2016, where people could discuss their care and any further improvements.

People raised concerns with us about the quality and reliability of the service late in 2015. We had additional anonymous concerns brought to our attention early in 2016. These were primarily attributed to staffing levels, absences and lack of communication about duty rosters. We spoke with people about this to see

whether they felt things had improved. Two people commented specifically about the timing of improvements. For example, one person told us, "The service has got a lot better recently." Another person said confirmed that it, "… has improved in the last six months."

We noted that the management team completed and recorded audits on a regular basis. These included regular checks on care visits for samples of people who used the service. They showed whether staff had missed any visits, were late, or cut short their call, with the action taken to address and review any problems and risks.

The agency devoted resources to ensuring that they made improvements to the quality of the service. The management team recognised that there had been issues and their PIR was clear about the further improvements they intended to make in service quality.

The registered manager and office manager openly acknowledged in their PIR that there had been difficulties with continuity of care for people, which they were trying to improve. The agency had filled the last of the three care coordinators' posts just before our inspection. The registered manager and office manager were considering whether they could strengthen these roles across each coordinator's specific geographical area. This would enable more regular monitoring, for example of record keeping or medicines management, and more timely interventions to improve if necessary.

Staff confirmed that there were staff meetings to keep them up to date with developments in the service. We found that the most recent meeting was arranged in a way that gave staff more opportunity to attend. The same agenda was delivered over successive days during the week before our inspection and this was consistent with what the PIR told us. Staff confirmed that the agency paid them to attend staff meetings as well as training. The management team said that this had increased the numbers of staff taking up these opportunities.

The management team was able to show us how they monitored the conduct of staff and took action to address poor performance if it was needed. They had also introduced a system for monitoring and addressing staff absences. Staff spoken with recognised that absence was being better managed. They told us they felt that resources devoted to rewarding staff for good attendance had an impact on this. They felt that it was less of a problem covering shifts and ensuring that people received support from familiar staff whenever possible.

Staff were aware of planned developments within the service, including the introduction of 'champions' in a variety of areas. Staff said they were invited to express an interest in becoming one of these. This included opportunities to be a champion in dementia care, dignity, end of life care or medication. The management team had identified this as a potential means of improving practice across the staff team.

Staff spoken with were well motivated, enthusiastic and clear about their roles. The PIR told us about an, "Employee of the Month Award" to recognise staff contributions to delivering high quality care for people. We asked one staff member about this. They told us that they felt it was administered fairly, and that it was nice to be valued and appreciated. They also told us how, if a person using the agency made a compliment about staff, this was always passed on.