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# Amazed Care Services

## 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

Amazed Care Services is a domiciliary care agency which provides care and support to people in their own homes. It provides a service to older adults, people with physical disabilities, younger adults and people who have a mental health or learning disability condition. The agency had a total of 12 clients of whom 11 received the regulated activity of personal care.

The inspection took place on 22 March 2018 and was announced. We gave the provider three days' notice of this inspection in order that they could arrange home visits and telephone interviews for us. It also meant they could be available in the office to assist us with the inspection. This is our methodology for inspecting this type of service. The service did not require a registered manager. This is because it is run by an individual. The registered provider (provider) assisted us with our inspection.

People were supported by kind and caring staff. People had positive relationships with their care workers and enjoyed their company. Relatives said staff treated their family members with respect and provided care and support in a sensitive way. People and their relatives were encouraged to be involved in planning their care.

There were sufficient numbers of trained staff employed to meet the agency's care commitments. The agency ensured that people received a safe and reliable service. People were helped to stay safe because staff understood people's needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care. There was a contingency plan in place to ensure people would continue to receive their care in the event of bad weather. People who would be most at risk were prioritised. Accidents and incidents were recorded and reviewed by the provider and reflective learning was used to learn from incidents.

Where people's care involved support with medicines, this was managed safely. Staff helped people keep their homes clean and hygienic. Staff understood the risk of spreading infection and as such wore personal protective equipment.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed. Staff told us they were introduced to new people before they provided their care. People said their care workers always stayed for the allocated length of their visits.

Staff received the training and support they needed to do their jobs. Staff received regular refresher training and were supported through regular supervisions. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse. People were protected by the provider's recruitment procedures. The provider carried out checks to ensure they employed only suitable staff.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and understood how it applied in their work. People had recorded their consent to their

care.

Staff were aware of people's individual dietary requirements and provided appropriate foods. Staff monitored people's healthcare needs and responded appropriately if people became unwell.

People received a service that was responsive to their individual needs. Each person had a care plan. Care plans provided guidance for staff and were reviewed regularly to ensure they continued to reflect people's needs. People's histories were included in their care plans which helped staff provide responsive care.

People knew how to complain if they were dissatisfied. People and relatives told us they felt they were listened to and the agency were good at communicating with them. They said they felt the agency was well led and that staff were their friends.

The service was managed effectively, which ensured people received safe and well-planned care. The provider sought feedback from people who used the service through annual surveys. Where people made comments, these were acted upon.

Staff told us the provider supported them and made them feel valued. Staff also said they worked well together as a team to meet people's needs. Team meetings took place regularly and were used to reinforce key messages.

The provider's monitoring systems helped ensure people received a good quality of care that met their needs. The provider regularly observed staff practice at spot checks and carried out monthly audits of daily notes and medicines administration records.

The provider had good working relationships with other professionals involved in people's care and they kept up to date with good practices through training and professional journals.

## 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.

The agency employed sufficient numbers of staff to meet its care commitments.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were protected by the provider's recruitment procedures.

Staff understood their responsibilities in keeping people safe and risks to people had been identified and as such risk assessments developed.

Medicines were managed safely.

Staff followed appropriate infection control procedures when providing care.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed.

Staff had the training and support they needed to do their jobs.

People's care was provided in accordance with the Mental Capacity Act 2005.

Staff prepared food that met people's dietary requirements.

Staff responded to people appropriately if they became unwell.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who showed

them respect.

People had positive relationships with staff and enjoyed their company.

Staff maintained people's privacy and dignity when providing their care.

Relatives were involved in people's care and information relating to the agency was provided to people prior to commencing with a care package.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People's care plans were personalised and reflected their needs and preferences.

Care plans were reviewed regularly to ensure they continued to reflect people's needs and wishes.

The agency responded well if people requested changes to their care package.

Complaints information was available to people.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People said communication from the office team was good.

People and staff were encouraged to give their views about the service and these were listened to.

Staff had access to management support and advice when they needed it.

Key areas of the service were monitored regularly, including staff practice.

Staff had good working relationships with other professionals involved in people's care.

# Amazed Care Services

## 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 was 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 22 March 2018 and was announced. The provider was given three days' notice of our visit because we wanted to ensure they were available to support the inspection process. One inspector carried out the inspection to the offices, one inspector carried out telephone interviews and a third inspector undertook a home visit.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR 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 PIR prior to our inspection.

During our inspection we visited the agency's office and spoke with the provider and two staff members. We checked care records for five people, including their assessments, care plans and risk assessments. We looked at three staff files to check recruitment and training records. We checked the complaints log, accident/incident records and surveys completed by people who used the service. We also checked quality monitoring audits and records of spot checks on staff.

Prior to the inspection we had received 13 responses to satisfaction questionnaires we had sent out to people, their relatives and staff. We then followed these up with telephone calls prior to our inspection. Most people lived with relatives and we spoke with three of those relatives in relation to their family members care. In addition we carried out one home visit and spoke with a person and their family member. We also spoke with a further person and an advocate for another person by telephone following our inspection.

This was the first inspection of the agency as it was registered with CQC in February 2017.

# Is the service safe?

## Our findings

People and relatives were happy that staff turned up when they were expecting them. One person told us, "Yes, they're on time. They're pretty much right on the nail (time-wise)." Another told us, "I have never had any problems with punctuality." One relative told us, "They are generally here on time and if not it's down to the traffic." Another relative said, "They are mainly on time, it's only ever if there's an accident with the traffic or another person is taken ill."

The provider told us they intentionally kept the agency small as they wished to provide a person-centred service. This meant that people knew staff and staff knew their routines. The provider ensured they included sufficient time for travel and this was confirmed by staff. One staff member told us, "It works well. The rotas are planned and we are allowed travel. We are told straight away of any changes." As such this meant that people received the care calls when they were expecting them. We noted the agency had not had any missed calls which demonstrated staff adhered to their rotas.

People and relatives told us that staff stayed the full time they were expecting them to do so. One person told us, "They stay the full time. They are very considerate if I need them to stay longer." Another said, "They visit five times during the day. The visits are well spaced." One relative said, "They mostly stay the full time but can go when they've finished what needs doing." Another relative told us, "They might finish early one time, but will stay longer another time. We work it out between us."

There were enough staff employed to meet the agency's care commitments. The provider told us they had a stable staff team of eight staff including themselves. The provider told us they stressed to staff the importance of not rushing a care call. Staff confirmed this was the case and said if they needed to stay longer with someone it was not a problem. Staff told us however if they were going to very late to the next person contact would be made with them to let them know. One staff member told us, "We don't rush, we have time and there are enough staff."

Where people's care involved support with medicines, this was managed safely. People and their relatives told us their care workers provided the support they needed to take their medicines as prescribed. One relative said, "They're all absolutely fine. It's all up to date in the dose box and the book is checked and signed." Another told us they collected their family member's medicines and had no problems with the staff administering them. A staff member told us, "I did three competency assessments before I did medicines on my own. We all attended a recent medicines training course which was really good." We saw each person had a Medicines Administration Record (MAR) which recorded what medicines or topical creams (medicines in cream format) they needed, together with the prescription details. We saw there were no gaps in people's MARs and that staff used the correct codes to notate administration, such as a signature or 'F' if the family administered or 'A' if the person was away. This showed us people received the medicines they required. A staff member told us, "If someone refused (their medicines) I would record it and put the medicine somewhere safe and tell [the provider] as it would need to be destroyed properly."

People told us staff helped them keep their homes clean and hygienic. A relative told us, "She's very good

and you know when she's been. Everything is clean and tidy." Staff were knowledgeable in relation to infection control. One staff member told us, "I wear gloves and aprons and I'm always washing my hands before and after I do anything." Another said, "I always leave people's homes clean. There is plenty of personal protective equipment available for us in people's houses and I have my hand gel in my pocket."

People told us they felt safe when staff provided their care. One relative said, "I think everything is safe." Risk assessments were carried out when people started to use the service and kept under review. Any risks identified were minimised through the implementation of effective control measures, which ensured that people receiving care and the staff supporting them were safe. Risk assessments considered personal care, risk of falls and the environment in which care was to be provided. One person had previously fallen out of bed and their bedroom was rearranged so their bed was up against one wall and a crash mat put in place. Another person smoked and staff had developed a risk assessment in relation to this. A third person used a stair lift and the risk assessment stated staff should ensure that their lap belt was on before the person travelled on the lift.

Any accidents and incidents that occurred were recorded in detail by staff. A relative told us, "I feel reassured that they will phone me/notify me if there are any problems or incidents I need to know about." All accident/incident records were reviewed by the provider to identify any learning for the agency. We saw there were few incidents recorded. We read that one person had a fall and as such the ambulance was called for them. Another person who self-medicated was forgetting to take their medicines. The provider had arranged for them to have an alarmed medicines box which alerted the person when they should be taking their medicines. The provider told us this had worked and there had been no further incidents. A lot of people lived with family which help to reduce the risk of accidents and incidents. A staff member said, "We keep people safe."

People were protected because staff knew how to recognise abuse. Staff had attended safeguarding training and were clear about their responsibilities to report any concerns they had about potential abuse. A staff member said, "You record and call through about it. I've called CQC in the past – I'm not afraid to act on it." The provider told us, "I ring staff with people's key safe codes. I do not write them down anywhere. They are in my head." The provider told us they learnt from incidents and used reflective practice with staff. They told us about one person they used to care for who was at risk of verbal abuse from a family member. Although staff had noticed this and had escalated their concerns they had not always reported all concerns back to the provider. The provider had discussed this with staff and reminded them to raise all concerns or worries they had.

People were protected by the provider's recruitment procedures. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form with their previous employment details. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

In the event of bad weather or a major incident the provider had a contingency plan in place. The provider told us, "We use a red light system. Staff live locally and the call co-ordinator lives locally too. We would prioritise people, especially those living alone. However we made every single call in the snow." One relative told us, "They're very good. The timekeeping's very good and they always fill in the log book so I can check. Even in the snow they were able to get there." In addition, there was an on call telephone which was held by the provider. They told us, "I am always on call. People can ring me at any time."



## Is the service effective?

### Our findings

People's needs were assessed before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, nutrition and hydration, medicines and personal care. One relative told us, "It was all done in a bit of a hurry because he needed to come out of hospital. They got the information they needed." Another relative told us, "We were her first clients. She did everything properly." An advocate said the agency was recommended to them. They praised the agency telling us there was no time for an assessment as, "We needed them at 5:30pm the next day and they were true to their word."

Staff told us they always received enough information about people's needs before they provided their care. They told us they never went to someone new for the first time without the provider being with them. A staff member told us, "We would go with [provider] to the assessment, we are not sent out blind to people."

Relatives told us they felt their family members were cared for by staff who had access to training in order to support them in their role. One relative told us, "They (staff) have to use the hoist and everything. They're very good; know how to do it all." Another relative said, "I feel confident that they have the skills to care for her."

Staff told us the training was good. One staff member said, "It's relevant and it helps me understand." Another told us, "You learn all the time." They said they had received medicines and end of life training as well as hands-on moving and handling training. Other training for staff included first aid, fire safety and food and nutrition. Staff had the opportunity to attend training specific to the needs of the people they cared for. The provider told us they had arranged for staff to attend 'Step inside Dementia', an accredited training session with the Alzheimer Society.

Staff were also expected to complete the Care Certificate within six months of joining the agency, if they had not already done so, and received support to enable them to achieve this. The Care Certificate is a set of nationally agreed standards that care staff should demonstrate in their daily working lives.

Staff were supported through regular one-to-one supervisions and an annual appraisal. One member of staff told us, "I feel supported. We talk about things and she (the provider) tells me if I need to do anything differently. If I've got a problem I tell her (the provider)."

The provider supported staff to work to best practice and to keep abreast of national guidance and changes to procedures. They told us they had arranged for an advanced medicines awareness training session recently in which all staff attended. This included current first aid training. We saw the agency held the National Institute of Clinical Excellence (NICE) guidance for Moving between Hospital and Home 2017 as well as Skills for Care monthly journals. Skills for care support providers to create well-led, skilled and valued adult social care workforce through learning and development.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. We saw signed consent forms in people's care records and people or their advocate had signed the contract of care prior to commencing with the agency. Staff received training in the MCA and the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of supporting people to make decisions about their care and enabling their choices. A staff member told us, "I always start by saying good morning and asking how she is and then I saw, are you ready? If they're not then I wait a while and ask again until they indicate to me they are ready." Another staff member said, "You assume everybody can make a decision and if they cannot it can sometimes be temporary."

People for whom staff prepared meals were happy with this aspect of their support. They said staff knew their preferences about the food they ate and any dietary needs they had. One relative told us that staff had adapted their family member's food in line with recommendations made by a Speech and Language Therapist. A staff member told us, "I always ask them for their choices."

Staff monitored people's healthcare needs effectively and responded appropriately if people became unwell. A relative told us, "They keep an eye on everything, especially his catheter. If they notice anything's wrong they will call the nurse for us." We noted in the incidents reports that staff had called out the GP to one person who had an upset stomach. Another person was sitting in the wheelchair all day and the provider had contacted an occupational therapist to arrange an in-situ sling (a sling designed for people who need to use it for an extended period of time). We read the family had reported this was working well. A third person had had a fall out of bed and the GP had been contacted to test them for a potential urine infection.

## Is the service caring?

### Our findings

Relatives told us people were supported by kind and caring staff. One relative said, "Yes, I'd say they are (caring). They have a lot of banter with him. One of them is particularly good." An advocate told us, "Everything is fine. I'm happy; he's happy – so glad. Can't fault those girls."

We noted on the questionnaires we had received prior to the inspection people and their relatives had commented, "A fantastic company. The carers are all pleasant and put my relative's needs first. Would recommend to anyone requiring assistance at home," "All the carers are friendly, happy and cheerful. It's a friendly, small agency" and, "You don't only get a carer, you gain a friend."

Relatives told us people were supported by staff they knew and who knew their needs. One relative told us, "We know whose coming, we talk to each other. We have a good routine now." Another relative commented, "We met a few times before they (staff) started. [Provider] brought round different ladies to meet me and to introduce mum to them. We had a weeks' trial to make sure things ran smoothly." A third relative told us, "The lady that comes to mum is an older lady and she can relate to her. They understood when I said mum needed to see the same face and that's what happens."

People and relatives said their family members regarded their regular care workers as friends and looked forward to their visits. One person said, "I feel like I've got seven or eight new friends." One relative told us, "I'd describe the careers as our friends now, there's never any ill feeling. They have a lot to do for him." Another relative said, "They (staff) do sit and chat with her. They sometimes sing and joke with her in Italian as that is her first language."

Relatives told us their family members were cared for by staff who took time with them and demonstrated a sensitive approach to people. One relative told us, "They're so thoughtful and make sure he's clean and keep him nice. I wouldn't change them." Another relative said, "Mum doesn't recognise many people now but when [provider] comes in she will say, 'I know you'. Mum relates to her because she's so calming and friendly." A third relative commented, "[Family member] has deteriorated and they (staff) use humour to manage her very well."

Relatives also told us that staff showed attention and consideration towards them. One relative said, "They'll do whatever needs doing. They'll always do a bit extra to help me. They'll do anything for you." Another relative told us, "[Provider] has met the whole family and she's just part of it now." A third commented, "I thought about a home but I don't think I would get the same level of attention for her if she was in a home."

Relatives told us that staff showed their family member respect and dignity. One relative said, "She can sometimes be very rude and nasty with carers and they are always polite and patient in response." A staff member told us, "I always say good morning to people and ask them how they are. I cover people during personal care to protect their dignity." One person had a camera in their house which had been installed by family. We read in their care plan information which evidenced the camera was positioned in a way that it would not record the person receiving personal care from staff.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the agency which set out their rights and the service to which they were entitled.

## Is the service responsive?

### Our findings

People received a service that reflected their needs and preferences. Care plans were personalised and contained guidance for staff in relation to people's daily routines and how to provide the care people needed in the way they preferred. People told us staff knew the support they needed. One person told us, "I can ask for anything so they know what I want. But they know what I want anyway and how I want it." The provider told us one person was living with early stages of dementia and as such would not know if staff did not arrive. In response the provider had split up the person's care to calls to five shorter calls each day which meant they were checked regularly by staff. Another person was recorded as liking routine and would become agitated if staff were late. There was clear guidance to staff to ensure they called them if they were held up and not going to arrive on time.

People and relatives confirmed that staff knew their family member's individual needs well and provided responsive care to their family member. One person told us, "It's wonderful, absolutely terrific. Made my life totally different. I don't have to struggle around anymore and life is so much easier." One relative told us, "[Provider] will ring with ideas of things to try like buying some special sheets for the bed which have worked really well. I wouldn't have known there were such things."

In addition to recording their needs, people's care plans contained information about their personal histories, which enabled staff to understand their life experiences including family, education and employment. The staff we spoke with knew the people they supported well, which meant they were able to engage with people about their experiences, hobbies and interests. This was evident with one person who became agitated. Staff knew the person liked to sing so they sang to them to calm them. The provider told us that they aimed to 'match' people with their allocated care workers based on common interests and shared personalities.

People and relatives told us the agency responded well if they requested changes to visit times or to add or reduce visits. One relative commented, "I wanted to increase the hours at one point and they (the agency) were willing to do that. I've also asked them to start mopping the floor and its being done now." Another relative told us, "[The provider] does reviews but we all work it out between us. I can say to the carers if I don't think something has worked and they'll try it a different way. We just talk to each other." A third commented, "They always try and accommodate." An advocate told us, "If he wants extra care, he'll ask for it." The provider used a mobile phone messaging service to relay information to staff about changes to people's needs. The system allowed the provider to see when staff had read the message. We saw evidence of one person's care plan being reviewed and updated following their stay in hospital. Another person had also been in hospital and following this they needed two staff to transfer them. This was updated in their care plan.

Although the agency was not currently caring for anyone on end of life care, the provider told us they had a passion for this. They said they currently sat on a panel working with hospices looking at end of life care training for staff. They had received a certificate in Home Care of Dying people. They told us three of their staff had expressed an interest in being involved.

The provider had a complaints procedure which set out how complaints would be managed and investigated. This was provided to people when they began to use the service. We noted that no complaints had been received by the agency. People we spoke with told us they had not needed to complain, although all said they knew how to do so if necessary. One relative told us, "We've not had to make one (a complaint). The lady in charge [name] said to phone her up if there was anything. She comes in quite a lot." Another said they had never had a complaint or concern but if they did then they would get in touch with the provider directly. An advocate told us, "If there are any little problems I sort them out for him. Now he wouldn't be without them (the agency). Everything is going so well. I've got no complaints about the carers." A staff member told us, "If someone wanted to complain I would write it down and take it to [the provider]."

## Is the service well-led?

### Our findings

People, relatives and staff benefited from a well-managed service. The provider and staff worked together to ensure that all aspects of the agency functioned effectively. As it was a small team the provider and care staff spoke regularly. One relative told us, "She's [the provider] wonderful, absolutely wonderful. She will get amongst it all and help out with the job. She's a good boss to them (care staff). Changing agencies to [provider] was the best move we've ever made." A second said, "[The provider] is always happy to talk." An advocate told us, "We all work together." Staff told us, "She's brilliant. She's always been good" and, "We give good care. We all really care and are committed to the role."

People and relatives told us that the provider communicated with them well and always responded to their queries. One person told us, "[Provider] – if I want to talk to her and speak to her I could. She's available." One relative said, "If they need to run anything by me they just ring and discuss it with me. I'm very particular and [provider] has always understood that. She does things the way we want them. I feel so comfortable with them." A second relative told us, "Whenever I contact the office they get straight back to me. When I need to go away now it's such a relief. I don't get any panicky phone calls. It's made a real difference." A third commented, "I am always contacting them and they are good at staying in touch."

People and relatives were asked for their views about the agency via annual satisfaction surveys. The questionnaires were completed face to face with people in 2017; however the provider told us this year they had sent questionnaires to people as they felt they may wish to complete them anonymously. One relative told us, "They do ask verbally if things are okay."

The provider responded to people's feedback. We noted that some people had commented in the survey that staff did not always show their ID badge when entering their home and that some staff did not wear the protective shower shoes when supporting people in the shower. The provider had collated the questionnaire responses and informed people they would raise their comments with staff. We saw this had happened at the next team meeting. Positive comments written by people included, "I like the carers talking to me and laughing," "I like the banter and chit chat" and, "I like the friendship."

The provider told us they intentionally kept the agency small in order that they could ensure they offered a person-centred service. They told us, "I remain by my principals." This was confirmed by feedback we had received on the questionnaires we had sent out prior to the inspection. One person had commented, "Very good care agency. The small size of the agency means that the owners are very involved with the care giving and will often come as carers themselves. We like the personal feeling this gives." The provider said that people they cared for had approached the agency through word of mouth. There was a good culture within the agency and it was evident from our observations between the provider and the staff we met that they worked well together. The provider told us, "We're all in it together." A staff member said, "The best thing is that we converse with people, we get to know them and their wishes." Another told us, "I feel valued and very appreciated. [Provider] always gets back to you and any problems, helps you out."

The provider was consistently checking people were receiving a good level of service. They told us once a

month they brought back people's MARs and daily notes for auditing purposes. They said, "I do lots of spot checks (on staff) and with any new clients I get out to them within six weeks to check how things are going. I do four reviews each year of people's care plans." We saw evidence that all of this was happening. A relative told us, "I know [provider] has been to shadow staff a couple of times. She will tell me she's going, but she won't tell them." Another relative said, "We've had a couple of reviews already."

Staff told us they felt supported by the provider and they had the opportunity to meet regularly as a staff team. They told us they could offer up suggestions or observations and these would be listened to. One staff member told us, "I suggested a later visit to one person and it was changed and is working well. Also [name] was not eating properly and I suggested that all staff try to encourage them when they went to them, whatever time of day." We noted topics discussed at team meetings included medicines, double-ups and reminding staff to use black pens when writing daily notes. The provider had attended a training session for the Care Quality Commissions new key lines of enquiry (KLOEs). We read in staff meeting minutes that each topic that was discussed was linked to a KLOE and there was a focus on a KLOE at each meeting. Staff had responded positively in the questionnaires we sent out prior to our inspection. It was clear they enjoyed working for Amazed Care Services and felt that its small size benefitted both people and themselves.

The provider had developed effective working relationships with other professionals involved in people's care. This included the work they were doing with hospices in relation to end of life care. The provider told us and we saw that they were a member of the Surrey Care Association. They said they were going to attend a General Data Protection Regulation (GDPR) seminar to look at starting to use PIN numbers for people in order to protect their identity.