

Salopian Care Limited

Salopian Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on the 14 September 2016.

The service is registered to provide personal care to people within their own homes in the North Shropshire area. The office is located within the main shopping area in Market Drayton.

There was a registered manager in place. 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.

This service was last inspected in January 2014, when we did not identify any concerns with the care and support provided to people who used the service.

People and their relatives considered they or their loved ones were safe. They felt they and were attended to by staff that were professional, reliable and caring. caring.

People were safe as staff knew how to recognise different signs of abuse and what action to take if they had any concerns.

The provider ensured staff were safe to work with people who used the service. They obtained Disclosure and Barring Service (DBS) checks and suitable references for new staff.

The provider had suitable arrangements in place to ensure people's medicines were managed safely.

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. A risk and needs assessments was undertaken to assess any risk to people who used the service.

People told us that scheduled visits were rarely late and that they had never experienced a missed call. We found there were effective systems in place to schedule and pro-actively monitor visits. Managers were able to anticipate late calls and take appropriate action either to notify the person who used the service or make alternative arrangements in respect of staff attending.

The provider ensured staff had a full understanding of people's care needs and had the skills and knowledge to meet them. Training was comprehensive and effectively organised to meet the individual needs of staff.

People had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

People who used the service were treated with kindness and said their privacy and dignity was always

respected.

People's care and support was planned in full consultation with them. We found people received care and support, which was personalised to their wishes and responsive to their needs. Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

The provider had clear visions and values that were person-centred and that ensured people, including staff were at the heart of the service. People told us the service was responsive and well managed.

Staff were very highly motivated and proud of the service they worked in. Staff told us the service was well-led and that they felt valued by the provider, which had an open and transparent culture.

The provider undertook a comprehensive range of checks to monitor the quality of service delivery. We saw records relating to unannounced 'spots checks' and 'observations' of staff practice. These were undertaken to ensure staff remained competent to deliver services at a high standard.

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 knew what action they would take if they suspected any abuse and each confirmed they had received training in this subject.

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The provider had suitable arrangements in place to manage people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them. Training was comprehensive and effectively managed to meet the individual needs of staff.

The provider had links with other organisations to access training and guidance associated with best practice. The training manager being the 'service lead' on infection prevention and control, closely with the local Health Authority to ensure staff training reflected current best practice.

We found people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and their privacy and dignity was always respected.

People were actively involved in determining the care and support they received.

People considered that the provider actively promoted their

independence.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in full consultation with them. People received care and support, which was personalised to their wishes and responsive to their needs.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider had clear vision and values that were person-centred and that ensured people, including staff, were at the heart of the service.

Staff were very highly motivated and proud of the service they worked in. Staff told us the service was well-led and they felt valued by the provider, which had an open and transparent culture.

The provider undertook a comprehensive range of checks to monitor the quality of service delivery. The provider had clear arrangements in place to monitor, manage and improve staff practice.

Salopian Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection checked 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 14 September 2016 and was announced. We provided 48 hours notice of the inspection to ensure management were available at their Market Drayton office to facilitate our inspection. We also conducted telephone interviews with people who used the service, their relatives and staff on the 15 and 19 September 2016 to obtain their views of the services provided.

The inspection was carried out by an inspector from the Care Quality Commission and an expert by experience. 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, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We also 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. A statutory notification is information about important events, which the provider is required to send us by law. We also asked the local authority and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing support for 83 people who lived in the North Shropshire area. We spoke with 11 people who used the service and 10 relatives. We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records, medicine administration record (MAR) sheets, staff training, support and employment records, quality assurance audits, minutes from staff meetings and questionnaires that the service had sent to people.

The service employed 60 members of staff at the time of our visit. As part of the inspection, we spoke with the registered manager, deputy manager, human resources and recruitment managers, training manager, two care managers, one roster clerk, three supervisors and eight care assistants.

Is the service safe?

Our findings

We asked people who used the service and their relatives if they or their loved ones felt safe with the service and the staff who supported them. One person who used the service told us, "I think actually it's the whole way in which the agency is organised from the top to the bottom together with the professionalism of the staff, from the attentiveness of the supervisors to the caring attitude of the carers that makes me feel safe." Another person said "The fact that everything just works and that I've never had anything to worry about is of great relief to me. I get my rota, so I know who is coming, they turn up on time, do their jobs and then go and I can get on with a few things I still enjoy."

Other comments from relatives included, "I have confidence in what they do, they are superb and my relative is safe with them. They have added to the quality of my life, I don't worry as I know everything gets done for my relative." "Top marks, reliable and consistency with staff. Current carers have a very good relationship with my relative, but all are lovely." "My relative is very safe and knows a lot of the staff who care for her as they are local. The quality of care gives me reassurance that she is safe and we trust the staff, who respond very quickly to any issues."

We asked staff about their knowledge of safeguarding procedures and what action they would take if they had any concerns. Each member of staff we spoke with was able to describe what action they would take if they suspected any form of potential abuse and each confirmed they had received training. One member of staff told us, "If I had any safeguarding concerns relating to staff I would approach the care managers or even HR (Human Resources Manager). I'm confident they would deal with my concerns appropriately. If I had concerns about management, I'm aware I can contact outside agencies like the police and CQC (Care Quality Commission)." Another member of staff said "I have had training in safeguarding, we have been taught to record our concerns and report directly to the office. I'm confident they would deal with things properly."

Care managers and supervisors understood their responsibilities in reporting any concerns. We looked at training records that showed all staff had completed training in safeguarding both at an induction level and subsequently as refresher training.

We looked at a sample of 10 recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as driving licenses and passports. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. This meant staff were safe to work with and provide care to people who used the service.

We looked at how the service managed risk. We found individual risks had been completed for each person and recorded in their care file. A risk and needs assessment was undertaken to assess any risk to people and included information for staff about what action was required to minimise the potential of harm occurring. These included the home environment, mobility, transfers, falls and medication.

One member of staff told us, "We have a copy of the risks that exist for our clients and there is a copy in their folder. The main risks are around mobility. The risk assessment tells us what action we need to take." Another member of staff said "I think we are given good information about risks and we are taught to make sure we look for and identify potential risks, like not leaving a hot iron about. I have one service user and I always remove the hot water from the kettle after it has boiled and replace with cold water so that they won't inadvertently burn themselves." Other comments from staff included, "I'm aware of risks people face, for example I will remind people to use their walking frames or sticks. Check people for pressure sores when delivering personal care. I would always ensure hazards in people's homes are removed or reported to the office." We found that risk assessments were regularly reviewed and updated to meet people's changing needs.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. People told us there were plenty of staff on duty to meet their needs who were rarely late and that they had never experienced a missed call. One person who used the service told us, "It would be extremely rare for a carer of mine to arrive any more than 10 minutes late of her due time." Another person said "I can certainly think of only a couple of times in the last year when my carer has been any more than 10 minutes late arriving here."

Other comments included "I've never experienced the problem with the carer rushing off before her time was finished and I wouldn't expect anyone to even try from this agency." "On the rare occasion when my carer has finished all the jobs I need doing before the end of her visit time, she will then either make me a drink or she will do some tidying up for me in the kitchen. I have never noticed any of the carers trying to disappear before their time." "It really doesn't happen very often, but if my carer has got held up with a previous client, or she's got stuck in traffic, a lady from the office will always phone me and let me know what is happening. I never have to phone them." "My two carers are very reliable and they always arrive together and on time."

The deputy manager told us that staffing levels were determined by the number of people using the service and their needs, which was continuously reviewed. We found the service employed three roster clerks with the sole responsibility of scheduling calls and ensuring people's required visits were met. People who used the service and their relatives were provided with a rota each week detailing the agreed visit times and names of staff attending. Calls were actively managed by way of an electronic logging system by care managers. Care staff were able to log on and off when arriving and leaving people's homes by way of a free phone number, which enabled managers to monitor calls and detect potential delays. One care manager told us, "If staff are late we will always ring ahead and if excessively late we will find a replacement, which is normally as a result of an emergency." Care staff told us that there were enough staff employed by the service and calls were scheduled with their personal needs considered. One member of staff said "We have plenty of staff and visits are well organised. I'm never late or ever missed a call."

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. People had assessments completed with regard to the levels of support needed. We found there were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff had received training on administering medication safely and regular checks were undertaken by managers to ensure staff remained competent to administer medicines safely.

We found medication records were complete and accurate. However, medication administered by way of 'nomad packs' were not being fully recorded in line with guidance. A 'nomad pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to

the person's home. The pack has a peel off plastic lid that lists the contents and the time the medication should be administered. We spoke to the deputy manager and training manager about this matter, who took immediate steps to address this deficiency and to ensure that medicines were fully recorded when administered by staff.

Is the service effective?

Our findings

People we spoke with told us that care staff were well trained and competent in their role. Some people told us that care staff were always prepared to do extra to effectively meet their needs. One person who used the service told us, "I have to use a hoist these days. I can't say as I'm particularly fond of it, but I must admit, my carers make sure that I am well supported and happy before they even attempt to lift me. I think their training around the use of hoists is really good." Another person said "I have a sliding sheet, which makes it much easier for me to be moved in bed. I never feel uncomfortable and the carers all know how to use it properly." A third person said "I managed to cut myself really badly a while ago and because I am on medication it bled profusely. It was still bleeding when my carer arrived. She soon took control and had applied a pressure bandage to it, whilst cleaning up all the mess in the kitchen and making an appointment for me to urgently pop down to my doctor's surgery for a nurse to look at it."

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles and spoke with the dedicated training manager. We found training was comprehensive and effectively organised to meet the individual needs of staff, which ensured people received effective care and support.

All new staff completed an induction programme tailored to meet their previous experience of care and completed a period of probation. Staff told us they had completed an induction that helped to equip them with the knowledge required to support people in their own homes. They had received initial training before a period of shadowing other staff before being assessed to work independently. Training was then provided on an on-going basis and included safeguarding, infection control and prevention, food hygiene and nutrition, moving and handling, first aid and medication. New staff with no experience of care work were also required to complete and meet the required standards of the care certificate, before working independently. Most staff had either completed or were studying towards a National Vocational Qualification (NVQ) in care.

We found the provider had links with other organisations to access training and guidance associated with best practice. The training manager was also the 'service lead' on infection prevention and control and worked closely with the local Health Authority to ensure staff training reflected current best practice. During the inspection, we were informed by Shropshire Partners in Care (SPIC), that the provider was very proactive in accessing training for their staff via their organisation. We were also told that the provider regularly attended SPIC Provider Forums, which provided 'update' training sessions for staff. For example, they attended a recent session, for domiciliary care providers on oral-anticoagulants.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Regular supervision and appraisal enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff told us they received annual appraisals, regular supervision and spots checks, which we verified from staff personnel records.

One member of staff told us, "I had a lot of training such as moving and handling and medication before I

started work. I then shadowed more experienced staff for two to three weeks. I feel the training is well organised and I asked for more time during my induction, which they gave me. We have 'one to one' every three months, where we can discuss any concerns with clients, training and personal issues." A new member of staff said "I'm currently on probation. My induction and initial training took about two weeks to complete and then I shadowed for about four weeks. I had training in Health and Safety, moving and handling, food hygiene and have completed the care certificate standards. The training was well organised. I get regular one to one supervision and 'spot checks' from supervisors, so they know I'm doing the job." A third member of staff said "I think the training I have had prepared me to meet the needs of people I support and I know I could ask for further training if required."

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. There was no-one subject to a Deprivation of Liberty Safeguards (DoLS) at the time of our inspection.

Staff we spoke with were able to describe confidently the principles of the MCA legislation and were able to confirm they had received training, which we verified from training records. We asked staff how they ensured people who had difficulty with communication provided consent. One member of staff told us, "With consent I always ensure they agree, you get to know clients and know how they communicate." Another member of staff said "I always give people options and seek their consent before doing anything with them. I have one client who uses letter charts, which spell out words, or 'yes' or 'no' cards that help her communicate."

We looked at how people were supported to maintain good nutrition and hydration. We found that people's dietary requirements were assessed and appropriate care plans and risk assessment were in place. One person who used the service told us, "My carer always asks me what I would like to eat for my breakfast and never mind's making me cereal or something on toast. She will also make me a cup of tea and leave me some cold juice for the rest of the day." Another person said "For lunch, my carer will usually either makes me a sandwich or heats me some soup depending on what I feel like. She never mind's doing whatever it is I fancy and always encourages me to have a bit more." A relative also told us, "I popped in to see my relative the other day and felt compelled to phone the agency to praise the carer for the way she was looking after him. He has a condition and has to be helped to eat. She was being so patient, talking to him while he was chewing, and she was really taking her time to allow him to taste his food properly. It was lovely to see."

Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Staff told us that before they left the person's home, they would always ensure people had access snacks and drink. One member of staff said "When we go and prepare meals, I always leave sufficient drinks out for them. I also record what we have given them and how much they have eaten. I will always encourage them to eat and drink when I'm there." Another member of staff told us, "We have several clients who don't drink enough, so I encourage them whenever I'm there and leave cold drinks out for them when I leave."

People told us that they were supported to access health professionals to make sure they received effective treatment to meet their specific needs. We saw that when required, referrals had been made to relevant health professionals and guidance followed. One relative told us, "My relative was having problems once when his carer was here and it got so bad that she insisted on phoning for an ambulance. She stayed with him and made him comfortable and then phoned me so that I could meet the ambulance at the hospital

once it got there. It turned out that he was very ill and I'm really grateful to her for the care she took of him that day." Another relative said "They look after his interests in addition to the daily visits. They keep the family posted and make recommendations about his health needs. They monitor his urine and let the family know of potential infections and suggest GP appointments. They collect his prescription religiously and ensure he doesn't run out. They make sure the district nurses visit regularly and keep the place clean and tidy. These are additional to the agreed care package. They really take care very seriously and advise us if something needs to be done."

Is the service caring?

Our findings

Everyone that we spoke with, told us they were treated with kindness and compassion by the care staff who were professional, dedicated and willing to go the extra mile if needed. We found staff were motivated and passionate about making a difference to people's lives. One person who used the service told us, "They are all lovely, they are just like members of the family now and I don't know what I'd do without them." Another person said "They are so patient with me. I can't imagine what I would do without them." A third person said "I can be rather stuck in my ways, so the fact that I have just three or four regular carers means that they know me well and will put up with my little eccentricities. They are really like members of the family now." One relative told, us "They have matched staff so well with my relative. They are really good and friendly." Another relative commented, "Very warm and friendly. My relative loves them and they are a significant part of her day, which she looks forward to and they are all genuinely caring."

One member of staff told us, "I genuinely believe clients are put at the heart of everything we do and everything is done to make people safe and happy. We give them what they need and we are actively encouraged to do that. The service users always comes first."

People told us care staff respected their or their family member's dignity and privacy. One person told us, "My carer wouldn't dream of leaving me undressed, just sitting there while she sorted out in the bathroom. I will either wait in my dressing gown while she gets the bath ready or she will wrap my big towel around me." Other comments from people who used the service included, "My carer is much better at spotting whether I'm about to put on dirty clothing than I am these days and she won't hear of me wearing something that I've dropped some food or drink down the front of. It always goes in the laundry basket before I can say a word." "My carers will come straight in and pull the curtains before they start doing anything for me in the evenings. In the mornings the curtains are never opened until I am up and fully dressed."

We asked people and their relatives how the service promoted their independence. One person told us, "My family told me a while ago, that were it not for the fact that I have carers coming in every day then they would've been looking for somewhere like a residential home for me to move to by now." One relative said "My son has a condition. He is only relatively young and he is desperate to stay in his own home as long as he can. His carers make this possible." Another relative told us, "They have without doubt enabled my relative to live at home where he is happy. They allow him to have a quality of life that he just wasn't having at the home he was staying at. I feel grateful, they are just excellent. I highly recommend them."

We asked people whether they had the opportunity make choices about the care and support they received. People told us they were actively involved in determining the care and support they received. One person said "I was asked what time I wanted the carers to come and if I preferred male or female carers. I also know that if I ever have a carer that I don't really get on with, I can ask for her to be changed." Another person told us "I'm always asked by my carer which way round I would like to do things, such as if I'd like breakfast before my wash or just a cup of tea first."

Other comments from relatives included, "We are very involved in determining my relative's needs and are

always consulted and feel involved." "We have often discussed my relative's needs. They make suggestions to address any changing needs such as changes to visit times. I feel very involved in the care they get." "They consult us about any concerns and are always willing to support my relatives with appointments for example."

Is the service responsive?

Our findings

People told us they felt the service was responsive to their or their family member's needs. Comments included, "They are very responsive and always willing to help. If any concerns I will ring the office and they are very helpful. I really think they put themselves out to help you." "They are approachable and will respond to my relatives changing needs and are always happy to change visit times at short notice." "Their statement about putting people first is accurate and true and they very much work around what we need." "They are quick to respond to any concerns." "When my relative doesn't respond to my phone call, as I live away, they will even attend the home to make sure they are ok."

People's care and support was planned in full consultation with them. Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Support plans included information on people's medication, personal care needs, dietary and mobility requirements. Support plans were located at each person's home with duplicates held at the office together with electronic records. Initial assessments were undertaken to identify people's support needs and support plans were developed to meet each person's specific needs. These were reviewed annually or when changes were required.

One person told us, "My daughter and I first met the manager of the service before we started having care come in. The manager took us through the care plan and asked all sorts of questions about what it was I needed help with. She went away, wrote it up and sent a copy for me to consider and once I was happy I signed it and it's now in my folder. When a supervisor comes every couple of months we go through my care plan to see if anything needs changing." Another person said "My care plan sets out everything I need help with. I had a long chat with the manager before she went and wrote it up. The supervisor and I always look to see if anything needs changing when she visits me." One care manager told us, "My role is to set up a care package, which involves going out and doing an initial assessment. I ensure it is person centred. As part of the assessment I consider referrals to other agencies such as occupation therapists if equipment is required."

We found that care staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service. One member of staff told us, "When delivering personal care we are taught to monitor people's skin and report any concerns such as red patches immediately. If people go to church, which clashes with a home visit, I will always change to meet their wishes." Other comments from staff included, "I would say the vast majority of staff go out of their way to help people. You want to do the best for people and I've been out at four o'clock in the morning to help someone when I was on call. You have to want to do the best for people, otherwise you wouldn't do the job."

The registered manager provided an example, where they had been supporting a person with complex needs for a number of years and how they responded to a noted deterioration in their mobility. The registered manager had arranged GP appointments, supported by staff where referrals to an Orthopaedic hospital were made. As a result surgery was required for the individual concerned. The registered manager was able to source additional funding in order to support the person whilst in hospital and post operation.

recovery. The staff then followed exercise routines provided by physiotherapists to support recovery. The person's health had improved as a result resulting in them being more independent.

We found the provider had systems in place to routinely listen to people's experience, concerns and complaints. The provider had a complaints policy and procedures in place. This provided information about how people could inform staff if they were unhappy about any aspects of the service they received. One person who used the service told us, "Oh yes, I know there is a complaints leaflet in my folder and if needs be I would get my daughter to contact the manager of the service." Other comments included, "I know when we first sat down with a manager that we were told there was a leaflet explaining how to make a complaint, which is kept in my folder. However, whatever it says in there, I would wish to raise any issues I had with the supervisor that I see regularly to start with." "I've never needed to raise any concerns whatsoever." "I know it sounds untrue, but I really have never had any issues that I have had to raise with a manager or the like in the two and half years that they have been looking after me."

We looked at annual surveys that were sent out to people to comment on the quality of services delivered. The responses we looked were all very positive. The service undertook a number of spot checks and observations on staff. During this process, people who used the service were able to provide supervisors with any relevant information or concerns. Area supervisors completed customer satisfaction checks quarterly to ensure people's needs were being met. One person told us, "I suppose I see a supervisor every couple of months and if I needed anyone in between, I'd phone the office and ask to speak to someone." Another person said "I like how I see a supervisor so often, probably every 6 weeks or so and I can always phone the office if I want to speak about something in between."

Is the service well-led?

Our findings

We found that the provider had clear visions and values that were person-centred and that ensured people, including staff, were at the heart of the service. We asked people what they thought of how the service was led and managed. One relative told us, "They have contributed to my relative being independent and living at home, otherwise he would be in a home. The management are very responsive." Another relative said "Very responsive and helpful and I would recommend certainly. I do believe that they put people at the heart of everything they do." Other comments included, "Their statement about putting people first is accurate and true. I would certainly recommend the service and have done." "They provide a personal touch and my relative loves it." "Very pleased, there's lot of TLC (tender loving care)." "I would happily recommend them. I wouldn't be without them." "They have made such a difference to my life. I think they are all very dedicated from top to bottom and would definitely recommend them."

Staff we spoke with told us they felt well-led and valued and that the service was open and transparent. Comments from staff included, "The management are very supportive. They do listen to my view and welcome ideas." "I feel we have high standards here, staff will have their probation extended and are not signed off until they meet our standards." "The management are very open and support us with any problems." "I feel they are very friendly and approachable and I do feel valued." "I feel I have been very supported and valued by the company, both professionally and personally." "The management are excellent, very open culture here. The management and staff definitely try to put clients at the centre of what we do."

The service had a clear visible management structure in place, which also included dedicated training, human resources (HR) and finance managers in place. Both recruitment and training was well organised and comprehensive. There were effective systems in place to manage, monitor and schedule visits for people. The HR manager told us, "My aim is to make sure staff are supported and I pride myself on this fact. The company's motto is 'people first' and that includes staff. I ensure we recruit high calibre staff." The service recruited through social media and had 'open days' at job centres. Enhanced rates of pay were given to staff successfully obtaining an NQC qualification or diploma.

The service had established the 'Salopian Care Community Hub' in their main office, which was open to people who used the service and the general public during office hours. This provided a resource centre with consolidated links to community information such other organisations, daycentres, health and local authority departments. People also received a regular newsletter, which provided information on charitable events, recruitment and issues relating to seasonal safety.

We found that regular reviews of care plans and risk assessments were undertaken. The service undertook a comprehensive range of checks to monitor the quality service delivery. These included auditing of care files and medication records. A range of unannounced 'spots checks' and 'observations' of staff were undertaken to ensure they remained competent to deliver services. We looked at memos and minutes from both office and staff meetings, which covered issues affecting people who used the service, training and good practice.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.