

Epiphany In Care Limited

Epiphany in Care Limited

Inspection report

Spur 11.4 The Vassall Centre
Gill Avenue
Bristol
Avon
BS16 2QQ

Tel: 07979877742

Date of inspection visit:
01 June 2017

Date of publication:
14 June 2017

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 1 June 2017. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Epiphany in Care is registered to provide personal care and support for people within their own homes. At the time of our inspection six people received care and support from this service.

At the last inspection on 12 April 2016 the service was required to improve in the areas of medicines administration and staff training. After the inspection, the provider wrote to us to say what they would do to improve in those areas. At this inspection we found that they have met the requirements.

There was a registered manager in post. 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.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. The service was managed and staffed by a consistent team of support workers who were well trained and well supported.

The safety of people using the service was taken seriously by the registered manager and staff who understood their responsibility to protect people's health and well-being. The registered manager and staff had received training about protecting people from abuse and they knew what action to take if they suspected abuse.

Risks posed to people and staff both within the persons home and when being supported outside the home had been assessed and measures put in place to manage any hazards identified.

Policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely.

Staff had received the training and guidance they required to assist people in the right way including helping them to eat and drink enough. People had been assisted to receive all the healthcare support they needed. Staff had ensured that people's rights were protected because the Mental Capacity Act 2005(MCA) Code of Practice was followed when decisions were made on their behalf.

Staff recruitment files showed that effective recruitment procedures had been followed. Appropriate checks had been carried out to ensure that staff were suitable to work with vulnerable adults.

All staff members confirmed they received regular training throughout the year and that this was up to date. This provided them with the knowledge and skills to do their jobs effectively.

People who used the service told us that the standard of care they received was good. They said that staff were reliable, kind and caring and knew what they were doing. Relatives spoken with praised the staff team for the quality of care provided.

Staff members were positive about how the service was being managed and spoke about the staff team in general being very supportive and of feeling part of a family.

There was a quality assurance system in place to review systems and help to ensure compliance with the regulations and to promote the welfare of the people who used the service. This included audits on care plans, medication and accidents.

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 and report any concerns in order to keep people safe from harm.

There were enough staff available to give people the care they needed

There were systems in place to help ensure that staff who were employed at the agency were suitable to work with vulnerable people.

People's medicines were managed safely

Is the service effective?

Good 

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

Staff understood the importance of gaining consent from people before they delivered any care.

People's rights were protected because the Mental Capacity Act 2005 (MCA) Code of Practice was followed when decisions were made on their behalf.

Is the service caring?

Good 

The service was caring.

People were supported by staff who were caring and compassionate

Staff recognised people's rights to privacy and promoted their dignity.

Confidential information was securely maintained.

Is the service responsive?

Good 

The service was responsive.

People had been consulted about their needs and wishes.

Systems were in place to ensure people's care plans were reviewed on a regular basis. Staff had provided people with the care that met their needs.

There was a system to resolve concerns and complaints.

Is the service well-led?

The service was well led.

The registered manager had effective systems in place to assess and monitor the quality of the service.

The registered manager operated an open and accessible approach to both staff and people using the service and actively sought feedback from everyone on a continuous basis in order to improve the service.

The staff said that they could raise any issues and discuss them openly within the staff team and with the registered manager.

Good ●

Epiphany in Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 1 June 2017 and was announced. The inspection was undertaken by one inspector.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us and information from the local authority. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with three people who used the service before the inspection and spoke with five care staff, and the registered manager in the provider's office. We looked at the care records for four people including care plans and risk assessments. Other documents we looked at included policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment; training; health and safety checks; minutes of meetings and medication records and other records relevant to the quality monitoring of the service. We also spoke with two health and social care professionals and one relative on the phone after the inspection.

Is the service safe?

Our findings

People and their relatives told us that they felt safe when being supported by staff. Comments included; "I feel so safe with them. They listen to me. If I have any problem they talk to me and find a solution. They don't hurt me. I feel very comfortable with them" and "The staff are trained to provide safe care. I know that because sometimes the manager comes to check on the staff to make sure they are doing things as it should be. I have a risk assessment to help staff support me with my condition so I can move around safely". A relative told us "I feel safe that Epiphany in Care staff and the manager are looking after my family member because, we feel relaxed and comfortable with them. I trust them. They know what they are doing unlike the previous agency. The manager is very experienced and the staff are well trained". One health professional told us "We have no concerns about Epiphany in Care, they are providing care properly to [Name of person]. No pressure damage for quite some time which means they are doing what they are supposed to do to make sure the person is safe".

We saw that the provider had a safeguarding policy in place which staff were required to read and complete safeguarding training as part of their induction. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC). No safeguarding concerns had been raised by the agency in the past 12 months; however the manager understood their responsibilities in reporting any concerns they had with the local authority safeguarding team. The local authority safeguarding protocol was available

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. One member of staff told us, "I will definitely let my manager know if I suspect any or notice any abuse or contact the CQC if the manager did not respond appropriately which is highly unlikely." Another staff member said "Not in Epiphany but I noticed an incident which I reported to the manager in my previous job. I know what to do". Staff were able to describe the potential signs of abuse and what they would do if they had any things such as contacting the registered manager, social services, the police or the Care Quality Commission (CQC) Staff were aware of the need to report safeguarding incidents both within and outside of their organisation.

We saw that the provider had a whistleblowing policy in place and staff told us they were regularly reminded in team meetings and had read the policy at induction and signed to confirm they had read it. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the registered manager. One staff member told us "The policy being in place does reassure us that we can report any concerns without feeling guilty or afraid. At the end of the day we want to make sure that all our clients are safe". All staff confirmed that they were aware of the need to take it further and report it externally where they had concerns. This meant that they were aware of their roles and responsibilities regarding the protection of vulnerable adults. Staff were also aware of the need to accurately record and

report potential incidents of concern.

There were enough skilled staff to meet people's assessed needs. A system was in place if someone required any additional support. One person who used the service told us that staff were always available and always had enough time for them. One relative told us "Yes they do have more than enough staff and they are very reliable and consistent. My relative likes to know that the same staff are coming and they are always there. They always arrive on time because they know I have to step out". Records showed that the registered manager would cover any additional calls to ensure consistency and continuity for people who used the service.

Effective recruitment procedures had been followed. We saw that the appropriate checks had been made to ensure that staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each staff member's file had proof of identity, an application form as well as evidence of references and notes from the interview showing that the staff had the relevant experience to carry out their roles.

Accidents and incidents were recorded with the details of the accident, any apparent harm, the reason given for the cause and any action taken. These were investigated by the registered manager who is also the provider. This helped to identify any potential patterns or trends.

Potential risk to people in their everyday lives had been assessed and recorded on an individual basis and to the staff who supported them. For example, risks relating to personal care, management of health conditions, mobility, medicine management and health and safety. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk such as tripping hazards, appliance risk or fire safety. One staff member told us "The care plans have risk assessments. For example, risk of choking, the risk assessments give us the guidance on what to do to minimise the risk of choking. We also make sure there are no hazards around them to prevent falls.

The provider had a business continuity plan to make sure they could respond to emergency situations such as bad weather conditions, staff shortages, fire or flood. We saw that people's care plans held a summary of their abilities to include specific physical and communication requirements to ensure they could be safely supported in the event of an emergency.

The provider had a policy for the administration of medicines, which included controlled drugs (drugs that require extra protection), the disposal and storage of medicines and for PRN medicines (these are medicines which are administered as and when required). Medicines were administered by staff who had received the appropriate training. Medicines and Medicine Administration Record (MAR) sheets were kept locked safely in each person's house. We saw that the practices for administering medicines were safe. MAR sheets we checked showed people were getting their medicines when they needed them and at the times they were prescribed.

Some medication administration records (MAR) were issued by the registered manager on a monthly basis for staff to use within people's homes and some were issued by the dispensing pharmacist. MAR sheets were audited by the registered manager on a weekly basis. Action was taken to address any errors that were found during the audit. For example the registered manager had noticed missing staff signatures for two people's MARs. The registered manager had spoken with the staff members concerned and sent them for medicines administration training update. She had also reminded all staff of the medication policy and the need for staff to sign for every medication administered including creams applied. Staff we spoke with

confirmed that they had been reminded of the policy at staff meetings.

Is the service effective?

Our findings

People and relatives we spoke with said the service was effective and consistently delivered in the way they wanted to be cared for and supported. One relative told us "Yes the service is very effective. The staff are always on time because they are aware that time is very important to me and my family member and they provide care and support in the way my family member likes it". The manager and the staff are reliable and understand their needs". One person told us "They are very good they treat me well and they know my needs".

Staff demonstrated during discussions that they had good knowledge and understanding of their role. Comments included, "The agency provides us with lots of training and support to enable us to assist people who have varying needs. We have attended training in learning disabilities, medication, diabetes training, self-neglect, falls and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The induction training is very good. I had two weeks in the office reading the policies and procedures and shadowed the manager and another staff for a while until I was confident to work on my own. I found the shadowing very helpful as it provided me with the guidance and advice from the manager on how to properly care for the people who use our services" and "The manager encourages us to have regular training and updates so we can develop skills and have the knowledge to do our jobs well". One staff member told us. "I have worked for other services before I joined Epiphany but have never had training and support like this. We are encouraged to develop our knowledge and skills in certain areas. For example, I have attended training in learning disabilities and personality disorder.

The provider had their own induction training programme that was designed to ensure that any new members of staff had the skills they needed to do their jobs effectively and competently. We looked at the induction record for recently appointed staff members and could see that this included ensuring that the members of staff had access to all the core training identified by the service. Each staff member completed two weeks induction training in the office covering areas such as: dementia awareness, fire safety, safeguarding, nutrition and hydration, infection control, food safety, manual handling and emergency first aid. In addition to this each new staff member was given a care certificate workbook, which is a nationally recognised and accredited system for inducting new staff. Once the office induction was completed and prior to starting work on shift, the manager advised that people had two weeks shadowing existing staff, more if required. Staff told us that they recently completed the shadowing process and that this enabled newly appointed staff to get an overview of what the role entailed, prior to undertaking in-depth training. They said that it gave people an opportunity to fully understand what the job involved and make sure it was the right job for them prior to undertaking training.

The registered manager who is also the provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We spoke with the registered manager about gaining consent to care and treatment. They told us that staff had received training in the MCA. However they said that most people that they supported had capacity to say how they wanted their care to be delivered in their own homes. Where people had limited capacity spouses and relatives were able to inform any decisions that may be needed. The MCA sets out what must be done to

make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Consent documentation was completed with people or their relatives during the initial assessment and on-going through care reviews. Staff spoke confidently about how they involved the people they supported to make decisions. One staff member said "I always offer them a number of choices but not to overwhelm the person. I also visually show the person and encourage them to make choices of what they would like to wear. I never take over". Staff told us they gained people's consent before carrying out any care support tasks such as obtaining consent before medication was administered. This was confirmed by the people we spoke with.

Staff said they felt valued and supported in their role by the registered manager who is also the provider. Staff members we spoke with told us that they received on-going supervision about three or four times a year which included an observation and spot checks of "how we are were getting on with our jobs". We checked records which confirmed that supervision sessions for each member of staff had been held regularly. One staff member told us, "They are very supportive meetings. We can ask about anything". Staff told us that supervision meetings provided opportunities for staff to discuss their performance, development and training needs. They said they were also supported to undertake an appraisal (annual progress review) to discuss feedback on their performance and set goals for the forthcoming year. Comments from staff included; "The manager encourages us to set goals at the beginning and we review these goals at supervisions and at the end of the year.

We are a small team and we help each other which helps us work together as a team" and "We have so much training and support here. I feel valued, all of us have equal opportunities and we are treated like family and we work as a team so we feel joyful doing our job. We are treated well by the manager because she cares about us and the people we support. She wants us to do well". Staff also told us that the service had recently started giving spending money to staff if they worked as a live in carer to enable them purchase their own meal without using meals from the person they were supporting. One staff said "This is really very nice because in other places I have worked in the past you have to use your own money to do such a thing". Staff said that they were paid travelling time and that this had been most effective and ensured that all calls were made at the time they had been agreed.

People's nutrition and hydration support needs and guidelines were recorded within their care plan. People's likes and dislikes relating to food and drink had been clearly recorded. For example how a person liked their tea with plenty of sugar even though they should not be having sugar. Assisting people with meals was discussed as part of people's induction. Staff also received training regarding positive and effective communication to include dementia awareness.

People were supported to maintain good health and access the healthcare services they required. People's health and medical information was detailed in their care plan to include any contact details of health and social care professionals involved with the persons health and wellbeing. One person told us "Staff support me to attend my hospital appointments to see my consultant regularly". Staff said they reported any changes in people's health to the registered manager and recorded it within the daily record.

Is the service caring?

Our findings

People we spoke with said that staff were brilliant, caring, thoughtful and respectful. One person told us "They are brilliant. A lot of people don't have what I have. They are brilliant and thoughtful. They are like an extended family. They make me feel very comfortable. They are a blessing to me. They treat me so well. They are so gentle with me. I have no fear". Another person said "They are all very good. They treat me very nice. They know my needs and I am grateful for the carers I have. They are very respectful. I feel very comfortable with them". Other comments included " They are very kind, caring and compassionate. They make sure we get to know each other so they can meet my needs. The carers shadowed for a long time so they get to know my needs. They were also introduced to me so I don't get scared". A relative stated "They are reliable and they treat [Name] very well. They know my family member really well and are caring and gentle towards them. They follow the care plan and they are very professional. I can't fault them at all.

Staff were motivated and clearly passionate about making a difference to people's lives. Staff we spoke with were enthusiastic about their role and the impact their support had upon the people who used the service. Comments from staff included; "I have had other jobs and it felt authoritative but Epiphany in care is different and it is because of the way we are treated. I feel motivated and I love being able to help people to help themselves. I don't mind doing extras to make sure that people are being taken care of." and "I love my job because we have enough time to meet needs of people we look after" and " Yes I love my job. The manager encourages you and put a smile on your face. I work in the same way as I would like someone to look after my relative. I have a good relationship with my clients".

Staff were aware of the importance of treating people with respect and maintaining their dignity. Staff told us how they achieved this which included closing doors and curtains when delivering personal care and covering people with a towel to respect their dignity One staff member said, "It is important to treat people the way I would like to be treated I knock on the door first and wait for an answer before I go in. I ask them what they would like me to do. I shut the door and draw the curtains. I get every thing ready before assisting them. I make sure I put towel over them and give them flannel to wash the intimate parts and give them as much independence as possible." The registered manager told us they provided people with a service that respected them as individuals, upholds their dignity and ensured they had the right amount of care and support to meet their needs. We saw that staff recognised the importance of not intruding into people's private space. One staff member said "I know when [Name] want their personal space I leave them alone and go back later". People and relatives we spoke with confirmed that staff respected their privacy and treated them with dignity.

Training records showed that staff had received training in equality and diversity and privacy and dignity. Staff told us that they treated each person as an individual with individual support needs.

Staff had detailed knowledge about things that were important to people. This included staff knowing which relatives were involved in a person's care so they could liaise with them and involve them where appropriate. Staff also gave people time to express their wishes and respects their decisions. For example we spoke with a relative who said their family member wants things done in a particular way and staff

ensured their wishes was respected. Comments included "They listen to [Name] and respect their wishes and "They provide good care and treat [Name] with such kindness. The service is very caring ".

Staff had received training and guidance about how to correctly manage confidential information. Staff told us they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. Staff spoke about respecting people's confidentiality by not discussing any personal details outside of the person's home One staff member told us "I never give peoples information to any unauthorised person and never leave a file where unauthorised persons can access it. I will never discuss people outside work or with anybody". We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. For example staff said they never used social media applications for these conversations because anyone would be able to access them.

Records that contained private information were stored securely in the service's computer system. Staff told us they could only be accessed the system and by using their own unique password.

Paper documentation was stored within locked cabinets in the main office.

People told us that they were involved in the development of their care plans which included how they wished their care and support to be delivered. People told us that staff always followed this plan and treated them in a most caring and thoughtful way. One person said "I am happy with the care I receive from Epiphany in Care. I have booked them for September and I would and have recommended them".

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. Comments included "Since the agency came along my life is much better. They have been really good to me. They encourage me to set goals and made sure I work towards my goal. My goal is to make sure I go out in my wheelchair and I have reached it. My other goal is to be in as much good health as possible and to be as independent as possible. They encourage me to take small steps. I can contact them at any time and they respond. They always say if I am worried about my appointment to let them know".

Initial assessments were completed by the registered manager and used as a way to start to develop a relationship with the person and their relatives. One person told us "The manager came to see me and we went through everything together to make sure they are able to meet my needs" The information that was gathered at the initial assessment was then transferred into a person's care plan which the staff followed to ensure the person's needs were identified and met.

We saw that each plan was personalised and captured the needs of the individual. The care plans were written in a style that would enable a staff member reading it to have a good idea of what help and assistance someone needed at a particular time. People told us they were involved in developing the care plans. Comments included " I talked it over with the manager. They gave it to me to read to make sure I am happy and I signed it".

The care plans contained detailed information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the food the person enjoyed, what they preferred to be called, preferred social activities and people who mattered to them. We asked staff members about people's choices, preferences and needs and the staff were very knowledgeable about them. We were also able to see that people's preferences were respected, for example someone wanted a flexible service to enable them to enjoy social activities and another person preferred a particular time to get up. Other examples included change of times of visits to accommodate hospital or other appointments. The registered manager told us they were always able to make changes to times and lengths of visits to ensure people received a service at the time of their choice. This was confirmed by the people we spoke with and their relatives.

People told us and records confirmed that staff provided people with all of the practical everyday assistance they needed. This included support with a range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. One person said "Staff help me to be as independent as possible".

People told us that all visits had been completed at the right time and staff stayed for the time they were allocated on each visit. There was a system for letting people know if staff were running late. This involved staff informing the registered manager who would telephone the person to advise them if staff had been delayed.

People told us that this system worked well. One person said "The visits are generally on time but if staff are held up in traffic for example someone will ring me to let me know. The service has an agreed 15 minute either way agreement regarding the time of calls.

Systems were in place to ensure people's care plans were reviewed on a regular basis. Spot checks and review visits took place on a regular basis to assess people's changing needs. Daily records were also reviewed on a monthly basis and we saw that they held detailed information about the care and support provided on each visit. We noted that extra information about any concerns was added to the records and the registered manager was informed. For example one person was supported in respect of a medical issue. This meant that the service was responsive to the needs of people who used the service.

The service had a complaints policy and processes were in place to record any complaints or compliments received and to ensure that these would be addressed within the timescales given in the policy. The complaint policy was also included in the provider's service users guide and the statement of purpose. Copies of the complaints policy were provided to each person who used the service at the commencement of the service. People and their relatives were actively encouraged to give their views and raise any concerns or complaints. There were no recorded complaints since the last inspection. The registered manager told us that if they received any complaint it would be dealt with appropriately. People we spoke with told us that they had not needed to complain about the service but knew what to do and who to speak with if they had any concerns. Staff gave examples of how they would support someone to complain by talking to the person to try to resolve any issues, explain to them the complaint process and then report this to the registered manager.

The service had received some compliments. They included 'Thank you for all your support. You look after me as well as my mum. I write to recommend Epiphany in Care. All the carers are 'switched on' and are kind. They go out of their way to help and "We find them to be reliable and kind and having used other care providers in the past, Epiphany in care is by far the best we have used, providing excellent care with dignity and patience which is important to my relative."

Is the service well-led?

Our findings

People, relatives and staff told us that the service was well managed. One person said "The manager is brilliant, she is reliable and very approachable". One relative said "She always finds solutions to any concerns. I am please we have the agency". People said they received timely visits and the staff rota allowed staff travelling time to ensure they were able to arrive and leave the calls at the allocated time. Comments included "I have never had a problem, the service is well managed and we have never had a missed call" and "We are given questionnaires to see if we are happy with the service. The manager is very effective in arranging the visits and seeing that the staff are trained to look after us. If we need to contact them they are always available at any time". Staff comments included "[Name] is easily approachable, always listens and very professional. They treat everyone well and they understands. [Name] gives you the opportunity to improve your professional career and encourages to take advantage of all the trainings provided so you provide people with quality care".

One social care professional told us "The agency is good we have no concerns. Our service user has nothing but a positive experience with them. Over the years [Name] has struggled to maintain a stable package with various agencies but since Epiphany in Care took over they have worked really hard to provide them with exceptional care. [Name] told us they are satisfied with the care and support from the agency. The manager has trained the staff to provide personalised care for the service user care. The manager and staff are very professional and they work closely with the team of professionals to ensure [Name] is well supported"

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example when a person who used the service had died in their care or had an accident. The agency had not needed to submit any notifiable incidents since our last visit.

The service had clear vision and values which were person-centred and ensured people were at the heart of the service. These values were shared by the registered manager and embedded into the staff's working practice. They included "To endeavour to improve the quality of life for the person receiving the service and enabling them to maintain their independence, promote their ability to make informed choices and to support and encourage individual to enjoy their life and play an active part in their communities".

Staff told us they had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. We asked staff how they would report any issues they were concerned about and they told us that they would have no hesitation in reporting any concerns that they had to the registered manager. They said that they could raise any issues and discuss them openly with the registered manager. Comments from the staff members included "I can report any concerns to the manager I know she will listen and take any action necessary and "They care about us as well as the clients. Epiphany in Care ensures that the staff are cared for as well. If I needed some time off due to child care and they would rearranged my shifts to suit me".

The service had a policy on its quality assurance systems. The registered manager completed weekly audits to include medicines management, six monthly audits of care plans and monthly review of staff training and accidents and incidents.

The staff members told us that regular staff meetings were held and that these enabled the registered manager and staff to share information and/or raise concerns. Minutes from past staff meetings showed that these were being held on a regular basis. Staff had opportunity to discuss a variety of topics including staffing, concerns about clients, medication and training. We were able to view a sample of all of the meetings and could see that the meetings provided an opportunity for information to be passed to staff on areas to improve as well as allowing staff an opportunity to raise any issues they may have.

The agency had a positive, open and inclusive culture. One staff member told us "Yes her door is always open and our culture is that of openness and transparency and there is nothing to hide". Staff told us they were motivated and shared the same passion to provide a quality service. They said that the registered manager and staff worked well together which kept them fully informed about any changes to the service. One staff member said "The manager always informs us of any changes to the service." Staff said they felt fully supported by the registered manager who was always visible and available. Comments included "Yes definitely you can call her anytime and she will guide you no matter what time. For example, I sent her a message at 2 am this morning for advice and she responded and told me what to do". They said they received regular support and guidance through pre-planned formal and also informal supervisions as the registered manager was fully hands on. They said they also obtained support through team meetings, out of hours on call systems and over the phone periodic monitoring of the standard of care provided to people.

As part of the inspection, all the folders and documentation that were requested were provided and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

We saw that questionnaires for people using the service were sent out annually and returned to the agency. The latest one was sent out in April 2017. The registered manager received feedback from the questionnaires and we saw they were all positive. They told us that the monitoring of the service was on-going and included regular visits and telephone calls to check on the quality of the service received. The comments received about the service from people were included in the overall provider's quality assurance report and for monitoring of the services it provided.

Reflective practice was encouraged and used by staff to look at any incidents and seek ways of learning from incidents to improve practice and enhance the quality of the service.

The registered manager told us they regularly updated their practice by using on line resources which included: CQC website and bulletin, social institute for excellence (SCIE) and skills for care websites and share these with their team. They told us they undertook training with other providers. They told us they also liaised with other local registered managers to share good practice and discuss issues and challenges that could be faced within the industry.