

Penrose Care Ltd

Penrose Care Limited

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Penrose Care Ltd is a domiciliary care agency that provides personal care and support to older people in their own homes in and around North London. People receiving a service included those with physical disabilities, learning disabilities, acquired brain injuries and health issues relating to the progression of age. At the time of this inspection the agency was providing a service to 16 people out of which nine people received the regulated activity of personal care.

People's experience of using this service:

The agency provided exceptionally good care to people who used it. All stakeholders we spoke with, including people using the service, their family members and external health and social care professionals gave consistently positive feedback about the agency. They thought the agency was very well run and was very responsive to people's needs. They described staff as very skilful and having an exceptional level of commitment to supporting people and facilitating their improvement.

Staff were exceedingly committed to providing best support to people. Therefore, people's wellbeing and activity levels had been noticeably improved. Staff were consistently commended for their kindness, patience and professionalism. Staff provided empathetic care and adapted this to meet the rapidly changing needs of people.

Staff knew people well. Without exertion staff supported people in enhancing their lives so people felt valued, empowered and fully included in their care. Staff continuously involved people in making decisions about their care and supported them to have their voice heard. With staff thoughtful support, people could participate in the community events, socialise, follow their hobbies, travel and lead independent lives as much as possible. Feedback from various stakeholders clearly attributed people's improved wellbeing to staff support, encouragement and commitment. They thought, because of staff support, that people were achieving better than expected outcomes and they could live the best life possible with their health conditions.

Motivation to meet people's needs well was at the heart of the agency's exceptional performance. The agency worked closely with other professionals to develop bespoke care packages for each person using the service. This helped to ensure the care and support provided to people suited their often very complex and highly demanding needs. People's care plans had comprehensive information related to care needs and how care should be provided. People, relatives and external professionals thought the agency was very flexible in their approach and could provide high quality additional support even at short notice.

Staff received regular mandatory and additional training to ensure they had sufficient skills and experience to support people in a safe and effective way. Regular supervision, appraisal and managerial spot checks ensured that staff were appropriately supported and that they provided care in the way that matched people's needs.

The agency provided safe care. People told us they felt very safe with staff who supported them. There were effective safeguarding systems in place that helped to protect people from harm. Appropriate recruitment practice protected people from unsuitable staff.

An ongoing risk assessment and management process helped to minimise the occurrence of and effects of risks relating to people's health, activities and environment. This included places people visited. People received their medicines as prescribed. There were robust procedures in place to ensure medicines were managed safely.

There were sufficient staff deployed to support people. People said staff were always on time and they never missed a planned visit. People and relatives were confident care would be provided as planned.

People were supported to have enough food and drinks and have a balanced diet that matched their needs and preferences.

The agency was working within the principles of the Mental Capacity Act 2005 (MCA). Staff supported people in making decisions about their everyday care and they ensured people were asked for their consent before this care was provided.

Staff respected people's dignity and privacy when providing personal care.

The service was an integral part of the community and was involved in various community events and actions aiming at improving understanding the needs of people using the service and improving their life in the community.

People were encouraged to give feedback about the service provided. This could be done via the complaints procedure, regular care reviews of direct contact with the staff and the management team. Feedback received had been taken into consideration and appropriate action had been taken to address issues occurring.

The agency had a clear managerial structure and individual work roles were clearly defined and allocated. All employees were provided with guidelines on what their responsibilities and accountabilities were.

Staff felt supported by their managers. They could contact the management team at any time about any work issues and they were confident they would be assisted. Staff were invited to regular team meetings where they could share ideas and experience. Staff thought their contribution was valued.

The agency was committed to continuous learning and improving care. Proactive action had been taken by the management team when things went wrong and where the service provided needed to improve.

The agency worked in close partnership with the local community and external care and social care professionals. Feedback received from the professionals suggested that they were impressed with care provided by the agency and they would not hesitate to recommend it to others.

Rating at last inspection: Good (last report published on 23 August 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor the agency and we will revisit it in the future to check if they continue

to provide good quality of care to people who use it.

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

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Penrose Care Limited

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by one ASC inspector and one Expert by Experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Penrose Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the owner of the agency.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because we wanted to make sure the registered manager and staff were available on the day of our inspection.

What we did when preparing for and carrying out this inspection:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection report before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

Prior to our visit our Expert-by-Experience carried out telephone interviews with two people who used the agency and four friends and relatives who gave us their feedback on the service provided by the agency.

Additionally, prior to the inspection we emailed care staff employed by the agency and external health and

social care professionals to ask for their feedback about care provided by the agency. We received feedback from 12 staff and two health and social care professional.

What we did during the inspection:

An inspection site visit took place on the 19 February 2019. On that day we spoke with the registered manager. During the inspection we reviewed four people's care records, which included care plans, risk assessments and daily care notes. We also looked at medicines administration records (MARs) for three people. We also looked at four staff files, complaints and quality monitoring and audit information.

What we did after the inspection: Following the inspection, the registered manager provided us with additional information related to the service provision such as staff training and supervision trackers and other documents related to the running of the service. We included this information in our inspection findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The agency helped to protect people from harm from others.
- All people using the service and relatives told us they felt safe with staff who supported them. They were confident staff would act if they suspected people were at risk of harm. One person told us, "I feel very safe, carers stay with me, they see what I want, they give the impression of concentrating on me." Relatives said, "I feel my relative is very safe – everything is very thorough, the manager is very on the ball, very reliable" and "I feel [my relative] is utterly safe."
- Staff received safeguarding training and they understood how to protect people from harm from others. One staff member told us, "Penrose Care is very strict in regard to safeguarding people from abuse and it shows. I feel that Penrose has taught me how I can recognise and react in the best way possible if ever in a situation where I think there is abuse."

Assessing risk, safety monitoring and management

- Risk assessments were an integral part of people's care plans. Staff were provided with clear guidelines of the identified risks to people's health and wellbeing and how to minimise them.
- The risk assessments that we saw related to various aspects of people's health, their medical conditions as well as other factors that could affect how people were and felt. These included any interruptions to people's daily routines and habits as well as the safety of the environment people lived in or visited.
- The agency had procedures to report any accidents, incidents and near misses and these were used by staff as required. We saw that appropriate action had been taken by the agency to monitor and minimise the possibility of accidents, incidents and near misses from reoccurring.

Staffing and recruitment

- The agency had safe recruitment procedures in place which ensured people were protected from unsuitable staff. These included checks of previous employment references and criminal records checks.
- Sufficient staff were deployed to support people. All people we spoke with told us staff were very reliable, always on time and never missed a visit. One person said, "Extremely happy with them. Always punctual, have never failed to come if. If one is sick another takes over." A family member stated, "Always punctual, if they can't come they let us know, but it doesn't happen, they don't let us down."
- Rotas showed that people were usually supported by the same staff which the agency carefully matched with people according to specific characteristics. This helped to develop positive, friendly relationships between people and staff. A staff member explained, "Penrose carefully matches our personality and character qualities to our specific clients."

- The agency was flexible and reliable when extra or sudden additional support hours were needed. One person told us, "In an emergency they provided support at the weekend."

Using medicines safely

- Medicines were managed safely and according to current national guidelines.
- Information about what medicines people were prescribed was available in people's care records and it was up to date. Medicines administration records (MARs) were clear in guiding staff on what medicines people were receiving and how to administer them. Staff recorded each administration on MARs clearly, with no gaps and by using agreed codes to reflect when medicines were not administered. Any changes to medicines (stops and starts) were clearly marked on MARs, providing an audit trail for future reference if needed.
- When medicines administration had been shared with family members, this had been clearly outlined in people's files. Specific agreements between the agency and the family were in place to ensure people received their medicines as prescribed.
- The agency had a robust medicines auditing process that included daily managerial and peer audits. Any medicines errors had been reported and recorded. We saw that improvement actions had been agreed to ensure medicines errors were not repeated.

Preventing and controlling infection

- Staff received training in infection control and appropriate measures had been used by staff to avoid the spread of infection. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use. A family member told us, "Carers wear gloves and aprons daily."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently better than expected. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People using the service, relatives, staff and external professionals provided consistently positive feedback about the agency. The feedback pointed out the high effectiveness of the care provided and its direct impact on people's physical health, wellbeing and the quality of life. People said, "I would like to report that [staff name] was absolutely brilliant. I was not feeling well and staff took particularly good care of me" and "Support workers [of Penrose Care] are enabling and enhancing my quality of life. Thank you." One family member praised staff saying, "Huge gratitude and admiration for how you picked up the pieces. I don't know how you managed it but it was so reassuring to feel [my relative] was so well cared in my absence."
- The agency continuously supported people to improve their health and to live fulfilled lives. We were told about two people who had been in receipt of palliative care. Two health professionals concluded that staff support was vital and contributed to significant improvements in the health of both people. They said this was because staff were able to recognise the infections early, give people constant attention and ensured people had a community life which brought them a lot of happiness.
- Another person, due to their progressive condition was at risk of needing residential care. The agency's staff worked closely with respective professionals on providing skilled, safe and effective care to this person. Consequently, the person had remained at home and had embarked on living a richer life consisting of various social engagements, travel and personal interests and hobbies. One professional involved in the person's care stated, "You are the most flexible, accommodative and amazing care provider I have ever dealt with."
- The agency worked with other health professionals including GPs, occupational therapists (OT), psychologists, psychiatrists and speech and language therapists (SALT). This helped to ensure people received support that reflected their individual circumstances and preferences and was effective in sustaining or improving people's health. We saw evidence of frequent communication between the agency and health practitioners. This was to discuss staff best care practice, acting on changes to people's health and discussing any difficulties staff might have when caring for people.
- The agency received very positive feedback from external health professionals. One professional told us, "All their patients that we have visited were well looked after, the staff are dedicated and have very good knowledge about their client needs and preferences which they always share where relevant to help us deliver best care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before the start of the service. The registered manager demonstrated skill and knowledge when he outlined the approach taken by the agency to assessments. This included the thorough and empathetic assessment of people's needs. The registered manager told us, "Before we accept a package we ensure we can provide care that is requested."
- The registered manager was not afraid for the agency to provide care to people who had complex needs or a behaviour that could challenge the service. The agency worked in close collaboration with external health and social care professionals in order to provide a cohesive care package for each person.
- People and relatives confirmed they participated in the assessment of their needs. They told us, "[There was a] very thorough introduction with the director and a carer, we wrote a care plan together, I see the care plan, staff follow this." A family member told us, "My relative was reluctant initially as it was difficult for them to accept care. Staff and managers discussed everything with my relative. Staff were very dignified and respectful."

Staff support: induction, training, skills and experience

- People using the service and relatives thought staff were extremely skilled, knowledgeable and experienced in supporting people. People said, "New carers shadow initially, they learn quickly" and "Absolutely delighted and bowled over with care from Penrose". A relative stated, "Yes I am very confident, staff realise that [my relative] needs encouragement and they give it to him well."
- Staff were confident they had sufficient training and support from the management to care for people well. One staff member stated, "Penrose have enabled me to be the best carer possible with all the training and courses provided to me."
- Training records showed that new staff received induction, including an introduction to the agency, mandatory training as well as shadowing of their more experienced colleagues. Additionally, staff who were not new to the agency but new to the package, had also shadowed their colleagues to ensure they provided care that was needed.
- All staff received refresher, mandatory training and additional training in specific areas of care. For example, all staff supporting one person with a condition that could challenge the service, had received specialist training by an external professional on the person's daily routines and how to work with this person. Because the staff approach was consistent a trusting relationship had been built between the person and the staff. Consequently, the person could live a much fuller life and much less restricted by their health condition.
- Staff received regular supervision and a yearly appraisal to ensure they had sufficient knowledge and skills to care for people safely and effectively. Staff also told us they could contact the management team at any time to discuss any issues and difficulties with supporting people.

Supporting people to eat and drink enough to maintain a balanced diet.

- When required, staff supported people to have a nutritious diet that met their needs. Staff received training in food hygiene and nutrition support.
- People and relatives told us that staff also helped with food shopping and preparation of people's favourite meals. One person told us, "Staff make an effort to cook something I want to eat." A family member stated, "Staff support with shopping and lunch out. [My relative] chooses what she wants to buy, she has her own list."
- Care plans set out for staff sufficient information on what people liked to eat as well as any special requirements or risks related to helping people to eat and drink. This included information if people needed support with eating or if they needed special equipment to reduce the risk of choking.
- Staff were provided with a range of food related courses including food safety, food, fluids and nutrition, allergens and diabetes. The agency also provided Kosher food preparation training to meet needs of the

people receiving the service. The registered manager said, the training had been provided to improve staff awareness and the ability to provide appropriate support when needed.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible". We checked whether the service was working within the principles of the MCA.
- When people did not have capacity to make decisions this had been reflected in their care files. Information had been provided on who had the legally appointed right to make decisions on their behalf.
- People's care plans guided staff on how staff should support people in making choices in relation to their care so people could stay safe and as independent as possible at the same time.
- People, or their legally appointed representatives, signed people's care plans showing that they gave their consent to care provided by the agency.
- Staff received training and they understood how to work within the principles of the Act. They told us, "The way that we empower people we support to make their own choices about the care and support is that we always ask for their consent before we do anything for them" and "I ensure that my clients are fully involved in any decisions including personal decisions, decisions about care."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- We received consistent, very positive feedback about the agency. Following telephone conversations with people and their relatives, our expert by experience (EXE) stated, "They [people and relatives] are all thrilled with the service. Can't speak highly enough [about them]." People's comments included, "Exceptionally caring, all very polite. Staff are very encouraging, very calm and kind" and "Very nice staff, very pleasant, I am happy with them." Family members praised staff for their kindness and commitments to delivering highly person-centred care. One family member told us, "They [staff] have a very caring ethos, carers are always on time, they always go the extra mile."
- External health and social care professionals commended Penrose staff for their ability to work with to meet the highly complex needs of people using the service. One professional told us, "They have an extreme level of dedication, they always go an extra mile. For example, even on weekends when things can go wrong they are responsive and deal with issues quickly."
- Staff had always time for people and were keen on engaging in positive interactions. Relatives told us, "Carers talk about things which interest my relative, for example news and journalism" and "[My relative] smiles when they [staff] come in. He enjoys a chat with staff you can tell he likes them."
- The agency's ethos was, "to promote a caring workforce, the organisation itself has to be caring." The agency promoted ethical workplace practices. This meant the agency supported staff through employment stability (at least 20 hours a week) and an additional employee health benefits package. Staff told us, "In Penrose they take care about us" and "I know I am a valued worker whose opinion matters." This helped to kept staff retention low and we saw that it had a direct positive impact on people. One relative told us, "We are very happy with the Company, they pay a living wage so retain staff longer so there is more continuity" and "Staff seem to stay with the company, not a high turnover which is very helpful."
- Staff received training in equality and diversity. The agency respected people's cultural and religious needs and the ways people lived their lives. Staff supported people in accessing places of worship or to prepare food that was in line with their religious and cultural requirements. One staff member researched various topics about being a member of the LGBT+ (lesbian, gay, bisexual, and transgender) community and on best ways to support people from this community. At the time of our inspection, no person using the service needed the support with accessing LGBT+ community. However, the information gathered by the staff member was ready to be used when needed.

Supporting people to express their views and be involved in making decisions about their care

- Staff continuously involved people in making decisions about their care and supported them to have their

voice heard. Family members told us, "[involving this agency] has really worked with my [relative]. My relative wanted to see the agency's offices, and managers agreed. My [relative] could look for all the faults and not find any so was happy to [receive care]" and "Staff listen to my [relative] very well, respected her wishes but are also able to help her where this is needed, because they are skilful, respectful and considerate."

- Information about how people preferred and could communicate was recorded in their care plans. Staff were able to communicate effectively with people because relationships were good and staff understood people. For example, we were told about one incident when staff skilfully de-escalated a person's behaviour by being able to speak to the person when the person was experiencing extreme distress. One professional commented, "Staff are very skilled in managing the balance of listening to my client and not being distracted by the client's disruptive behaviour." A family member of another person told us, "Communication with [My relative] is difficult, but staff read between the lines understand and respect her."
- Staff knew people well and assisted them in enhancing their potential and living the best life regardless of their health condition. As a direct result of staff involvement people could stay independent or do things that helped to increase their self-worth. Various records and pictorial evidence showed that, with staff support and encouragement, people could do things such as work as volunteers in the local community or deliver speeches to an audience.
- Because of consistent staff support, including regular, agreed exercise routines, some people's mobility increased. Therefore, they could enjoy walks, social engagements as well as visiting places of culture, a gym or restaurants. One professional told us, "Thanks to the Penrose staff encouragement, my client was able to regularly access the community and do things they liked. This required a lot of staff steadiness and patience."
- Encouraging people's independence and self-worth was at the heart of Penrose staff culture and values. One staff member told us, "I am a support worker. It means I am not doing things for people. I am just supporting them, and I let people to do things by themselves to feel independent." Another staff member stated, "Empowering people to make their own choices is very important. I do this by letting them know their choice is important to me. For instance, one of my elderly clients wanted to do her washing up, I told her how happy I was to see her active."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity at all times. One relative told us, "Staff speak to [my relative] respectfully while giving a bed bath top to toe" and "Staff have been male carers, which is good for my [relative]."
- When people were experiencing distress, or were in pain, staff were still able to attend to people's needs to their satisfaction. In such situations, family members described staff as patient and skilful. They said, "Staff listen and respond very sensitively and well, [My relative] is happy with them, despite the fact she has very high standards and some irrationalities" and "Very difficult to know what the problem is if [my relative] is screaming. Staff are very patient and helpful."
- Staff were clear that providing dignified care that promoted people's independence was very important to them. They told us, "When we are providing our care we always give our customers choice. We want to make sure they feel in control of what we are supporting them with in their daily lives. Always acting with their consent" and "[I am] always asking their [people's] opinion, encourage them to have choice so they can decide. [I am] asking if she/he feels comfortable if not I try to improve."
- People's care plans had detailed information on what personal care needed to be provided. These included toileting, grooming, instruction on how to use any equipment or care aids and action that needed to be taken to ensure the person was comfortable.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew people's needs well and provided care that met these needs. Relatives said, "[Staff] know about my [relatives] needs and respond to these well" and "Yes, they have got to know [my relative] well."
- People and relatives thought the agency was very responsive to people's rapidly changing needs. For example, in the feedback provided to the agency a relative thanked them for an unplanned extension of care hours allowing the relative to rest. A person using the service told us, "Staff have suggested to buy an electric fan in the very hot weather. They are very responsive."
- Each person had an up to date care plan that had sufficient information for staff on how to support people. Care plans were person centred and included details of people's care needs and preferences and how they would like care to be provided.
- Care plans were easy to follow and provided staff with an all-round picture of the person they supported. Each document consisted of information about people's life history, medical condition as well as people's daily routines, things they liked to do and hobbies. All people and relatives confirmed they had care plans and they participated in their formulation. One person told us, "I have seen the care plan and I saw staff refer to and use this. This was written based on my needs and requests." A relative said, "Yes I have seen the care plan, staff follow it carefully."
- When possible, staff supported people to follow their interests such as attending cultural events, arts and crafts, and do things they liked to do, for example going to the cinema or travel. One person told us, "Staff have suggested to go and do things which I want."
- The service was an integral part of the community and was involved in various community events and actions aiming at improving understanding of needs of people who may use services and improving their life in the community. This, for example, included providing a dementia awareness surgery at local community events or meeting with the representatives of the local council to raise concerns about safety concerns such as cracked pavements.

Improving care quality in response to complaints or concerns

- There was a complaint procedure available to people if they wanted to raise concerns about care received. Complaints records showed that the agency had responded to all concerns immediately and took action to address highlighted issues.
- People we spoke with told us they felt comfortable with raising concerns with the agency and they thought these would be addressed promptly. One person stated, "I would go straight to the management. We have very good communication. Over the years we had a couple of requests. The provider is very responsive."

End of life care and support

- Prior to our visit the agency had supported people who were receiving care from the palliative care team. The agency worked closely with the palliative care team to ensure people received the best possible care at this difficult time. With staff support one person's health improved and they had been discharged from the palliative care team as no longer needed their involvement.
- We saw the agency had carried out conversations with people using the service about their end of life wishes and preferences. The outcomes had been recorded in people's care plans. When people chose not to have such discussion, this had been respected.
- We saw that staff had received training in end of life care to better understand the subject.
- At the time of our visit the agency was not providing end of life care to any of people who used it.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The agency continuously promoted person centred care which placed people using the service and, when needed, their relatives at the heart of all care provided.
- People and their relatives gave consistently positive feedback about the agency. People's comments included, "I initially found it difficult to be looked after but the provider managed this very skilfully and very well" and "Penrose is a very well-run company, one of the things which is outstanding is that all staff have appropriate training, for example, dementia. Some of the staff are fantastic." A family member told us, "I immediately got a very good feeling about the provider, no questions or concerns, provider very reliable and staff seem happy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place including the registered manager and two deputy managers. Their roles were specified in their job description document which helped to ensure each person within the team knew their responsibilities and what they were accountable for.
- Care staff were given guidelines on what was expected from them in their role. This had been discussed during the staff induction training. It was also outlined in a support worker responsibilities document given to staff at the start of their employment.
- Staff thought the agency was very well led. Staff said they could contact the management team any time and they would always be effectively supported. A staff member stated, "Penrose Care offers 24/7 contact with management. The service is very well managed, with [the manager] taking great interest in the day to day running of it and having built a good team of senior management to help him with this."
- The agency had an effective quality monitoring system in place that included a set of managerial audits, for example, daily medicines and daily care notes checks and yearly (or earlier if required) care plan reviews. The management team carried out regular field visits and phone contact with people or their representatives to discuss any matters related to the service delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to give regular feedback on the service they received. One person told us, "The

manager comes around and checks everything is ok, always asks for our review." A family member stated, "We work in tandem. We have a very good partnership."

- Staff were invited to regular team meetings where they could share ideas for service development, their experience and support each other with any work matters. Staff said, "Every month we have meetings with our colleagues, we express our opinions. I always learn something from my colleagues" and "Yes, through the meetings we can make suggestions if we believe that we can improve the service and make the care better."
- The agency carried out yearly satisfaction surveys asking people using the service, their relatives, staff and external professionals for feedback about the agency. The last survey took place in May 2018. Nine people and eight family members responded to the survey. Their overall feedback indicated the agency provided effective support that met people's needs. Response from four professionals who returned the survey suggested the agency "took good care" of people who used it. Seven staff who participated in the survey reflected their satisfaction with their employment and support they received from their line managers.

Continuous learning and improving care

- The agency was committed to continuous learning and improving care. We saw proactive action had been taken by the management team when things went wrong and the practice needed to improve. For example, more intense medicines audits had been introduced to ensure identified medicines errors did not reoccur. In another example staff were provided with additional training on housekeeping, such as various domestic duties, after complaints about this area of care had increased.
- Complaints, accidents and incidents and safeguarding concerns had been addressed promptly and used to improve care provided to people.

Working in partnership with others

- The agency worked in close partnership with the local community and external care and social care professionals to improve care provided to people.
- External professionals gave us very positive feedback about the agency. One professional told us, "Through observation and conversation with Penrose Care we believe they are an excellent and very professional care provider" and "We have confidence to say that Penrose Care is very special and inspiring organization with [the registered manager] an excellent leader."