

Classic Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place over two days on 12 and 15 April 2016 and was announced. Classic Care Services is a domiciliary care agency providing care and support to people living in their own homes in the Crawley and Haywards Heath area of West Sussex. At the time of the inspection approximately 58 people were receiving a service. The service was provided to adults and the majority of people using the service were older people, some were living with dementia. The service also supported some younger people with physical disabilities.

The service had a registered manager in post. The 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.

The service had systems in place to keep people safe. Staff had a good understanding of the correct procedures to follow should they suspect abuse and people told us they felt safe living at home with the service from Classic Care Services. People told us there were enough staff to cover the visits and that they had regular care workers one person commented "We usually have the same girls, it's a small team, they are all lovely," another person said, "They have never let me down." Staff told us they worked in geographical areas and covered for each other in the event of absences such as holiday or sickness, one member of staff said "There are plenty of staff, it's a good team and we can cover for each other."

Procedures for managing medicines were safe and staff had all received training. People told us they had confidence in staff ability to support them with their medicines, one person said "They know exactly what they are doing with my tablets, I have no concerns." Risk assessments were robust and staff told us that having comprehensive risk assessments in place helped them to provide care safely and to support people to take positive risks.

Staff were well supported and had access to regular training. Recruitment procedures were robust and one recently recruited member of staff said "I had plenty of time to get to know people and to listen and watch how the other carers did things." People told us they felt the staff were well trained, comments included "They are all very good at their jobs," and "They have been well trained and know how to care for me." Staff were able to demonstrate an understanding of the Mental Capacity Act including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. People and their relatives told us that staff sought their consent before providing care and support.

People were supported with food and drink. Nutritional risks and needs were identified and managed with effective monitoring. People and relatives told us that staff were proactive in recognising when people needed to access health care services, one person said "The carer knew straight away that I wasn't well and asked me if I had called the doctor, they were straight on the phone to them." People were happy with the care they received and told us the carers were kind and considerate. One person said, "You see such terrible

things on the TV about agency's providing care, there's nothing like that with this one, they are so caring." People confirmed that they were involved in making decisions about their care and that staff treated them with respect, one person said, "They are always very respectful of me and the fact that they are in my house." People said they valued the relationships they had built, one person said, "I can talk to all of them, I like a chat, and the ones I like most, well I can confide in them." Another person told us, "When I'm down they cheer me up, they're a happy bunch."

People's care plans clearly documented their needs and choices and staff demonstrated that they knew the people they supported very well. Care plans were regularly reviewed and amended to support people's changing needs and staff told us they were able to be flexible with the care they provided. People told us that staff were punctual and stayed for the duration that they expected. One person said "I don't ever feel rushed, they take it at my pace." Staff told us if they needed to stay longer with someone they could, and the registered manager confirmed this.

People told us they knew how to make complaints and that they felt comfortable to do so. There were effective systems in place to monitor quality and staff said the registered manager and the provider were approachable and supportive. They felt the service was well run and their views were considered and respected. One staff member told us "I'm proud to be a care worker," another said, "I wouldn't stay if I didn't think it was a good service."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe, people told us they felt safe and had confidence in the staff.

Staff had a good understanding of how to protect people from abuse and what to do if they identified safeguarding concerns.

Risk assessments were in place to ensure people were supported safely and people's medicines were managed safely.

There were sufficient staff to deliver care safely and robust recruitment procedures were in place for new staff.

Is the service effective?

Good ●

The service was effective and people were supported by staff who had the knowledge and skills to meet their needs.

Staff were well supported through induction, training and on-going supervision arrangements.

Where required staff supported people to eat and drink.

People were supported to have access to health care services.

Is the service caring?

Good ●

Staff were caring and people told us they were treated with kindness and compassion.

People were involved in making decisions about their care and their views were listened to.

Staff had a good understanding of how to protect people's privacy and dignity and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive to people's needs. Care needs were assessed reviewed and recorded and people's preferences and wishes were included.

Staff were proactive in responding to changes in need and care plans were updated in a timely way to maintain accurate information.

People knew how to make a complaint and had confidence that any issues would be acted upon.

Is the service well-led?

Good ●

The service was well- led and staff and people spoke highly of the leadership of the registered manager.

There was a positive, open culture and staff across the organisation conveyed a strong sense of team spirit

Effective systems were in place to monitor the quality of the service and to drive improvements and the registered manager and the provider had clear oversight of the service.

Classic Care Services 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 12 and 15 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. One inspector undertook the inspection.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection (this is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.) This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to five people who use the service and three relatives in telephone calls. We interviewed four members of staff and spoke with the registered manager and the provider. We looked at a range of documents including policies and procedures, care records for eight people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the providers systems for allocating care visits and other information systems.

The last inspection of Classic Care Services was December 2013 when there were no concerns.

Is the service safe?

Our findings

People and their relatives told us that the service they were receiving helped them to feel safe living at home. Their comments included "I don't have to worry, I know the carers will help me with whatever I need," and "They have never let me down, even in the snow they came," and "I know they are keeping a close eye on (my relative), it's so reassuring."

A member of staff told us that a risk assessment was always undertaken at the property when a new person's care package was arranged. When asked why this was important, they said, "To get a feel for what the person needs and wants and to introduce the service to them, it's important that they know what to expect from the carers and that we know it's a safe environment to send carers into." One person told us, "Someone came and did an assessment before the carers started; I think that was to make sure it was safe for them to come here." Risk assessments were comprehensive and covered a number of potential environmental risks both for people and care workers such as fire safety, food hygiene, infection control and security in and around the property. Where personal care was a feature of a care plan, staff were required to monitor and record the temperature of the bath or shower water to ensure the temperature was suitable for the person and to prevent scalding. A number of other specific assessments were in place to identify risks when assisting people for example, moving and handling risk assessments covered the weight, build and ability of the person as well as the type of equipment that was needed (such as hoists or wheelchairs) and clear details of the task required. Staff told us that having comprehensive risk assessments in place helped them to provide care safely and to support people to take positive risks. One care worker told us, "One person was a bit unsteady on their feet, I asked for the risk assessment to be looked at because they wanted to go out but they were at risk of falling. We ended up with more equipment and an extra call; that was good because it meant I could support them to go out and to build their confidence."

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff were able to describe different types of abuse and what signs to look for. They understood their role and responsibilities and what to do if they suspected abuse. There was an up to date safeguarding policy that referred to the local pan-Sussex safeguarding arrangements and records showed that staff had completed safeguarding training annually. We saw examples of when the registered manager had raised safeguarding alerts appropriately as a result of concerns identified by care workers. There was a whistleblowing policy (a whistleblowing policy enables staff to raise concerns about any wrongdoing in their workplace) staff were aware of this and able to describe what it meant, one care worker said, "If I was concerned that something was not right here I would report it to social services or to you (CQC)." People were protected by staff recruitment procedures that were robust and included two references, identity checks and disclosure and barring checks (DBS) to ensure that staff were of suitable character to work in the care industry.

People told us that there were enough staff to cover their calls and that they had regular care workers. One person said, "We usually have the same girls, it's a small team, they are all lovely," another said, "I have regular carers, I like a mixture and I get on well with all of them." Procedures were in place to respond to emergencies. A member of staff explained that planned absence like annual leave or training was covered in advance but any unplanned absence such as sickness often had to be covered on the same day. They told

us "There is never usually a problem in getting the work covered because the carers are very good at picking up additional calls in an emergency. If needed then the office based staff are all able to go out and cover calls to people." Care workers told us "There are plenty of staff, it's a good team and we can cover for each other," and "We work as a team, if the office asks us to pick up an extra call we know there's a good reason so we fit it in, as long as they let people know we might be later than expected." The registered manager told us that there were enough staff to cover all the calls to people saying, "The work is arranged in geographical areas so we always know how many staff we need to cover the work, we don't have problems getting calls covered, our care workers are very good."

There was a clear process for allocating work to care workers and ensuring all work was covered. People told us the care workers were reliable and they had not missed any calls. Care workers were allocated five minutes between calls for travel time. The care co-ordinator explained that this was a nominal time frame because work was arranged in small geographical areas so five minutes was usually adequate. Care workers confirmed that five minutes travel time was adequate between calls, saying "The calls are located really close together so five minutes is fine," and "It's only a guide really, people know we get to them as quickly as we can, if I'm running late for any reason I just give the office a call and ask them to let people know." People told us that the care workers arrived on time and stayed for the length of time they expected. One person said "They are mostly on time or within a few minutes, I don't ever have to ring the office to ask where they are," another told us "They usually arrive between 9 and 9.30am and that suits me fine. They do all that is needed," and a third person said, "I know when they are coming and they never let me down. I don't worry if they are a bit late; they are very busy and sometimes have emergencies. The office always rings if they are going to be very late but that's rare."

There were policies and procedures in place to support staff to manage people's medicines safely. Training records confirmed that all staff had received medication training and staff were able to give a detailed description of the process they went through to administer medicines. People told us they had confidence in staff ability to support them with their medicines, one person said " They know exactly what they are doing with my tablets, I have no concerns," another person told us, "My tablets come in a blister pack and the girls (care workers) help me by getting them out, I have complete confidence in them." Files confirmed that people's medicines were documented and administration of medicines and application of creams had been recorded appropriately. The registered manager told us that she assessed the competency of care workers to administer medicines before they were allowed to administer medicines alone, records confirmed that these observations had taken place. Spot checks were also carried out by senior care workers to ensure that staff continued to manage medicines safely.

Is the service effective?

Our findings

People told us that they felt staff were well trained and had the skills they needed to meet their needs, their comments included "They are all very good at their jobs," and "They have been well trained and know how to care for me." A relative told us "I think they are very well trained in their job."

People were supported by staff who had the knowledge and skills to carry out their roles. Staff had completed induction training before commencing their roles and this included a period of shadowing more experienced staff. One care worker who had recently been recruited told us that the induction had been good, saying "I had plenty of time to get to know people and to listen and watch how the other carers did things, it made a difference, particularly for two-handed calls, I felt more confident after shadowing." Staff told us that there were many training opportunities available and the training plan confirmed this. Staff had undertaken mandatory training on an annual basis covering key topics to help enable staff to work with people safely. Other training included how to manage challenging behaviour and dementia. A senior care worker said that they had a particular interest in providing end of life care and that they had received additional training in this subject. The registered manager told us that they were always looking for innovative ways to engage staff in training, an example of this was a dementia workshop that was designed to give people an experience of what it might feel like to be living with dementia, this had been booked and made available for all staff to attend.

Communication between care staff and staff in the office was good. There were a number of methods used to ensure that care workers were kept up to date with information. Staff told us they could always talk to a senior member of staff by telephone at the office during the day and with an on-call system operating out of hours. In addition there were regular team meetings and notes from the meetings were circulated to all care staff. A weekly memorandum was provided to all staff with their timesheets and this provided relevant information about changes that staff needed to know about, for example, when people had been admitted to hospital, as well as general information or reminders about the service, such as office closure for bank holidays.

Staff told us that they felt well supported by the office staff saying, "They are very good at responding to the information we give them, for example if someone wants to change the time of their call or needs an extra call for some reason the co-ordinator moves things around," another staff member said, "If you need support you only have to ask, they get it done straight away." Staff said they received supervision in line with the provider's policy. Supervision is a formal meeting between a manager and staff member where they can talk about any work related issues, this might include identifying training needs, providing support and guidance or addressing competency of disciplinary issues. Records confirmed that supervision meetings and appraisals had happened and were planned for every member of staff. Staff told us that these meetings were useful, comments included "I feel that I can be open and honest in supervision, I chose what I want to talk about," and "I find it is useful, you have the opportunity to go through any problems with clients or colleagues and that's helpful. It all gets written down too which I think is good."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff said they had received training on the MCA and were able to tell us about their understanding of consent and where people lacked capacity to make decisions about their care and treatment. Their comments included "It's about people having rights to make choices for themselves," and "If someone has dementia and can't make decisions for themselves we have to support them to stay as independent as possible, they might still be able to make some decisions and we have to continue to ask. We might have to decide what's in their best interest but we would include their family in those types of decision." A third care worker said, "It's important to check what the person wants, I always ask them before doing anything. If they don't want something done that's their decision. If it's something important like medication, I would try and persuade them but you can't force anyone, I would just have to report it to the office." Records showed that people or their relatives (where they had a legal right to do so) had signed to confirm their consent to the care plan. People told us that care worker asked for consent before providing care, one person said "They always check with me first," another said, "They usually ask how I want them to do things but most of them know anyway, I just like them to come in and get on with it," a relative told us they heard care workers asking "Shall I do this for you?" and "Do you want me to do that?"

Care staff supported people to eat, drink and maintain a healthy diet. Care plans included nutritional and dietary requirements and detailed how any nutritional needs were to be met. For example, records showed that one person needed support to eat and drink, and an assessment had identified that they were at risk of malnutrition. The care workers completed record charts for food and fluids and had reported concerns when it became apparent that the person was not eating and drinking enough and was losing weight. This showed that staff had been consistent in their monitoring and this had enabled them to identify that risks to the person's health were increasing and they made an appropriate referral to a healthcare professional. People told us that staff supported them with their food, one person said, "The carers help me with my breakfast and lunch and I'm very happy with their support, they know how I like things done." Another person said, "I want to be more independent so they get the food ready for me but I do as much as I can myself. If I need more help they will cut it up or sometimes feed me but I prefer to do it myself."

The registered manager described how risk assessments identified specific dietary requirements such as food intolerances, diabetes or the need for a soft diet and care plans guided staff on how to support the individual and monitor their needs. We saw examples of this in care records, allergies were highlighted in red ink on the front page of support plans to stand out for care workers. Care plans gave detailed instructions such as "Discourage sugary drinks, offer other choices."

People were supported to access healthcare services to help maintain their health. One person told us, "The carer knew straight away that I wasn't well and asked me if I had called the doctor, they were straight on the phone to them, then they came back specially to collect the prescription for me, couldn't have been kinder." A relative said, "They realised there was a problem with (person's name) heel, they rang the District Nurse and now they make sure the heels never drag on the bed when moving them." Records confirmed that referrals were made regularly to a range of health care professionals including, GP's, nurses, occupational therapists and speech and language therapists.

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff; they told us that they had developed positive relationships with the care workers who treated them with kindness and respect. Their comments included, "They are absolutely marvellous, I love all of them," and "I'm very happy, they are all lovely caring people," and "They treat my relative very well, and I know they really care." One person said, "You see such terrible things on the TV about agency's providing care, there's nothing like that with this one, they are so caring."

Staff described the steps they took to create constructive relationships with the people they looked after. One care worker said, "It's important to gain people's trust, I always ask lots of questions to begin with so that I can get to know how people like to be helped. I don't make any assumptions." People we spoke to confirmed that their views were respected and they felt in charge of their own care. One person said, "They (care workers) are very accommodating, they listen to what I say, and try to do whatever I ask." Staff told us that people were involved in making decisions about their care, for example one person had decided that they wished to administer their own medication in the evening at a time that suited them rather than when the carer workers came. Records showed that a risk assessment was completed so that their decision could be respected.

People told us that they had care workers who knew them well, one person said "They have got to know me and how I like things to be done," a relative said, "All the care workers understand what my relative needs." Care Workers spoke knowledgeably about the people they cared for, and demonstrated that they knew them well. For example one care worker spoke warmly about someone they supported describing their previous profession, the special memories they held about a particular place they had lived and the close relationship they had with a family member. They said "We have lots of chats about their past and they share their memories, I love that part of my job." People said they valued the relationships they had built, one person said, "I can talk to all of them, I like a chat, and the ones I like most, well I can confide in them." Another person told us, "When I'm down they cheer me up, they're a happy bunch."

Respecting people's wishes and maintaining their dignity was a key element within the service's statement of purpose. Staff told us that they understood the importance of protecting people's privacy and maintaining their dignity. One care worker described their approach when supporting people with personal care, they said "I always talk to them about what we are doing and check they are happy first, then I encourage them to do what they can themselves and I just turn my back to maintain their privacy. I always think about how I'd feel and I want to preserve their dignity and self- respect." People told us that staff supported them in a sensitive way saying, "They do what's needed in a kind way, I don't ever feel rushed, they take it at my pace," and "They help me to have a shower, I try and do as much as I can for myself, they chat to me and make me laugh." People told us that care workers treated them with respect by knocking on the door, calling them by their preferred name and showing consideration for their property, this was consistent with the service's privacy and dignity policy. One person said, "They are always very respectful of me and the fact that they are in my house," a relative told us "The girls are very kind, they do their job well and always treat (relative's name) respectfully."

The registered manager told us that staff were aware of the importance of maintaining people's confidentiality. In the office people's records were kept in locked filing cabinets and information relating to their care was contained within a folder in their home. One care worker said "I get to know people gradually but I don't pry into their private life and I never speak about it to anyone else unless it's relevant to what we do or I'm concerned about something and then I call the office for advice." Another told us, "We have to be careful about confidentiality, I never discuss people's personal issues unless I have to, when I make a phone call to the office I'm careful to do it from my car so I'm not overheard." Records confirmed that confidentiality was discussed at staff meetings and the registered manager said that when necessary it was discussed as a topic in supervision with care workers.

Is the service responsive?

Our findings

People said that the care workers were responsive to their needs. One person said, "They are quick to respond, anything I need they do it." A relative said " We have received tremendous care, exactly what was needed," another relative said, "I can't fault them, they are accommodating and perceptive, if things need changing the carers speak to us straight away."

People's needs were assessed before the service started, an assessment was completed by a senior carer to ensure that care workers had the enough information to provide a safe and effective service that was personalised to people's individual needs. People and their relatives told us that they had been fully involved in this process. Records showed that the assessment process was holistic and took account of people's physical, emotional and psychological needs as well as more practical environmental issues. For example, one person's religious and cultural needs were noted in their care plan, and there were instructions for staff about how best to communicate as English was not their first language. The registered manager told us that she was currently trying to recruit care workers from the same community to improve communication, in the meantime family members supported care workers with any language difficulties. Care workers gave a clear account of how they supported this person and showed awareness of the person's religious beliefs and how care was arranged to support this. For example one care worker said, "It's important to allow enough time for the person to pray before they eat their meal."

People told us that their care was regularly reviewed, one person said, "They follow the care plan and keep it up to date," a relative said, "I am very involved, they always include me in the updates and any decisions." Records showed that people's care plans were regularly updated and amendments were made when people's needs changed. For example, one person had suffered a decline in their mobility and carer workers were required to provide personal care in bed until their condition improved. The care plan had been updated in a timely way to ensure care workers had the information they needed to provide safe and consistent care.

Care plans were well personalised containing detail that identified the wishes and preferences of people. For example one care plan stated 'use a white flannel, they like to have lots of soap on the flannel.' The registered manager said that information about people's personal history and background was important for providing a personalised service; we saw evidence of this in some care records. Care workers were knowledgeable about people's backgrounds and their preferences. They gave numerous detailed examples of how they tailored care provision to the person. Their descriptions included, "I know they were in the army and they like everything to be tidy, clean and in order," "They like fried egg on toast at lunch time and a cup of tea," and " I know they prefer their vest and shirt to be tucked tightly into their trousers," and "I have to fill the kettle to a certain point and no further" and "There is a specific routine that we have to follow so that they feel comfortable and safe." This showed that staff had a good understanding of the personal preferences and wishes of the people they were supporting.

People told us that staff were flexible in their approach, one person told us "If I need them to do something I only have to ask," a relative said "If there's anything that wants doing they are always helpful and obliging."

Care workers confirmed that they were able to be flexible to requests that were not part of the normal care plan, saying, "I can usually be quite flexible, if I'm not sure I ring the office and get their permission first," and "We always try and do what people ask us within reason." Staff said that if someone needed extra support they could stay longer to support them, the registered manager confirmed this saying, "If someone needs the extra care its important they have it, for example if they have a fall the care worker will wait with them for the ambulance to arrive and the office will arrange to let people know they are running late or will cover their calls."

Staff told us that people often wanted them to stay and chat their comments included, "I usually have time to stay and chat once everything is done unless I'm running late," and "I like to spend time just talking with people, they are sometimes very lonely." We asked staff what support they offered if they felt people were socially isolated they told us that they provided people and their relatives with information about how to access local support groups and that they would ask for the care package to be reviewed to identify other opportunities for social engagement. One person told us that they wished the care workers could stay longer, saying "They do everything that's necessary, the only improvement I would make is for them to stay longer just for the company and a chat."

People and their relatives told us that they knew how to make a complaint and they would feel comfortable to do so, their comments included, "I would have no hesitation in speaking to the manager," and "I would tell the care worker, I can talk to her about anything, she would report it to the office," and "I have never needed to complain but I would speak to the office if there was a problem." The registered manager said that feedback was encouraged saying "For any new customer I check in with them after a month to make sure things are going well and that they are happy with the service. I keep in touch and go out to service users as often as I can and always ask for feedback." Records showed that few complaints had been received, all were responded to in a timely manner and a thorough investigation had been documented for one complaint. The registered manager said that people were encouraged to talk to the office if they had any complaints about their service, saying "The ethos of our service is to provide good quality care, most of our feedback is positive but if there are complaints we want to find out why and sort it out."

Is the service well-led?

Our findings

People and their relatives spoke highly of the service and said that it was managed well. Their comments included "The service is very well run, the carers are wonderful and the office staff are good too," and "The lady that owns it and the manager are both very good, they run it well," and "It's a really good service for me, it's well run."

Staff said the registered manager and the provider were approachable and accessible and spoke of feeling well supported within a team. The registered manager and the provider were experienced in providing a home care service. They both described a mutually supportive relationship and this was evident during the inspection. One staff member said "The manager is approachable and easy to talk to, when I had a problem they made sure I had the time off that I needed and that I eased back into work when I was ready." Another staff member told us, "You get the support from management that you need, the owner is here most days and they are really good too." Staff spoke of an open culture where they felt comfortable to raise issues, "It's a good culture here, we can discuss things openly in the staff meeting, sometimes things need to be said because otherwise it can cause niggles between staff but it feels ok to talk about it." Care workers spoke highly of the support they received from the office staff saying that they responded quickly to any issues they raised and provided support and advice consistently, including outside normal office hours. One care worker said, "The focus is on providing good care for our service users, if that means a manager has to go out they do, we work as a team." Equally, office based staff demonstrated a high regard for the care workers, speaking positively about their knowledge, skills and commitment. This indicated that the team was positive and harmonious. Morale was high and one staff member told us "I'm proud to be a care worker," another said, "I wouldn't stay if I didn't think it was a good service."

The quality of the service was monitored in a number of ways. The provider employed an independent company to undertake quality assurance surveys with people using the service and staff. This meant that responses were anonymous and the provider received an independent evaluation of the service. The outcome of the 2015 survey was very positive, an action plan was produced with the main change being to create more detailed questions for future surveys to enable more in depth analysis to drive improvements. There was an on-going schedule for reviews to ensure that the service continued to meet people's needs and to monitor their satisfaction. The registered manager told us that spot checks were also used to monitor service quality and ensure staff were maintaining high standards. A spot check is an unannounced visit to a service user at a time when the care workers are there to check the quality of the service provided. Records showed that spot checks were regular and included a range of observations relating to staff performance as well as customer feedback. The registered manager gave examples of how this information was used to improve the service by ensuring information in people's home was up to date and accurate. Observing care provision, for example, medicines being administered to ensure competency of the staff member and checking that the duration of the visit was reasonable to achieve the tasks required. Feedback from people was a key element of this process.

Incidents and accidents were recorded and showed that appropriate investigations had taken place for example, a manual handling incident had resulted in a referral to an occupational therapist for advice and a

change to the care plan. A medication error had resulted in a staff disciplinary process. The registered manager said that analysis of incidents and accidents were used to inform improvements in care delivery. The service had developed strong links with a range of health and social care professionals including occupational therapists, district nurses and GP's as well as housing scheme managers and a local day centre and records confirmed this.

The values of the service were set out in the providers statement of purpose as 'To ensure that the service provided is delivered flexibly, attentively and in a non-discriminatory manner whilst respecting each individual's right to independence, privacy, dignity, fulfilment and the right to make informed choices.' Staff demonstrated an understanding of this and we found that these principles were evident in the examples staff gave, the documents we looked at and our conversations with people. The registered manager had strong oversight of the service and knew the people and staff well. They spoke with conviction about the strengths of the service being the provision of high quality care and a stable and dedicated workforce. The provider was a member of a home care trade organisation and received regular information to ensure they were up to date with current social care legislation and information on good practice. The registered manager and the provider both conveyed a clear conviction that maintaining a high quality of care was the most significant factor in delivering the service.