Carewatch Care Services Limited

Carewatch (Isle of Wight)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Carewatch (Isle of Wight) is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It is registered to provide a service to older adults, younger adults and children.

Not everyone using Carewatch (Isle of Wight) received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection was conducted between 21 and 29 June 2018 and was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure key staff members would be available. At the time of the inspection approximately 128 people were receiving a regulated activity from Carewatch (Isle of Wight).

We last inspected the service in April 2017 when we did not identify any breaches of regulation, but rated the service as 'Requires improvement'. Following that inspection, the registered manager wrote to us detailing the improvements they planned to make.

At this inspection, we found improvements had been made, but some further improvement was needed to ensure risks to people were consistently managed effectively. We found a key staff member was not aware of a serious risk to a person with a serious medical condition and there was a lack information in the care plan of another person who experienced epileptic seizures.

There were enough staff available to attend all calls. However, some people felt the timings of visits was not always consistent and the provider was unable to confirm the level or extent of late calls. We have made a recommendation about this.

Appropriate recruitment procedures were in place to help ensure that only suitable staff were employed.

Where staff supported people to take their medicines, we found this was done in a safe way. Staff followed infection control procedures and used personal protective equipment when needed.

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse. The registered manager reported incidents appropriately to the local safeguarding authority and cooperated fully with any investigation.

There was a plan in place to deal with foreseeable emergencies and staff had been trained to administer basic life support.

People were complementary about the competence of staff and the quality of care they received. New staff completed an effective induction into their role and experienced staff received regular refresher training in all key subjects. Staff were appropriately supported in their role by managers.

Staff followed legislation to protect people's rights and sought consent before providing care or support to people.

Senior staff conducted assessments of people's needs before agreeing a package of care. Care plans were informative, up to date and reviewed regularly.

People received personalised care from staff who understood their individual needs well. Staff were flexible and adaptable when people's needs or wishes changed.

Where staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences.

Staff monitored people's health and supported them to access healthcare services where needed.

Staff were caring and compassionate. They built positive relationships with people, encouraged them to be as independent as possible and involved them in decisions about their care.

Staff treated people with dignity and respect and protected their privacy during personal care.

Staff knew how to support people to receive a comfortable, dignified and pain-free death and some had received specialised training in end of life care.

People had confidence in the service and felt it was managed effectively. They knew how to raise a complaint and felt they would be listened to.

There was a clear management structure in place. Most staff were motivated and happy in their work. They were aware of the provider's ethos and how they were expected to work.

There was an effective quality assurance process in place at the service, with appropriate oversight by the provider. The provider sought and acted on feedback from people. Arrangements were in place to share lessons learnt from incidents and inspections and to promote best practice.

There was an open and transparent culture. The registered manager notified CQC of all significant events and policies were in place to encourage staff to raise concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Individual risks to people were not always managed effectively.

There were enough staff deployed to attend all calls. However, some people said the timings of visits was not consistent and the provider was unable to confirm the level of late calls.

Recruitment practices helped ensure only suitable staff were employed.

Where the service supported people to take their medicines, this was done in a safe way by suitably trained staff.

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse.

There were appropriate systems in place to protect people by the prevention and control of infection.

A business continuity plan was in place to deal with foreseeable emergencies.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were competent, suitably trained and appropriately supported in their roles.

Staff acted in the best interests of people and followed legislation designed to protect people's rights.

Where staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences.

People were supported to access health professionals when needed. When people were admitted to hospital, staff ensured key information accompanied the person to help ensure continuity of care.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They built positive relationships with people and promoted their independence.

Staff protected people's privacy and respected their dignity.

People, and family members where appropriate, were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Care plans were reviewed regularly and staff responded promptly when people's needs changed.

Staff knew how to support people to receive end of life care that helped ensure their comfort and their dignity.

People knew how to raise a complaint and there was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

People had confidence in the service and felt it was managed effectively.

There was a clear management structure in place. People benefited from a service where most staff were motivated and happy in their work.

A comprehensive quality assurance process was in place to assess and monitor the service. The provider sought and acted on feedback from people.

The provider had a clear set of values and staff knew what was expected of them.

There was an open and transparent culture, including a whistleblowing policy to enable staff to raise concerns anonymously if needed.

Carewatch (Isle of Wight)

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.

The inspection was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was used to conduct telephone interviews with people and their relatives. The inspector visited the service's office on 21 and 29 June 2019 to see the registered manager and office staff and to review care records and policies and procedures.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law. We also sent questionnaire surveys to staff working at the service. We received 15 responses and used the information to help focus the inspection.

During the inspection we spoke with 17 people who used the service, or their relatives, by telephone. We visited and spoke with four people in their homes. We spoke with the provider's Head of Quality, the registered manager, two quality officers, a care coordinator and 11 care workers. We looked at care records for nine people. We also reviewed records about how the service was managed, including staff training and recruitment records. Following the inspection, we received written feedback from the local authority's commissioning team and quality monitoring team.

We last inspected the service in April 2017 when did not identify any breaches of regulation, but rated the service as 'Requires improvement'.

Requires Improvement

Is the service safe?

Our findings

Individual risks to people were not always managed effectively. The provider's quality officers completed assessments to identify any risks to people using the service or to the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. However, we found a key staff member was not aware of a serious risk to one person. The person was at risk of developing a serious condition linked to spinal injuries that would require urgent medical assistance. This was comprehensively documented in their care plan, but the staff member told us they had "not read all through the care plan yet as it's been quite busy". They were not able to describe the symptoms the person might display or the action they needed to take. We brought this to the attention of the registered manager who took immediate action to ensure the staff member was made aware of this. Another person experienced epilepsy seizures; staff were aware of this and one staff member described the action they had taken when the person had had a seizure; the person told us the action taken was correct and in line with their wishes. However, their care plan did not contain any information about the person's epilepsy or the action staff should take. This posed a risk that staff who were not familiar with the person might not take the right action when they had a seizure. We brought this to the attention of the registered manager and they arranged for additional information to be added to the person's care plan to help ensure the person would receive consistent support from all staff.

All other risks to people were fully recorded and staff we spoke with were fully aware of the action they needed to take to minimise the risk of harm to people. For example, some people used pendant alarms linked to a monitoring service. If they fell while on their own, the alarm would activate and help would be sent by the monitoring service. We heard staff checking that people were wearing their pendant alarms and care records confirmed staff did this consistently before leaving people.
There were sufficient numbers of staff available to attend all calls, although some people felt the timing of visits was not always consistent. For example, one person told us, "[Staff] are not always on time." Another person said of the staff, "I get frustrated at times because they are very hit and miss with their time keeping." She added that their time keeping "is not consistent".

Other people were more positive about the timeliness of their visits. For example, one person said of the staff, "They are very reliable and come three times a day." A second person told us, "They are very reliable. If they're going to be late, they ring, but it's very rare"; and a third person said, "They arrive on time when they can. If they are running five or ten minutes late, they call to let me know."

Staffing levels were determined by the number of people using the service and their needs. The registered manager told us new care packages were only accepted if sufficient staff were available to support the person. Office staff produced a schedule each week, showing the times people required their visits and the staff that were allocated to them. These were then sent to the person so they knew who would be supporting them at each visit. The registered manager said people understood there was a 15 minutes leeway in the timing of their visits. One person confirmed this and said, "They are always within the 15 minutes leeway and they've never missed a call."

Staff told us the 15 minutes leeway was rarely exceeded, but most staff felt they needed more travelling time built into their schedules to enable them to arrive at calls on time. Comments from staff included: "I have to work around the schedule as there's not always enough time to get from one call to another"; "The schedule is do-able, but realistically we need an extra five minutes [between calls] so we're not rushing. Five minutes [travelling time] is the norm, but we could do with ten" and "The schedule is sometimes okay, sometimes not. Calls are tight. [The care coordinators] try their best to get the timings right, but it's difficult sometimes."

However, the provider was unable to say how often visit times exceeded the 15 minutes leeway. Staff had been issued with smartphones that allowed them to record, on the computerised allocation system, when they arrived to support a person and when they left. If the staff member failed to arrive or leave as expected, an alert was sent automatically to supervisors, so they could make enquiries. This system helped ensure calls were not missed inadvertently and supported the safety of staff who worked alone. However, the data relating to the timeliness of calls was not analysed, so the provider was not able to confirm the level or extent of late calls.

We recommend the provider explores methods of analysing data relating to the timeliness of calls to enable them to demonstrate that enough staff are deployed consistently to meet people's expectations and support them in a timely way.

Appropriate recruitment procedures were in place to help ensure that only suitable staff were employed. Staff files included full employment histories and records of interviews held with applicants, together with Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. References had also been sought from relevant people, including previous employers, to check applicants were of good character. Staff confirmed these procedures were followed before they started work at the service.

Where the service supported people to take their medicines, we found this was done in a safe way by suitably trained staff. One person said of the staff, "They watch me do my tablets myself and write it in the book for me." The provider had effective procedures in place to support the safe administration of medicines and the provider's quality officers regularly observed staff practice to help ensure the correct procedures were followed. Information in one person's care plan about a blood thinning medicine they were taking was not correct. This could have had adverse consequences if the person suffered an injury and been admitted to hospital. However, we brought it to the attention of the registered manager and they amended the person's records accordingly.

People told us they felt safe with staff. One person said, "I feel completely safe with all the [staff]." Another person told us, "I certainly do feel safe. It's the friendliness [of the staff] that makes me feel very secure."

Staff understood their safeguarding responsibilities and knew how to identify, prevent and report abuse. They were confident that managers would respond to any concerns they raised. A staff member described the signs of potential abuse they were alert to and one told us, "I always ask about any bruising that's new and how it happened." Records confirmed that the registered manager had reported incidents appropriately to the local safeguarding authority and to CQC and cooperated fully with all investigations. The registered manager shared details of an investigation they had been involved with and detailed the lessons they had learnt from it. These had been shared with staff to help prevent any reoccurrence in the future.

There were appropriate systems in place to protect people by the prevention and control of infection. Staff had attended infection control training. They had access to personal protective equipment (PPE), such as disposable aprons and gloves, and we saw they used this appropriate during our home visits. One person told us staff checked the 'use by' dates of food in their fridge which they felt was "really helpful and beyond their duty".

The service had a business continuity plan in place to deal with foreseeable emergencies. This covered events such as extreme weather and had been successfully implemented over the previous winter. One person told us, "The bad weather made no difference, they [staff] still came as normal." A staff member told us they had volunteered to come into work during the bad weather and had "trudged to calls in the snow even though I was on leave". The registered manager told us they had also accessed 4x4 vehicles through the local authority to enable staff to reach people in remote areas. The plan included assessments of the vulnerability of people and those for whom the timing of calls was critical due to medical conditions and helped ensure people received the necessary support in an emergency. In addition, all staff were trained to administer basic life support to people.

Good

Is the service effective?

Our findings

People were highly complementary about the competence of staff and the quality of care they received. One person described the care as "fantastic" and another said staff were "very skilled at their jobs; they come across as confident and competent". A further person told us, "I can't complain about the care; they [staff] are superhuman." A family member echoed these comments and said staff were "skilled at everything they do; we couldn't manage without them".

New staff completed an effective induction into their role. This included a five-day classroom-based training programme, followed by 'shadowing' where they worked alongside experienced care staff until they felt confident and competent to work unsupervised. One staff member told us they had asked for additional shadowing as they had not worked in care before and this had been arranged. They said they now felt "confident and very enthusiastic" about the role. Staff who were new to care were supported to complete training that followed the standards of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff received regular refresher training in all key subjects and were supported to undertake other training relevant to their role, such as dementia, end of life care and catheter care.

Staff demonstrated an understanding of the training they had received and how to apply it in practice. For example, they explained how they communicated with people living with dementia by remaining patient and using simple questions. One staff member told us, "Many clients have dementia and every day can be different for them. They will tell you the same thing five or more times, but we just go along with it and respond as if it's the first time they've told you." Another staff member described how they supported a person living with dementia to make decisions by "reassurance, prompting and sticking to their routine to minimise confusion". A further staff member told us they supported a person living with dementia by writing the day and date on a memory board, together with which staff member would be making the next visit.

Staff were appropriately supported through yearly appraisals and regular supervisions. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns or aspirations, offer support, and discuss training needs. In addition, staff received 'field observation checks' where a quality officer observed their practice and provided feedback. Staff told us these checks were useful and were done in a supportive way. One staff member told us, "The quality officers have been brilliant with me; I can call them anytime for advice." An additional form of supervision had been introduced for new staff after their first three months in post. This was called "Knowing me, knowing you" and provided an opportunity for new staff to spend time in the office to meet the office staff, quality officers and care coordinators. Staff who had completed this told us it had been valuable and had helped them to "feel part of the organisation".

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Since the last inspection, the registered manager had implemented new procedures to check whether people had appointed a Lasting Power of Attorney (LPoA) to act in their best interests. This had helped ensure that people only received care and support with their consent or with the consent of a person with legal authority to do so. Where people had not appointed an LPoA and there were doubts about their ability to make specific decisions, the registered manager described the process they followed to assess a person's capacity and make best interests decisions on their behalf. Where people had capacity to make decisions, they had been invited to sign their care plans to show agreement with the proposed package of care. People confirmed that staff always sought verbal consent before providing support; for example, one person said, "They even ask 'Are you happy if I take your T-shirt off now' when they're helping me wash."

Senior staff conducted assessments of people's needs before agreeing a package of care. One person told us they could not leave the hospital until they had been assessed to make sure they had the right level of support. Another person said Carewatch staff had been instrumental in helping them obtain additional equipment to support them at home, including a hospital bed. A social care practitioner from the local authority told us, "Carewatch are very friendly, communicate well and are very helpful. They always assess [people] and start packages of care on the days they say they are going to. If there is an issue/problem, we are always informed and they will always call once an assessment has been completed and give us the outcome."

Most people's meals were prepared by family members. However, where care staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences. One person said of the staff, "They are all good cooks, but one in particular is excellent; she's the best cook in town." Another person told us staff always remind them to get the meal out of the freezer early, so it would be ready for them to cook. They said staff were "very fastidious about that, which is good".

Staff knew people well and monitored their health daily. If they noted any changes they would discuss this with the person and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support, for example from doctors and community nurses. Essential contact numbers for relevant professionals and family members were available to staff to enable referrals to be made promptly. People's care plans also included a 'grab sheet'. This would accompany the person if they needed to be admitted to hospital and included key information about their needs and helped ensure continuity of care. In addition, where requested, staff accompanied people to healthcare appointments to provide support.

Good

Is the service caring?

Our findings

People's needs were met by staff who worked in a caring and compassionate way. People described staff as "kind", "patient" and "respectful". One person told us, "The [staff] let themselves in and gently wake me up; they are wonderful." They added that they liked arts and crafts and that staff "always take the time to look at my crafts and remark on how good it is".

A care coordinator described how visits were arranged in 'rounds' to which they allocated regular staff who could get to know people well. People said this had helped them build positive relationships with staff. One person told us, "You get a friendship with the regular [staff] and you can tell they are concerned about your health. They are all magic." Another person said, "We have a good rapport and always have a good laugh. Sometimes I'm crying when they come and they comfort and support me." A further person said of the staff, "They are very welcoming. We have built up a relationship now; they are very patient."

A family member explained why the "close bond" they had built with staff had been so beneficial. They said, "A year ago today, my [relative] had a stroke. When the carer came in she gave me a hug straight away and said she would like to bring in [a special meal] for me tonight." They felt it was "lovely" that the care worker had remembered such an important event and had wanted to cheer them up.

Written feedback to the service from a family member stated, "[One particular care worker] is an absolute gem. My [relative] began to lose her memory over the past year, but [the care worker] has really made an impact on her. She even remembers her name and looks forward to seeing her smiley face. I couldn't ask for anyone better to help my [relative] whilst [I'm away]. She goes beyond her job description every day."

During our home visits, we observed positive interactions between staff and the people they were supporting. They clearly knew people well and had a good rapport. For example, while supporting a person to shower (behind a closed door), we heard the staff member and the person chatting naturally and easily together. The staff member complimented the person on their "beautiful nails" and engaged in friendly banter. The person later told us, "[Today's care worker] is a special one; but they are all good, every one of them."

Staff treated people with dignity and respect. One person told us staff were "kind and respectful". They added that staff always "wipe their feet and take their shoes off when they come in", which showed respect for the person's property. Another person said of the staff, "They always treat me with dignity."

Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. They described the practical steps they took to protect people's privacy during personal care, for example by making sure doors and curtains were closed and using towels to keep the person covered as much as possible. One person said, "All the staff are mindful of my privacy." Another person told us, "Things relaxed once I'd got over the first embarrassment [of being supported with personal care]. I have the same small group of staff now and they have time to chat, which helps a lot."

The registered manager explored people's cultural and diversity needs during pre-admission assessments and included people's individual needs in their care plans. For example, staff supported one person to attend a church service every week and knew that another person preferred experienced female only staff for personal care.

People and relatives told us they were involved in discussing and making decisions about the care and support they received. One person said, "I was listened to [during the assessment] and they [staff] were really helpful." A family member told us their relative was "involved when they were assessed as much as they could be." People were also involved whenever their care and support needs were reviewed and their views were recorded in their care records.

Staff encouraged people to be an independent as they could be and to remain in their own homes for as long as they wished. One person told us, "I wanted to stay in my own house, so they sorted staff out for me." Another person said, "It's important to me that I can be as independent as possible and they [staff] understand this." A staff member told us, "We did a whole section in training about promoting independence. Most people are quite independent anyway, but we give them a little push now and then and get them to do what they can."

Good

Is the service responsive?

Our findings

People told us they received highly personalised care from staff who understood their needs well. One person said of the staff, "Everything I want them to do, they do. I can't speak highly enough of them" Another person told us, "We've got into a good routine; and it's all done at my pace, which I like." A further person said, "They [staff] understand me and my problems, as do the office."

Care was centred on the individual needs of each person. People were assessed before their care started to ensure the service could meet their needs in an appropriate and effective way. This allowed the person the opportunity to discuss any care preferences they had, such as times of visits and the way in which they wished to be supported. The information gathered from the assessment was used to inform the person's initial care plan. The care plan was then developed over time as staff got to know the person's needs and preferences better. Each person's care plan contained information about their specific needs and how they wished them to be met. The information was available within the person's home and in the service's office. Some key information was also accessible to staff via mobile phone. This allowed them to prepare for each visit and to access up to date information.

During home visits we observed staff supported people in a personalised way and staff were clear about the importance of taking a person-centred approach to providing care and support. Care plans were reviewed every three months or when the person's needs changed. Records of the care and support provided were up to date and confirmed that people had been supported in accordance with their care plans.

People told us staff were responsive to their needs and were adaptable if their needs or wishes changed. For example, one person told us they had asked for additional support one day to allow their partner (who was their main carer), to go to the mainland for the day. They said, "They arranged for me to have three calls that day. It made my [partner] relax and I was happy with that." A family member of another person told us they had been supported to take their relative on holiday with the help of three staff from Carewatch who supported the person on a 24/7 basis during the holiday. They said the arrangements had "worked out well and we all enjoyed the break".

A staff member told us how they had adopted a flexible approach while supporting one person. They said, "[The person] is very up and down. They need a lot of emotional support. I know [them] very well, so can pick up their mood very quickly. They have good days and not so good days when they need to talk. We talk a lot."

People told us they knew how to raise a complaint and felt happy that if they did so they would be listened to. The service had a policy to deal with complaints, which included details of action people could take if they were not satisfied with their response. One person said, "If I had any worries I would speak to the office." Another person told us, "The office is easy to contact, you get straight through and they sort things out there and then." The complaint records we viewed confirmed that all complaints were investigated fully and dealt with promptly in accordance with the provider's policy.

Staff knew how to support people to receive a comfortable, dignified and pain-free death and described how they done this recently. They had worked closely with relevant healthcare professionals and provided support to people's families. Some staff had received training in end of life care from a local hospice and said they had used this training in practice. The service was about to start supporting another person with end of life care needs. The registered manager showed us an 'enhanced care and support plan' the service was implementing to support staff to capture the person's needs, wishes and preferences.

Good

Is the service well-led?

Our findings

People had confidence in the service and felt it was managed effectively. One person told us, "They [staff] do a great job, it must be like a jigsaw fitting everyone in. They are meticulous." Another said, "Everyone at [Carewatch] is helpful and organised. I couldn't have wished for more. They're brilliant; very professional." A further person said, "I'm very pleased with [Carewatch]. Everything about them is very good."

A social care professional from the local authority told us they felt the service was "well-led and organised". Another told us, "[Carewatch staff] are very helpful and sometimes go the extra mile. They have good communication skills and when they say they are going to do something they do it."

All but one person told us they had a good rapport with office staff. They said the office was easy to contact and any questions were answered effectively. Comments included: "The office [staff] are lovely and answer quickly; I'm not stuck on hold at all" and "[The service] is well managed. I'm on first name terms with them all as we have been using them for years. I can contact them day or night if I have to; they are easy to contact."

There was a clear management structure in place consisting of the registered manager, quality officers and care coordinators. Staff described the registered manager as "approachable", "supportive" and "helpful". The registered manager received appropriate support and oversight from the provider, including from the provider's quality managers who visited often.

People benefited from a service where staff were motivated and happy in their work. Comments from staff included: "I feel valued and appreciated. I'm very happy in my role and with the management"; "It's a good company to work for so far. We get occasional thanks [from supervisors] and that makes you feel appreciated"; "I enjoy working for the agency. You sometimes get a thank you and if you've done a good job you get recognition. The job is very fulfilling and rewarding" and "I absolutely love the job. It's rewarding in so many different ways".

To help motivate and retain staff, the provider had introduced long service awards. One staff member told us they received an award and a gift and were mentioned in the service's newsletter; they said this made them feel "valued". Other staff said they were looking forward to receiving awards in the near future. In addition, some staff had been nominated for provider level awards in recognition of service 'above and beyond' in the support they provided to people. This recognition helped staff feel valued and aimed to reduce the level of staff turnover, thereby leading to improved continuity of care for people.

Some staff told us they felt the support they received from management was undermined by the provider's policy of refusing to pay parking costs, even when these could not be avoided. Comments from staff included: "When you're unable to park due to restrictions, we're expected to find free parking and walk to the job. If you do that you fall behind [with the schedule], but if we have to buy a ticket we don't get the money back"; "Parking is an issue. One day I had to pay £8 for parking and I only had two or three calls, so ended up out of pocket. I know one colleague refuses to go to certain places as they don't get reimbursed" and "It bugs me having to pay for parking. For one person [we visit] we have to use a [public] car park. It's cost me quite a bit over the years, but we're told they [the company] don't pay parking".

This issue risked damaging staff morale and potentially affected their ability to keep to the call schedule and support people in a timely way. One staff member told us they had agreed with the care coordinators that they would not attend all calls to one person where they had to pay to park, so the costs were spread between several staff. This had an impact on the consistency of care the person experienced.

The registered manager told us they were not aware of any calls were staff did not have access to free parking. They said parking should be considered as part of the initial assessment and any issues identified at that stage. However, they agreed to investigate the issue and identify an appropriate solution.

The quality of service delivery was monitored by quality officers who conducted 'field care observations' to check staff were working to the required standards. The checks included punctuality, safeguarding, moving and positioning practices, medicine administration, dignity and respect. Where the checks indicated staff needed additional support, this was provided. Staff meetings were used by managers as an opportunity to reiterate important aspects of the service. For example, minutes of recent meetings showed staff had been reminded of the need to follow infection control procedures times and to follow the provider's lone working policy.

The quality assurance processes also included a range of audits conducted by the registered manager and the service's quality officers. In addition, the provider's 'Quality Service Improvement Manager' conducted comprehensive audits of the service annually, followed by a six-weekly review to ensure identified actions had been completed. The audits had proved effective in identifying and addressing improvements. For example, A review of recruitment records by the registered manager had identified an incomplete employment history for a new staff member and we saw this had been addressed.

The registered manager told us they had started checking every care plan before it was put in place to help ensure they were of an acceptable standard. In addition, they routinely dip-sampled a range of care plans to check they were up to date and reflective of the person's current needs. Although this had not identified anomalies in two care plans, the registered manager took immediate action when these were brought to their attention. All other care plans we viewed contained comprehensive, up to date information about people's support needs. Daily care records had been fully completed and medication administration records had been completed to a high standard. A person told us a quality officer had noticed "discrepancies in my book [care records] so they came to review it and sort it out". This demonstrated that the auditing process was effective.

The provider sought and acted on feedback from people using a range of methods. Questionnaire surveys were sent to people and their relatives regularly by an independent company. Responses were then collated and analysed by staff at the provider's head office to identify themes for improvement that could be made locally. One theme had identified inconsistency in notifying people of changes to their schedules. Following the implementation of an action plan, we saw people's satisfaction with this aspect of the service had started to improve. In addition, 'telephone monitoring forms' were also used by office staff to record discussions with people and their relatives, together their views about the service. Responses we viewed were overwhelmingly positive and included comments such as: "Carers do an excellent job and always listen to me and respect my choices."

The provider had a clear set of values and staff knew what was expected of them. They were familiar with the provider's ethos of being 'passionate about quality, respect for people and achieving positive outcomes'.

The provider's Head of Quality told us, "It's about employing the right people and promoting the mum's test." The mum's test encourages staff to ask themselves whether the service they are providing is good enough for one of their loved ones.

There was an open and transparent culture within the service. Staff said they were made welcome when they visited the office. The registered manager notified CQC of all significant events. The service's previous rating was prominently displayed in the reception area of the office and on the provider's website. There was also a duty of candour policy in place to help ensure staff acted in an open and transparent way when mistakes were made. Although some staff expressed a reluctance to raise concerns, for example for fear of having their hours reduced, others were clear that they would have no hesitation in doing so. For example, one staff member told us, "I feel confident to raise concerns, but have never had to. Team meetings are open discussions; they welcome ideas and input". Another staff member said, "I'm very upfront and speak up if I have any problems". The registered manager told us there was a whistle blower policy in place to enable staff to raise concerns confidentially and anonymously if needed.

The registered manager was receptive to feedback throughout the inspection and acted promptly to resolve any concerns raised. They described how they had fed back to senior managers after the previous inspection, so learning could be used to drive improvement across the provider's other branches. The provider had also established a 'lessons learnt workshop' to share emerging or common themes, concerns and good practice across the organisation.