

Sorg Limited

# Caremark Tunbridge Wells, Tonbridge and Malling

## Inspection report

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Date of inspection visit:  
13 September 2017  
18 September 2017

Date of publication:  
28 November 2017

## Ratings

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

# Summary of findings

## Overall summary

Caremark (Tunbridge Wells, Tonbridge and Malling) is a care agency that provides personal care, companionship and support to people living in their own homes. The service provides minimum 30 minute calls. The range of needs the service can meet includes the needs of older people, people with physical disabilities, people with mental health needs, people with a learning disability and people living with dementia.

There were 13 people using the service who were receiving personal care at the time of the inspection.

This inspection was carried out on 18 September 2017. This was the first inspection of this service since it was registered. We gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

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

The service was exceptionally caring and staff were passionate about delivering the caring values of the organisation. Staff knew the people they supported well and worked in small teams to ensure consistent support and to ensure that people always had a staff member they knew well. We found examples where the staff and the management team had gone beyond the agreed care plan to provide additional support to people to ensure people's comfort, safety and wellbeing. Support was often provided to people's relatives to ensure their emotional well being. The registered manager and staff had an excellent understanding of the needs of people living with dementia. They understood how to support people at times of confusion to meet their emotional needs. People and their relatives were complimentary about the caring nature of the staff and the compassionate values of the service.

People were supported sensitively at the end of their life. Staff treated people with compassion and worked closely with the hospice to enable them to have a comfortable, dignified and pain free death.

People told us they felt safe and well cared for using the service. People were protected from abuse and harm and risks to their welfare were assessed and minimised. Staff promoted people's independence and encouraged people to do as much as possible for themselves. People had effective care plans that ensured their health needs were met. They were supported to manage their medicines in a safe way. People were supported to have enough to eat and drink.

There were sufficient numbers of skilled and competent staff to meet people's needs. People and their relatives could be assured that staff were of good character and fit to carry out their duties because robust recruitment procedures were followed. Staff felt valued and supported by the management team. People

received effective care from skilled, knowledgeable staff. Staff were encouraged and supported to undertake qualifications relevant to their roles and for their personal development.

People received a responsive, flexible and person centred service. Their care and support was planned in partnership with them. People were asked for their consent before care was given and they were supported and enabled to make their own decisions. People's views about the quality and safety of the service they received were sought through a range of means. Feedback provided by people was consistently used to improve the service.

The service was well led. The vision and values of the service were person centred and made sure people were always at the heart of the service. We found that these values were effectively cascaded through the care team and this meant that people received a person centred service. There were effective systems for monitoring and improving the quality of the service.

## 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 how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. There was an appropriate system in place for the monitoring and management of accidents and incidents.

There was a sufficient number of staff to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

### Is the service caring?

Outstanding ☆

Staff were passionate about delivering the caring values of the organisation and ensured these were delivered. Staff had developed positive relationships with people and respected

them as individuals. Staff frequently went beyond the agreed care plan to deliver personalised care and to ensure people's wellbeing. People and their relatives were complementary about the caring nature of the staff and the compassionate values of the service.

Staff communicated effectively with people and treated them with kindness and compassion. People were involved in making decisions about their care. Staff knew what was important to people and ensured their wishes were met.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People were supported with sensitivity and compassion at the end of their life.

### Is the service responsive?

Good ●

The service was responsive to people's needs and provided a personalised and flexible service.

People's views and wishes formed the basis of their care. They were asked what was important to them and had care plans that met their needs in the way they wanted. Staff understood how to deliver each person's care in a personalised way.

Staff and the management demonstrated a flexible approach to supporting people.

People's views were listened to and acted upon.

### Is the service well-led?

Good ●

The service was well-led.

People told us they were happy with the service they received. The vision and values of the service were person centred and made sure people were always at the heart of the service.

There was effective leadership of the service and staff felt their contributions to the service were highly valued.

The registered provider demonstrated a strong emphasis on continually striving to improve. The registered provider worked proactively with other organisations to make sure they were following current guidance and providing a high quality service.

There were effective systems for monitoring and improving the care people received.

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# Caremark Tunbridge Wells, Tonbridge and Malling

## **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 carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 18 September 2017. We gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector and an expert by experience who spoke with people using the service via the telephone.

We gathered and reviewed information about the service before the inspection, including information from the local authority and previous reports. 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 looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

We looked at five people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service. We also sampled the services' policies and procedures.

We spoke with three people who used the service to gather their feedback and ten people's relatives. We spoke with the director of the service, the registered manager and five care staff as part of our inspection.

# Is the service safe?

## Our findings

People told us they felt safe and well cared for using the service. One person told us, "Safe? of course. I feel very safe." Another person told us, "It's like a friend coming to help me." Another person said, "I've got a keysafe but before she opens the front door she always knocks. I feel very safe." People's relatives told us that they were confident that their relative was safe. One person said, "She is extremely happy and safe." Another person's relative said, "Absolutely safe they are all very experienced staff." Another person's relative said, "I feel I am leaving him in safe hands."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. The registered manager had a clear understanding of how to implement policies that reduced the risk of abuse taking place. The staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse and how to do so. People's rights under the Human Rights Act and the Equality Act were promoted and protected. There was a clear policy for protecting people's human rights. Where people had protected characteristics, for example a physical disability, this had been taken into account when planning their care.

People were kept safe because staff carried out risk assessments of their home environment and took steps to reduce the risk. This included ensuring gas and electricity safety checks had been completed, appliances were checked and any possible trip hazards were reduced. Staff had access to equipment to reduce the risk of infection spreading. This included alcohol gels, shoe covers, gloves and aprons. A person told us that their staff "always wears her apron and gloves."

Staff had received training in infection control and they were able to describe how they implemented this in practice. Staff were also provided with additional equipment to ensure their own personal safety and that of others including first aid kit, bath thermometer and torch. Individual risk assessments were completed for people who needed help to move around, who were at risk of falls and were at risk of skin damage. Other risks specific to individuals needs had been assessed. Risk assessments contained clear and detailed instructions for staff to follow to reduce the risks of harm, for example, how to safely use bed rails to reduce the risk of injury. Staff we spoke with were aware of the risk assessments and the action they needed to take to keep people safe. The care records showed that they followed them in practice. Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reoccurring. The registered manager carried out monthly analysis of accidents and incidents to identify common trends or patterns and they documented what actions had been taken to keep people safe.

There were sufficient numbers of skilled and competent staff to meet people's needs. People told us there were enough staff to meet their needs. One person said, "They are always on time and always stay the right time." Staff were deployed in a way that ensured people's needs could be met. The service employed a team of care staff and had recently recruited a care coordinator and a field care supervisor to respond to expansion of the business. The registered manager told us that staff were matched with people taking into account their age, background, skills and interests. Rotas showed that people were consistently provided



with the staff they needed in line with their agreed care package. People knew that they could access staff support outside of their call times by telephoning the agency. People and their relatives could be assured that staff were of good character and fit to carry out their duties. Staff told us that they had been through an interview and selection process before they started working at the home. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. New staff were not offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. The registered manager had made checks to ensure that people were eligible to work in the UK. All new staff had been checked against the disclosure and barring home records. This ensured that staff were safe and suitable to work with people.

People were supported to manage their medicines in a safe way. All staff who administered medicines received appropriate training and were routinely checked for their competency. People that were able to manage their medicines independently were enabled to do so and support was given to remind them to take medicines as necessary. Staff completed people's medicines administration records (MAR) appropriately. The registered manager monitored safe medicines practice through regular audits and spot checks.

## Is the service effective?

### Our findings

People and their relatives told us that they felt the staff were competent and effective in meeting their needs. One person told us, "She is very good and well trained; anything she can do for me she will." Another person told us, "It is always the same staff and I feel they know what they are doing." A person's relative said, "Carers are very good and very experienced." Another person's relative told us, "I think they are well trained. My mum has total confidence in her." Another person's relative said, "Very good with the hoist and the bathing and the transferring; they seem very well trained."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. The director of the company and all care staff were required to undertake the same induction to ensure they worked to the same standards. Staff were up to date with essential training that focused on health and safety, person centred care, infection control, dementia care and mental health. Newly recruited staff studied to gain the Care Certificate which is a nationally recognised care qualification for people new to the role. All care staff had either completed or were working towards a level three qualification in health and social care. The registered manager described plans to introduce a diploma in dementia and in end of life care. The registered manager had completed a level five qualification in leadership in care services. They had also completed a diploma in dementia awareness. Staff, the registered manager and the director all demonstrated excellent knowledge about the needs of the people they supported and how to provide best practice in care. In particular the registered manager had excellent understanding of different types of dementia and how that can affect people and the support they may need.

Staff were supported in their role by the registered manager and the director of the company. A staff member told us, "It's the best agency I have worked for." Another staff member said, "The managers are always available for support." One staff described how the director had supported them during difficult personal situations. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. All staff had a development plan which had been reviewed at supervisions. Regular team meetings were held, which were led by the registered manager and the director. These meetings focused on the care needs of people using the service, service delivery and policies.

People were asked for their consent before care was given and they were enabled to make their own decisions. 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 trained in the principles of the MCA and were able to clearly describe how they implemented these in practice. The registered manager had recently added the principles of the MCA to the reverse of staff ID cards so they were always to hand. People's care plans showed that they had been supported to make decisions about their lives and had consented to their care. People told us that staff asked for their consent and respected their decisions. Staff demonstrated they understood and respected people's right to make unwise decisions if they had capacity. For example, they advised a person with

diabetes on an appropriate diet, but respected their right to make their own decisions about what they ate and drank. A person's care plan noted that whilst a family member held power of attorney the person still had capacity to make some decisions and that staff must respect this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For care agencies such as Caremark the process for this is managed by the Court of Protection. The registered manager understood the application process to the Court of Protection, should a person's liberty be restricted. There had not been any requirement to make an application on behalf of anyone at the time of the inspection.

People were supported to have enough to eat and drink. They had their nutrition and hydration needs considered as part of the assessment process and plans were written to ensure they were given the support they needed. People's dietary needs and preferences were documented and known by staff. When there were concerns about their health or appetite, their food and fluid intake had been recorded and monitored and staff had taken action to help the person contact their GP for further support.

People had effective care plans that ensured their health needs were met. Care plans had been reviewed and updated where people's health needs had changed. Staff supported people to access health care professionals as needed and, in some situations, made referrals on their behalf with their consent. Health professionals that provided us with feedback about the service told us that the staff were helpful in advocating on behalf of people they supported.

## Is the service caring?

### Our findings

People and their relatives were complimentary about the caring nature of the staff and the compassionate values of the service. One person said, "It is always the same person which I like." Another person said, "Very personable, no problems at all, caring and very good." A further person said, "Good, friendly and helpful." People's relatives told us they were happy with the service provided. One person's relative told us, "They have a great rapport with my father, he loves to play dominoes and they play dominoes with him, he gets friendly attention." Another person's relative said, "The care is excellent and efficient and all carers show my wife total compassion." Other comments included, "Totally treated with kindness and compassion" and "Excellent care, I have had a great deal of experience of carers in the past, the care my wife gets at the moment is exceptional."

The culture of the service was person centred and people and their relatives told us that their care was designed to meet their individual needs. One person's relative said, "Caremark's ethos and care is exactly what I would want for myself." As part of the culture of the service the registered manager told us that they operated small teams of staff to support each person. This enabled the development of positive and caring relationships between people and their staff. People always had a member of staff working with them that knew them well and records confirmed that this was consistently carried out in practice. One person said, "They have taken the time to get to know me and I know them well and feel comfortable with them." A person's relative told us, "They know my husband very well, there is really good interaction between them, which can only come from spending time together." Another person's relative said, "They've taken the time to get to know her and her face always lights up when she gets the same carer." One person had requested to select their own staff from the staff that the agency employed. The registered manager arranged for three potential staff to be supplied for half an hour so that the person could meet them and get to know them before choosing who would provide their care. The person was not charged for this time. It was evident through our discussion with staff that they understood and were committed to delivering a service that reflected the organisation's values. One staff member told us, "I like being able to provide longer calls than other agencies as you can really get to know the person." Another staff member said, "I can work with a person in the way they want and take time to encourage them to do things for themselves."

Staff demonstrated compassion and an excellent understanding of people's emotional needs. A carer won a Caremark National Carer of the Month award. Staff described how a person who was living with dementia often became confused and wanted to pack a suitcase to go home. Rather than stopping the person from doing this, or correcting them, staff understood the importance of respecting the person's experience of reality and meeting the emotional need behind the behaviour. Staff told us, "We help them pack their suitcase as often as they need to and once they have done that they feel calmer and are happy to have a cup of tea and a chat." Staff gave another example of a person they supported who experienced hallucinations as a symptom of their dementia. Staff told us that the person's agreed care plan was that the staff should "go with the hallucinations as they were a reality for the person and did not cause them distress." Staff told us that this created a calm and supportive environment for the person and once the hallucination was over they carried on with their day. Staff were passionate about the caring values of the organisation. One staff member said, "I love the job because the care we provide really makes a difference to his life."

People told us that staff often went the extra mile in providing their care and would carry out tasks that were over and above the agreed contract to ensure their comfort. One person told us, "They will always ask if I need anything else doing and are happy to do it, it is no problem to them." A person's relative told us, "It is the attention to detail that makes the difference, it is the whole approach. They provide more than care; they provide company." Staff and the management team often provided additional support to people, which they did not charge for, and it was clear through our discussions with staff that this was because they respected and cared for people. The registered manager had helped one person to visit a range of care homes when they needed to move to one to enable them to make an informed decision. They had then provided care staff that were well known to the person at a reduced rate to support them for an agreed period of time when they moved to the home. This helped them to settle in and allowed staff to handover to the new team and share information about how to meet the person's needs. When a person had been discharged home from hospital staff had popped in to check on them at no charge and ensure they had everything they needed. One person's relative still wanted to be involved in providing care for their partner, but it was unsafe for them to help the person move as they had not been trained to use the hoisting equipment. The registered manager had provided training for the relative in safe moving and handling to allow them to use the hoist and still be involved in their relative's care. The director had taken a call from a worried relative when their loved one had fallen at home. They went out to help a person and ensure they received the medical attention they needed. Staff helped people to contact their landlords when there have been problems with their accommodation, for example with the water supply. The registered provider always sent a birthday card to people who used the service.

Staff promoted people's independence and they understood the importance of encouraging people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. A staff member told us, "I'm there to support if needed, but mainly my job is to enable people to do things for themselves." Another staff member said, "If I can keep a person in their own home as long as possible I see this as a success." Staff gave an example where they had requested a review of the duration of a call for a person because the allocated call time did not allow them time to promote the person's independence. People and their relatives consistently told us that staff were committed to promoting their independence. One person said, "When she showers me we have a routine. I keep my independence by washing myself, but she is aware what I am doing all the time and should I slip she is always there to support me." Another person said, "They allow her to do as many things as she can herself which gives her a bit of independence." We saw a letter from a person who had used the service who had written to thank them for helping them to increase their independence so much that they no longer needed the service. The registered manager told us, "Supporting people to live independently is one of our goals." Following the inspection we received confirmation that the registered manager had been awarded the Home Care Registered Manager Award presented by The Great British Care Awards. It was noted that this was awarded in part to the registered managers' commitment to maintaining people's independence and allowing them to remain at home.

People were supported sensitively at the end of their life. Staff treated people with compassion and worked closely with the local hospice to enable them to have a comfortable, dignified and pain free death. Care plans were detailed to ensure that the person's wishes were respected and they were comfortable and pain free at the end of their life. The plans included detail about mouth care, pressure area relief, pain relief, comfort and personal wishes. The service was a federated member of a local hospice, which meant they had to demonstrate excellent standards of end of life care. This membership also allowed them to access specialist training programmes provided by the hospice. As well as supporting the individual who was dying support had been provided to people's relatives during this time and continued after the person had passed away. The registered manager described how they had supported one person's relative by visiting them and spending time with them during and immediately after their relative's death, providing comfort and helping

with necessary practical arrangements. There had been no charge for this support and the registered manager said "We did this because we care and it was the right thing to do." A health care professional commented the agency had given "Excellent support to [the person and their partner] in a sensitive way. They went over and above to ensure [the person] was always comfortable and their wishes were upheld."

People were asked about their life history and what was important to them during the assessment process. This information had been documented in their care plans and staff were able to describe how they used the information when providing care. For example, one person had always enjoyed music and staff described how they brought this into conversation and had supported the person to attend music concerts so they could continue with this hobby. A person's relative told us, "The carer always talks with mum about the memory group she attends; they discuss the family photos around the room which all helps keep her memory going." Another person's relative told us, "They always talk to him all the time they are doing his personal care, they ask questions about where he has been and what he's been doing even though he is unable to answer he is able to smile." People were involved in making decisions about their care. Information was provided to people about the services the agency could provide to enable them to make an informed decision when agreeing their care. People were involved in the initial assessment of their needs, planning their care and reviewing it when changes occurred. A person told us, "They are all open to suggestion and will carry out my requests if they are safe." Another person said, "I am always involved in any decisions that have to be made." A person's relative told us, "They communicate with my wife well, she has lost her voice but if she doesn't like the clothes I have chosen for her she lets them know and they help her choose the one's she does want." Large print versions of the welcome information and all correspondence were available if required to help people make decisions about their care. A staff member we spoke with was able to describe the different ways they presented information to people who were living with dementia to help them understand.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. There was a secure email system in operation and all electronic information was password protected. People told us that staff were "discreet and private and treat him with respect" and "totally discreet."

## Is the service responsive?

### Our findings

People and their relatives told us that staff were responsive to their needs and provided a person centred service. One person told us, "I can rearrange them if needed, I arranged them an hour earlier when I had a doctor's appointment." Another person told us, "Flexibility is important and a brilliant sense of humour. I'm very pleased with Caremark" A person's relative told us, "The care is bespoke to what you need, the fact that the manager had a really good knowledge of dad's diagnosis stood out and his ability to give us strategies to manage dad to keep him home as long as possible made all the difference." Another person's relative said, "Dad's a keen gardener and the carers are rebuilding his confidence to try things and realise he can do things he thought he had forgotten, they give him a purpose for his day." Another person's relative told us, "It's a new experience for us as a family, but Caremark has been really helpful and flexible."

People's care and support was planned in partnership with them to ensure they received personalised care. The registered manager or care coordinator visited each person to carry out an assessment of their needs and any individual risks before a care package was agreed. People were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, cultural and emotional needs. One person told us, "We discussed at length the care plan and what care was needed and it is very flexible." People's care plans ensured they received care that reflected their likes, dislikes and preferences. They detailed their preferred routines and things that were important to them. For example, people's plans contained information about the time people preferred to receive care and the specific tasks they wanted staff to help them with. People's relatives told us the care was personalised to their loved ones needs. One person said, "I'm so grateful that there are carers looking after Dad so well both physically and talking to him as an individual. It's more than care it's looking after all of his need at this time of his life." The service was flexible and responsive to people's changing needs and wishes. One person had an agreement for care for up to five nights a week, but could book only three if that was all they needed and could decide weekly. A person told us, "They are very accommodating and will switch times if I need them to." The registered manager told us that they did not charge for calls that were cancelled if a person was unwell or taken to hospital.

Staff understood how to meet people's individual needs. For example, one person had a visual impairment and staff had identified that they managed better with finger foods as this enabled them to retain their independence. Staff described how they had successfully worked with a person with mental health needs to build their trust. Initially the person had refused support but was now accepting of this and their confidence had increased to allow them to access their community more frequently. People who were living with dementia were supported through periods of confusion by staff that enabled them to carry out tasks at a time they wished. For example, one person often woke in the night and wanted to get up and have a shave, staff enabled this to happen. Staff described how they had suggested to family that they remove a bathmat as it appeared the person living with dementia was seeing this as a hole in the floor. This shows staff had a good understanding of how to support the specific needs of the people using the service.

The registered manager told us that, when planning staff provision, they allowed staff sufficient travel time

between their calls. This ensured that staff could reach people on time and spend the agreed time with each person. People told us the service was reliable. One person said, "The carers always arrive on time and stay their full time." There was a policy in operation that staff called the office if they were likely to be more than ten minutes late for a call. The office staff contacted the person and offered an alternative staff member if this was wanted.

People we spoke with knew about the service's complaint policy and procedures which was included in the brochure for the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. One person told us, "I wouldn't have a problem making a complaint if I had to. I'm sure they would deal with it." Another person said, "If I had a problem I would first go to the manager, if it was not resolved I would go to the CQC." The registered provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints.



## Is the service well-led?

### Our findings

The service was well led. People told us they were happy with the service they received. One person said, "I wouldn't hesitate to recommend them." Another person said, "Perfectly satisfied, it suits me and it's exactly what I need at the moment." People told us that the management of the service was open and honest. One person said, "Both the manager and the owner are hands on and call in regularly." Another person said, "Great communication, manager very approachable, email communication is very quick."

The vision and values of the service were person centred and made sure people were always at the heart of the service. The director of the service described how they had wanted to set up an agency that provided an excellent standard of care following their own experience of using services for a family member. The registered manager described how they delivered these values in practice. They said, "If I can't deliver 100% quality I won't take the contract on." The registered provider was honest in their approach to complaints and met the requirement of the duty of candour regulation. People's views about the quality and safety of the service they received were sought through a range of means. This included an annual satisfaction survey, home visits by the registered manager and involvement in reviews of their care plans.

There was clear and directive leadership of the service, both in terms of providing effective oversight of the service provision and in the guidance and support given to staff. The registered manager had won an award by the Great British Care Awards in the category "Home Care Manager Award". The registered manager and the director had a clear understanding of the current challenges and opportunities for the service. They knew people that used the service and all the staff team well. People told us they felt able to approach any of the management team with any concerns or requests and they felt they would be listened to. The registered provider and registered manager had a good understanding of the relevant legislation and the relevant requirements as registered persons. The registered manager ensured that accurate and meaningful records were kept about the care people received and for the purpose of running the business. Staff completed records were detailed and showed the care and support that had been provided, in line with their care plan.

Staff told us that they were valued by the management team. One staff member said, "This agency is very good, 20 times better than any other I have worked for." The registered manager sent out an annual survey to seek feedback from staff about the service and the support they receive in their roles. An award was given each month to a staff member to acknowledge them as 'carer of the month'. The director sent gifts to staff to acknowledge where they had done things that were above and beyond their role to provide excellent support to people. The director provided support to staff during personal difficulties. This included providing an interest free loan to a staff member for a new car and supporting staff with car breakdown recovery to ensure they could continue working. Staff were routinely paid for their travel time and fuel costs. Staff received a paid holiday allowance. Staff understood their responsibilities and were clear about the standards of care they were expected to provide. They were provided with a handbook of the policies and procedures for the service. Staff understood their rights in relation to 'blowing the whistle' on poor practice. They told us they felt confident to do so and felt they would be supported.

The service ensured that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly audits was carried out by the registered manager and the registered provider. This included audits of call arrival times, staff performance, medicines practice, care plans and accidents and incidents. A person told us, "They come every so often and check everything is OK. A senior carer does spot checks on the carer to check standards are being adhered to." There was a weekly leadership meeting between the director, the registered manager and the care coordinator. This was to review the wellbeing of people the service supports, the care team, policies and compliance. Records showed that required actions were followed up in a timely way. There was a clear business continuity plan in place to respond to possible risks to service delivery. The service had an ongoing improvement plan that included the introduction of diplomas in dementia and end of life care. A robust electronic system was in use for monitoring staff arrival and departure times. This alerted the registered manager if a staff member was more than five minutes late.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. We saw many records that showed the service worked effectively with a range of health care professionals to ensure that people's needs were met with continuity and consistency. The registered manager played a key role in raising awareness of dementia in the local community. This included providing dementia awareness sessions to local businesses that people they support may use. The registered manager had participated in a group created to develop the local town to become a 'dementia friendly community'. The registered manager had organised community events including a charity walk to raise funds and awareness for Alzheimer's society.