Sarah's Carers LLP

# Sarah's Carers

## 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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults living in Oxfordshire and Suffolk. At the time of this announced inspection of 24 November 2017, there were 28 people who used the personal care service. We gave the service notice of our inspection to make sure that someone was available.

The location of Sarah's Carers was registered in January 2015 and this was their first inspection.

There was a registered manager in post, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were systems in place designed to reduce the risks of people being abused, such as providing support workers with training and guidance in the service's policies and procedures. Where incidents occurred these were learned from and used to drive improvement in the service.

People's care records provided guidance to care workers about how the risks in people's daily living were minimised.

There were enough staff to meet people's needs. There were robust recruitment systems in place.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were infection control processes and procedures in place to reduce the risks of cross infection.

People were cared for and supported by support workers who were trained and supported to meet their needs.

The service was working within the principles of the Mental Capacity Act 2005. People's consent was sought before any care was provided.

Where required, people were provided with the support they needed to meet their dietary needs.

People were supported to access health care professionals, where required, to maintain good health. The service worked well with other professionals involved in people's care to provide an effective and consistent service.

People were treated with respect by their support workers and they shared positive relationships. People

and relatives said that their care workers were respectful and caring. Care records guided support workers in how people's privacy, dignity and independence was promoted and respected. People were involved in making decisions about their care and support. People's views and preferences were central to how their care was planned for and delivered.

The service was responsive to people's needs. People received care and support which was assessed, planned and delivered to meet their specific needs. People were supported at the end of their life in a dignified and caring manner. The service kept up to date with new technology and introduced this to improve people's care provision.

There was a complaints procedure was in place. People's concerns and complaints were listened to and addressed.

There was an open and empowering culture in the service. People were asked for their views of the service and these were valued and acted on. There was a quality assurance system in place and shortfalls were addressed. As a result the quality of the service continued to improve.

## 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.

There were systems in place to reduce the risks to people and keep them safe from harm. Where incidents occurred the service used these to drive improvement.

There were sufficient numbers of care workers to meet people's care needs. Robust recruitment processes were in place.

Where people needed support to take their medicines this was done safely.

Infection control processes were in place to keep people safe from the risks of cross infection.

### Is the service effective?

Good

The service was effective.

People's care was holistically assessed, planned for and delivered. The service worked with other professionals to provide people with effective care.

People were cared for by care workers who were trained and supported to meet their needs.

Where people required support with their dietary needs, this was provided. People had access to health professionals, where required.

The service worked within the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good

The service was caring.

People were treated with respect and kindness. Care workers were very caring and compassionate in their interactions with people and how people's care records were written.

People were involved in making decisions about their care and these were respected. People's views were central to how their care was planned for and delivered.

## Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned and delivered to meet their needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

People were supported at the end of their life in a dignified and caring manner.

## Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and these were valued and used to drive improvement.

There was a quality assurance system in place. Where shortfalls were identified plans were in place to address them. As a result the quality of the service continued to improve.

The service kept up to date with new ways of working and introduced these to improve people's lives.

# Sarah's Carers

**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 announced comprehensive inspection was carried out by one inspector on 24 November 2017. We gave the service notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection site visit activity started on 24 November 2017 and ended on the same day. It included a visit to the office location and telephone calls to four people who used the service, the relatives of three people and one care worker. We visited the office location on 24 November 2017 to see the registered manager and a senior member of the care worker team; and to review three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of six care workers. The registered manager sent us some of the documents relating to the service electronically. These included medicines administration records, policies, and correspondence.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

Prior to our inspection we contacted the local authority contracts and provider support teams for feedback about the service. We received no information of concern.

We sent questionnaires to eight people using the service, eight relatives, 20 care workers and 14 to community professionals. This was to gain feedback about the service provided. We received completed questionnaires from six people, two relatives, 11 care workers and three community professionals. These questionnaires were complimentary about the service provided.

Good

# Is the service safe?

## Our findings

People spoken with told us that they felt safe using the service. One person said that they were, "Definitely," safe. All of the questionnaires we received from people said that they felt safe from the risk of abuse and or harm from their care workers. All of the questionnaires from relatives said that they felt that their relatives were safe from the risk of abuse.

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse including detailed policies and procedures. Care workers were provided with training in safeguarding people from abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. All of the questionnaires from care workers said that they knew what to do if they suspected a person was being abused or was at risk of harm. In addition, the care workers said that they felt that people were safe from the risk of abuse and or harm from the staff of the service. They also said that they felt confident reporting concerns or poor practice, known as whistleblowing, to their managers. One care worker in their questionnaire said, "I feel like the clients are well cared for and safe in our care."

Where concerns had been identified, the service had raised safeguarding referrals appropriately and acted on guidance to safeguard people. Where incidents had occurred the service learned from them and developed systems to reduce future risks. These had been used to improve the service, for example, case studies were created using similar examples which were used in the development and knowledge building of staff.

People's care records included information to guide care workers on how the risks in people's lives were assessed and minimised. These included risks associated with people's mobility, pressure ulcers, and risks that may arise in people's own homes. One person's relative told us about how they felt safe knowing that the care workers knew what to look for if a person was at risk of pressure ulcers, "It [service] is nurse led so I know that the carers know what to look for. Skin integrity, they are hot on that."

People and relatives told us that there had never been any missed visits and when care workers were running late they were told. One person said, "Only occasionally they [care workers] have been late but they have always let me know. It has never been a problem." Another person commented, "Always turn up. I get a weekly schedule and it is always as stated." People were provided with a weekly schedule of their care worker visits. This showed that people knew who was due to visit them and at what time. Records of compliments seen included a comment from a person, "Always on time and have never missed a visit."

All of the questionnaires received from people and relatives said that the care workers, in their care visits, always stayed for the agreed length of time. All of the questionnaires from care workers said that the time allowed for each visit meant that they were able to complete all of the care and support required by the person's care plan. They also said that their work and travel schedule meant that they were able to arrive on time and stay for the agreed length of time.

There were electronic systems in place which alerted the registered manager and senior team if care

workers were running late. Care workers checked in and out of visits using mobile telephones. This reduced the risk of missed visits and visits that were being completed later than the agreed 30 minutes delay. The management team were alerted if visits were 10 minutes late, this allowed them to check the whereabouts of the care workers and take action if needed.

There were systems in place to provide people with care workers to meet their assessed needs. The registered manager told us that the numbers of care workers required were calculated to ensure that people's care needs were met.

Records showed that the service's recruitment procedures were robust and systems were in place to check that staff were of good character and were suitable to care for the people who used the service. The registered manager told us how obtaining references from previous employers was sometimes challenging when their human resource policies only provided information that the care worker had worked there. They told us how they chased further information, for example by calling the previous employers and seeking character references, and checking if they had points on their driving licence.

The registered manager told us how they undertook their interview process which began with a call from the registered manager who told them about the company and the expectations of their role. If this telephone call showed that the care workers were still interested working for the service and the registered manager was satisfied that they had responded well, they were invited to face to face interviews and to complete personality tests. The registered manager told us that personality of care workers was important to ensure that they had the attributes to care for the people who used this service in a way that was reflective of their own vision and values. This showed that the way the service recruited staff was thorough and safe.

People told us that they were happy with the arrangements of the support they received with their medicines. One person said, "I have got a box [monitored dosage system] with my pills in, they [care workers] give them to me morning and night." One person's relative commented that the care workers, "Ensure [person] takes their medication, has a concoction of pills, they make sure [person] takes them. They [care workers] leave notes for us if there are every any problems. [Person] would not remember to take them on their own."

Systems were in place to provide people with their medicines safely, where required. Care workers were provided with training in medicines and competency checks were undertaken to check that they were supporting people with their medicines safely. People's records provided guidance to care workers on the level of support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Medicines audits were completed which showed that there were systems in place to identify any discrepancies quickly and take appropriate action to reduce any risks to people.

Care workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. One person's relative told us when the care workers had supported their relative in the preparation of meals, "The kitchen is always immaculately clean, spotless. They never leave dirty crockery, it is all washed up and put away."

There were systems in place to reduce the risks of cross infection including policies and providing care workers with personal protection equipment, such as disposable gloves and aprons. All of the questionnaires from people and relatives said that care workers did all they could to prevent and control infection, for example, by using gloves and aprons.

Good

# Is the service effective?

## Our findings

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The service used up to date technology, including care planning systems and logging in and out of care visits. The management and the care workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. This ensured that people received an effective and consistent service. All of the questionnaires from community professionals said that the service acted on any instructions they gave. They also said that the service cooperated with other services and shared relevant information when needed, for example if people's needs changed.

People told us that care workers had the skills and knowledge to meet their needs. One person told us, "They [care workers] know what to do, they just know how to go about my care." Another person commented, "I tell [registered manager] that I don't know how [they] do it. There is not one [care worker] who doesn't know what to do. They are all wonderful, I am telling you the truth." One person's relative said, "We are thoroughly happy with them. My [relative] likes their personality and competence, thoroughly nice bunch of people. They are very caring and competent with what they do." One care worker said, "The training is very good quality, I am fully updated."

All of the questionnaires from people, relatives and community professionals said that care workers had the skills and knowledge to meet people's needs. All of the questionnaires from care workers said that they got the training they needed to meet people's needs and preferences. One care worker in their questionnaire said, "I feel I have had the correct training and I know if I have any concerns or questions I can reach [registered manager] or one of the other team members straight away."

Records of compliments received by the service included a comment from a person, "It's apparent from the way in which they [care workers] approach their duties, a high level of training has been received which allows them to meet the clients individual needs exactly. It's very reassuring to me to know that I will receive a first class service and to confidently know that my needs will be met. Thank you again and hopefully our arrangement will continue indefinitely."

There were systems in place to ensure that staff were trained and supported to meet the needs of people using the service. Training included moving and handling, safeguarding, medicines and food hygiene. Care workers were provided with training in subjects on people's specific needs and conditions, such as dementia, Parkinson's disease and end of life. Care workers were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. There were a range of training methods used this included face to face training, e learning, Skills for Care training tools and reflective accounts. Care workers had personal development plans in place which identified the training they had completed and any further learning needs they had to improve the service.

Where care workers had raised questions to the management team about the care provided to people, the registered manager had completed guidance to ensure that the learning from queries was rolled out to all

care workers. This included guidance on the specific issues in health that people who were diabetic could face and the actions that care workers should take. Other subjects included catheter care and post-polio syndrome. These were made available on the service's electronic training and development system and care workers were required to sign these electronically to show that they had read and understood them.

Before care workers started working in the service they received an induction which included training such as moving and handling, health and safety, and safeguarding. Care workers completed the Care Certificate during their induction, this is an industry recognised set of induction standards that care workers should be working to. They also shadowed more experienced colleagues before they worked alone. This enabled them to meet with the people they were caring for and learn how their individual needs were met. The shadow shift comprised of the completion of competency checklists. The new care workers observed their colleagues, then when confident in this role, were assessed by the colleague they shadowed. For example, supporting people with mobility equipment. Feedback was gained from people using the service. This enabled care workers to develop their skills in a supportive way, whilst providing appropriate care for people.

Care workers were supported in their role and were provided with one to one supervisions. These provided care workers with the opportunity to discuss the way that they were working and to receive feedback on their work practice. In addition, feedback received from people using the service was discussed. This showed that the systems in place provided staff with the support and guidance that they needed to meet people's needs effectively and to identify any further training needs. One care worker in their questionnaire said, "I feel very well supported and work with a very professional team of colleagues." One care worker spoken with said, "I am definitely supported. I am always in touch with the office."

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough.

There were systems in place to provide information about people to other care settings, for example if people were admitted to hospital. This demonstrated that other professionals were provided with important information about people to ensure their needs were met consistently and effectively.

People were supported to maintain good health and have access to healthcare services. One person's relative told us how the person's care workers had identified an issue with the person's wellbeing. They said, "[Person] had a UTI [urinary tract infection] last year, they [care workers] were very good at mentioning it. Got the district nurse involved and advised us on what we should tell the GP, diagnosis and suspicions. They told me about the language to use, it really worked. It was impressive they are very engaged with patients [people using the service] far more than we anticipated." Another relative said, "They [care workers] were brilliant when [person] was poorly, called the ambulance, stayed with us until it came. If I am worried about anything they are calm and caring."

People's records identified the support that people required to maintain good health and the other professionals involved in their wellbeing. Records showed that where concerns in people's wellbeing were identified, relatives and health professionals were contacted with the consent of people, including their doctor, district nurse and occupational therapists. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

During our inspection we saw the registered manager speaking with a member of a purchasing organisation

regarding fees. This demonstrated that the registered manager worked well with other organisations involved in people's care.

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. Staff were provided with training in MCA and consent and there were policies and procedures in place which guided staff in the MCA principles. All of the questionnaires from care workers said that they had training in and understood their responsibilities under the MCA.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. Prior to us telephoning people, their consent was sought by the registered manager. One person told us, "They [care workers] always ask me what I want and how I need it."

Care records included information regarding people's capacity to make their own decisions and if they required assistance to make decisions about their care, such as those made in their best interests. Care workers were guided to seek people's consent throughout their care visits. There was guidance in place to show the support people may require if they had variable consent, if their abilities to make day to day decisions varied relating to their condition and wellbeing on the day.

Good

# Is the service caring?

## Our findings

People had positive and caring relationships with the care workers who cared for and supported them. People and relatives commented on the caring and compassionate attitude of all of the staff working in the service. One person said about their care workers, "I am very happy, they [care workers] are very good…Very nice [gender of care workers]." Another person commented, "Respect? Always. Same group of [care workers] about five or six, all very familiar, they are like friends really." Another person told us, "They [care workers] are caring and considerate, always respectful." Another person commented about how the caring attitude had changed their quality of life, "I used to mope about, not even open the curtains. I am much better now, [care workers] all come in we have a laugh and banter between us. I used to be in a bad place I am much happier now. It is all down to them [care workers]."

People's relatives told us about how the care workers were very caring with their relatives, which they were positive about. One person's relative commented, "[Person] did not want the care, thought [they] did not need it. It was a battle. But the barriers were broken down quickly, it was due to the calm competence of the carers. [Person] genuinely looks forward to seeing them, they [care workers] are respectfully happy." Another relative commented, "It is refreshing, they [care workers] never rush [person], have time to talk to us." Discussions with the registered manager and records showed that visits to people were planned so that care workers had enough time to spend with people, not only to meet their physical needs, but also importantly, their emotional needs. This demonstrated that people received a caring and compassionate service and that helped to make people feel as though they mattered.

All of the questionnaires from people and relatives said that the care workers were caring and kind. One person said in their questionnaire, "Carers are great." One relative said, "Sarah's Carers do a brilliant job, they are kind, caring professional and friendly."

Records of compliments received by the service included comments from relatives, "You are all so very patient with [person]," and, "You are all so caring in Sarah's Carers."

All of the questionnaires from people and care workers said that people were cared for by familiar and consistent care workers. All of the questionnaires from people said that they were always introduced to their care workers before they provided care.

People's care records, including the daily records which identified the care and support provided, were written in a very caring way. For example, comments in daily notes included, "Gently woke [person]," "All smiles and laughter," "Good spirits," and, "[Person]" had not brushed hair so did this."

People's care records included information for care workers throughout about how people's choices, privacy, dignity and independence should be promoted and respected. All of the questionnaires from people, relatives and care workers said that people were always treated with respect and dignity by the care workers. One person told us, "They [care workers] always respect my privacy, they just know what to do without me reminding them." People's independence was promoted and respected. We were given

examples of how staff encouraged people's independence. All of the questionnaires from people, relatives and care workers said that the care provided helped people to be as independent as they could be.

All of the staff spoken with spoke about people in a caring and compassionate manner and understood why it was important to respect people and their rights. One care worker said, "I love my job, always leave people happy. I love [registered manager's] philosophy, we get to know people, they are not just fed and watered, we talk to them. One day that is going to be me so I treat people how I would like to be treated. That's why I love my job."

The registered manager spoke about people in a compassionate and caring manner. They understood their responsibilities in ensuring that care workers were aware of the ways that they should support people in a caring way at all times. This included not burdening people with care worker's problems and ensuring the confidentiality of others, particularly when they worked in remote areas. For example, sharing information about where they were going next increased information to people about others that were receiving care by the service.

People told us that they felt that their views and comments were listened to and acted on. One person said, "They [care workers] always listen to me, my choices about what I want and how I want it done are respected." One person's relative commented, "We were all consulted about [person's] wants and needs." All of the questionnaires from people said that they were involved in decision making about their care and support needs. All of the questionnaires from relatives said, with their relative's consent, they were consulted as part of the decisions relating to their care.

People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for. Records showed that people had been involved in their care planning, including their likes and dislikes. The records demonstrated that people and their views and preferences were at the centre of the planning and delivery of care. People were encouraged to share their views about their care and these were valued and used to improve the person's care.

Good

# Is the service responsive?

## Our findings

People received personalised care which was responsive to their needs. One person said about the care and support they received, "I am extremely happy, I would recommend them. They [care workers] do everything I require, very professional, no faults at all." Another person commented, "I am over the moon, they [service and care workers] are fantastic." One person's relative said, "It is impressive, they [care workers] help [person] with the crossword." They also told us about how their relative was supported with their continence needs. Another relative said, "They [care workers] really understand [person's] needs. I know there is always someone there."

All of the questionnaires from people said that they were happy with the care they received from the service. One person said in their questionnaire, "Cannot fault the service." All of the questionnaires from relatives said that they were happy with the care and support that their relative received.

All of the questionnaires from people said that the care workers completed all of the tasks that they should during each visit.

Records of compliments received by the service included a comment from a person, "I feel that I should express my thanks and gratitude for the continued help that you provide for me. The care and support that each practitioner [care worker] provides is of the highest standard and always carried out in a very professional manner."

All of the questionnaires from care workers said that they were told about the needs, choices and preferences of the people they cared for. One care worker in their questionnaire said, "I feel confident with the information the [staff] give me on new clients and I usually call the office the day before I go just to get any information I may need so I can support the client the best way I can." Another commented, "Working with Sarah's Carers has been a refreshing change for me because I feel that the time we have for each client is long enough to complete quality care."

The registered manager shared with us examples of how the service responded to people's individual needs. This included one person who, due to their condition and anxiety, required care workers to be a specific way. To manage this, the registered manager and senior worker had undertaken a visit to this person. This was confirmed in a telephone call from a senior staff member who had been supporting a new care worker on shadow shifts to this person. The response from the person to the care worker had upset them. The registered manager and staff member took appropriate action to respond to the person's needs and support both them and the care worker. Discussions with the registered manager demonstrated how they met the person's diverse needs and took every action to respond to their specific requirements.

A person told us how the service was very flexible and responded to their needs. The person had recently required more hours for their care needs, "They upped the hours as soon as it was needed. I could not manage without them." They also talked about the support they had received following an accident which they valued.

People's care records were very person centred and included detailed care plans which provided care workers with guidance on people's assessed needs and how these were met. This included people's diverse needs, such as how they communicated, their conditions and how they affected their daily living, how they mobilised and the support that they required with behaviours that may be challenging to others. The care plans were tailored to meet people's specific needs and people's views about their care were central to how their care was assessed, planned for and delivered.

Records showed that where people's needs or preferences changed, their care records were reviewed and updated to ensure that care workers received the most up to date information about how to work with individuals. People's care plans were written in a positive way which focussed on people's abilities and future goals.

People's daily records included information to show what support they had been provided with each day and their wellbeing, including their mood and health. There was an electronic system in place for these to be completed and a system to flag up any concerns which was picked up by the registered manager and senior care team. This allowed care workers to monitor people's wellbeing and take action if there were any risks. For example, referring to the person's doctor, family or other professionals.

People knew how to make a complaint and felt that they were listened to. All of the questionnaires from people said that they knew how to make a complaint about the service. All of the questionnaires from people, relatives and community professionals said that the service's staff and management responded well to any complaints or concerns raised.

There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. There had been one concern received in the last twelve months. Records showed that this was investigated and the complainant was responded to and an apology was provided.

Where people were at the end of their life the service provided the care and support that they wanted. People's wished, such as if they wanted to be resuscitated, were included in their care records. Care workers were provided with end of life training.

The registered manager told us about how they had supported a person who received end of life care. They had worked with relatives and other professionals to support the person to have comfortable and dignified end of life care. We saw a compliment that the service received from a health professional which stated, "You made [person's] day shine brighter with the make-up you applied." Records of compliments seen included a comment from a person's relative, "Thank you for looking after my [relative]. I know it was all too short but you made a real difference; doing [person's] eyebrows was a master stroke and [person] clearly appreciated the massaging and moisturising." Another stated, "Thank you very much for the kindness and care shown to [person] in the last days of [their] life. Your help made life much more tolerable for both [person] and [their] family. Please thank the [care workers] that attended to [person]. They were all wonderful, kind, caring, compassionate." Discussions with the registered manager identified that the care workers did as much as they could to make people feel valued at the end of their life. This included ensuring that the person's preferences, such as the care they received in how they usually presented themselves, regarding their appearance, were continued.

Good

# Is the service well-led?

## Our findings

This location had been registered with the Care Quality Commission (CQC) under this provider in January 2016. There was a registered manager in post, who was also a director. The registered manager was supported in their role by senior staff who worked with care workers and people to ensure that good quality care was provided at all times. The registered manager told us the service was a small service and the way that they had grown was through word of mouth because of the good quality care provided.

All the questionnaires received from people, relatives, care workers and community professionals said that they would recommend the service to others. This included to members of their family. All of the questionnaires from community professionals said that they felt that the service was well managed.

All of the questionnaires from people and relatives said that they knew who to contact if they needed to. All of the questionnaires from people said that the information they received from the service was clear and easy to understand.

One person said in their questionnaire, "Extremely professional and well-run company." One person's relative commented about the high standard of care their relative received, "It is the standard [registered manager] sets, all [care workers] are a credit to [registered manager]. We are absolutely very happy customers, very very good supplier, I would unhesitantly recommend them. Top class service."

The service listened to and valued people's comments and used them to improve the service. People and their relatives were asked for their views of the service. This included in satisfaction questionnaires. These had been sent out to people in November 2017 and the service had started receiving these back. We saw some of the questionnaires that had been received and these were positive.

The registered manager told us about the plans they had in place to continually improve. There were plans to source an office in the local area which would then become the service's location. This was in the process of being refurbished. They had plans to change the company to a limited company.

A new electronic system was in the process of being rolled out. The registered manager was working with the supplying company to ensure that the system worked for the service. This included logging in and out of visits to people and developing the current paperless care planning system. There was already an electronic system in place but the registered manager had made a decision to use another system which was more tailored to their needs. This demonstrated that the registered manager and provider kept up to date with new technology and used these to improve the service they provided. The service had a service improvement plan in place which identified the improvements being made, including the systems we had been told about such as the new electronic care planning system. They had sourced workbooks from Skills for Care in how to provide good and outstanding care. This showed that the leadership in the service had plans in place to continually improve the service.

There were electronic systems in place to enable the service and its staff to communicate with each other.

This ensured that the registered manager and senior staff received 'live' information from care workers to take immediate action where required. In addition, care workers were provided with electronic information about how people's needs were assessed, planned for and met.

The systems in place for monitoring care visits to people were robust. An electronic system flagged up to senior staff if visits were late within 10 minutes. This allowed the management team to contact the care worker to find out their location and planned arrival time and then contact the person waiting for their visit, if this was going to be 30 minutes or more late, which was the time agreed with people. This reduced the risks of late and missed visits. In addition, this system allowed the registered manager and the senior team to monitor if care workers were staying with people for the agreed length of time.

The service had an open and empowering culture. One care worker in their questionnaire said, "Sarah's Carers is a lovely company to work for. Someone is always available to answer any questions we may have. We are also made to feel involved if we have ideas [registered manager] and everyone else will listen and take our ideas on board…I feel a very valued member of our team and all my views and concerns are always taken into consideration." Another commented, "There is always someone to ask if I ever need any advice or guidance and I never feel on my own…working for Sarah's Carers has made me feel job satisfaction in all areas." All of the questionnaires from care workers said that their managers were accessible and approachable and dealt effectively with any concerns they raised.

We saw correspondence between care workers and the management team, which identified when care workers had done a good job. As a result of care worker and people's comments care workers were awarded a Rose Award where they were given a rose pin to wear on their uniform or identification lanyard and a voucher. There was also correspondence for staff get-togethers to build relationships and recognise the remote working and possible isolation. This showed that care workers were valued.

All of the questionnaires from care workers said that there was a lone worker policy in place to keep them safe in their work.

The electronic system in place for staff training enabled the registered manager and senior staff to identify if care workers had completed the required training and read relevant publications and training materials. There were hyperlinks on the system where care workers were guided to policies, procedures and publications about subjects. The system in place identified when updated training was required. The way that training was delivered was effective and checked the care worker's understanding. This included for example, medicines training consisted of e learning, one to one training, on line assessment and work observations. This showed that the development of care workers was monitored and care workers were provided with up to date information and guidance about the ways that they worked.

The ways that the registered manager recruited care workers was to ensure that they had the personality and attributes to work within the vision and values of the service. The registered manager told us how they worked to ensure that care workers were provided with a great working environment and that teams had different qualities and skills to drive team improvement.

The service were piloting a new way of providing supervision to care workers. Senior staff had been provided with training in resilient supervision, which is a model of building resilience to workplace stress in health and social care professionals. This was due to be rolled out to the work force in 2018.

There were systems in place to empower staff. This included providing senior staff with training and the opportunity to complete qualifications in management. This encouraged leadership qualities in the staff

employed and the chance of progressing their career.

The service used a human resource company who provided guidance and support to the registered manager. An employee handbook had been developed which gave staff working for the service the information they needed relating to the terms and conditions of their role. The electronic human resource system in place allowed the registered manager to monitor leave and sickness. There was a system in place to identify patterns and trends of sickness, which enabled the registered manager to take action where required. This system also allowed individual care workers to log onto the systems and see their own leave and sickness history.

Care workers were observed by management in their usual work practice to check that they were working to the required standard and providing people with a good quality service. The service had a computerised system in place which assisted the service's management in monitoring that checks, supervision and training for support workers were up to date.

The management of the service worked to deliver good quality care to people. There were quality assurance systems in place which enabled the provider and management to identify and address shortfalls. These included audits and checks on medicines management, training, incidents and accidents, and care records. There were systems in place to identify if there were any patterns/trends to issues such as incidents and actions taken to address them, for example referring to the doctor. Where concern or questions from care workers had arose, the registered manager used these to drive improvement. For example, producing case studies for care workers to complete and discuss and guidance for care workers on subjects including people's diverse needs.

Documents including, policies and procedures incorporated publications and best practice guidance. For example the medicines policy referred to National Institute for Health and Care Excellence (NICE), United Homecare Association (UKHCA) and Royal Pharmaceutical Society.