

Absolute Care South West Ltd

Absolute Care South West Ltd

Inspection report

The Office, 3 Kings Court
New Street
Honiton
Devon
EX14 1HG

Tel: 0140444698

Date of inspection visit:
31 May 2017
02 June 2017

Date of publication:
27 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Absolute Care South West Limited is a family run, small domiciliary care agency situated in Honiton. It provides people with personal care and support in their own homes in East Devon. People receiving a service include those living with dementia, mental health needs and with physical and learning disabilities. The inspection took place on 31 May and 2 June 2016 and was announced. At the time of our visit, the agency provided personal care for 42 people in their own homes and employed 17 care staff. The frequency of care visits ranged from a few visits a week up to a maximum of four times a day. At the last inspection in May 2016, we found the service was meeting all the requirements of the regulations.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and professional gave us feedback about the exceptionally caring approach of staff. The agency had a strong, person-centred culture and ethos was to provide people with a personalised individualised service. People valued their relationships with staff. Care staff were motivated and spoke with kindness and compassion about the people who they treated like members of their extended family.

Staff went that extra mile for people, for example, delivering a Sunday roast dinner to people living alone, helping them with paperwork, helping them with practical household jobs and looking after their pets. For another person a staff member regularly provided personal care at 5:30am and transported the person to go on an early morning fishing trip and picked them up at the end of the day. These acts of kindness made people feel really cared for and that they mattered. Staff were exceptional in enabling people to remain independent. They supported a person who was formerly housebound to go out and enabled a young person to be able to exercise and attend school events with their children. Staff treated people with the utmost dignity and respected their privacy.

People, relatives and professional feedback consistently showed the service was person centred and responsive to people's individual needs and preferences. This enabled people to live as full a life as possible. People's physical and mental well-being had improved because staff supported people to make lifestyle changes, pursue their interests and participate in their locally community. Staff supported another person to lose weight with information, encouragement and practical support which improved their health and mobility.

People's care plans were detailed and comprehensive and described positive ways in which staff could support them. Care records had personalised detailed information about each person, their needs and preferences and what mattered to them. People knew how to raise any concerns or complaints and felt confident to do so. Action was taken in response to make improvements.

People felt safe using the service and said it was reliable. People knew care staff well and said they usually arrived on time and stay for expected length of time. They let them know if they were running late. Staff knew about the signs of abuse and worked closely with health and social care professionals to implement measures to safeguard people.

Staff were aware of risks and risk assessments identified steps staff needed to take to promote people's safety and welfare. People received their medicines on time and in a safe way. The agency had robust recruitment procedures in place for recruiting new staff.

Staff had the skills and training needed to carry out their role and undertook regular training relevant to needs of people they cared for. People confirmed staff sought their consent before providing any care. Where people lacked capacity, staff demonstrated a good understanding of the Mental Capacity Act (MCA) (2005) and how this applied to their practice.

The culture of the service was open; people, relatives, professionals and staff were very positive about the leadership of the agency. Care and office staff worked well together as a team. The provider promoted good standards of care and developed the staff team. The provider had a range of quality monitoring systems which included spot checks, regular review meetings, audits and an annual survey. The service made continuous improvements in response to their findings.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service was caring.

Staff developed exceptionally positive, kind, and compassionate relationships with people.

People valued their relationships with staff that went that extra mile for them, when providing their care and support. This made them feel really cared for and that they mattered.

Staff were exceptional in enabling people to remain independent.

People's rights and choices were promoted and respected.

Staff protected people's privacy and supported them sensitively.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Absolute Care South West Ltd

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 took place on 31 May and 2 June 2017 and was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of an adult social care inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people.

Prior to the inspection, in March 2017, 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 improvements they plan to make. In preparation for the inspection, we reviewed all the information we held about the service and statutory notifications. A notification is information about important events which the service is required to send us by law. The Care Quality Commission sent 18 questionnaires out to people who used the service, 18 to relatives and friends, 18 to staff and 24 to community professionals and ask for feedback about the service. We received responses from nine people and one relative, 11 staff and three community professionals.

We spoke with 20 people and 12 relatives, which included visiting two people with their relatives in their own home. We spoke with both directors of the company, (one of whom was the registered manager), a care co-ordinator, two office and six care staff. We looked at five people's care records and at two people's medicine records. We looked at five staff files, which included recruitment records for two new staff and at staff training and supervision records. We also looked at quality monitoring systems such as audits, spot checks, competency assessments, and survey responses from people, relatives and staff. We sought feedback from

commissioners and health and social care professionals who regularly worked with the agency. We received a response from three of them.

Is the service safe?

Our findings

People felt safe being cared for by Absolute Care South West Limited. People's comments included; "I do feel safe it's like my own family," "I have such confidence in the care that they give me, I feel absolutely safe with them." A relative said, "I do feel safe with them in the house, I sometimes go out or do the garden while they are here."

People and relatives said the service was very reliable. The Care Quality Commission (CQC) questionnaire responses of 100 per cent confirmed care workers arrived on time and completed all the care and tasks during each visit. Where people needed two care staff, they were always provided. People received a rota each week which showed them times and details of staff due to visit so knew which care workers to expect. The agency aimed to arrive within 15 minutes of the visit time stated on the rota. Staff contacted the office to inform people if they were running late. One person said, "I have a list and they ring me if they have been held up, but that's not often." Staff confirmed they were able to complete all care tasks needed within the visit time and weren't rushed. One care worker said, "Travel time is enough, if I need to, I'm always able to stay with the customer longer."

Each person had a team of regular care staff they got to know and trust and knew their care preferences. The CQC questionnaire said 100 per cent of people were introduced to the care worker before they provided care and people received familiar and consistent care workers. One person said, "Usually I have regular girls but they shuffle them about if someone is sick but they always ring to let me know." Another said, "They have had a bit of sickness lately and the boss lady has been out but that's OK." There were arrangements in place to keep people safe in an emergency. The registered manager and director of the company both did care visits. They were available at short notice, for emergencies and to cover staff sickness and annual leave.

People benefitted because staff understood their safeguarding responsibilities. The CQC questionnaire stated 100 per cent of people felt safe from abuse and harm. Staff knew how to recognise abuse, who to report it to and the correct action to take. All staff had undertaken safeguarding training. In past twelve months, CQC received one safeguarding notification which showed agency staff took protective action to protect the person from avoidable harm.

Risks to people's personal safety had been assessed and plans were in place to minimise risks. For example, those people at risk from skin damage due to their frailty and reduced mobility had detailed risk assessments and care plans in place. These instructed staff how to minimise this risk. Risk assessments included skin care and detailed moving and handling instructions, including equipment needed. Environmental risk assessments were also undertaken in people's homes to highlight and reduce risks to them and staff. For example, those related to pets, security, fire, furniture and equipment. Whilst visiting the agency, we were aware of a person whose dementia was putting them at increased risk. The registered manager was working with the local authority safeguarding team, the police, the person's GP and relatives to try and continue to support the person safely whilst minimising risks for them.

Accidents and incidents were reported and reviewed by the registered manager with actions taken to reduce

the risk of recurrence. For example, a relative had disconnected the person's gas fire and gas oven. This was because the agency contacted them to make them aware of several incidents involving the person who had memory problems.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely and on time. One person said, "Yes, they are always reminding me to take my medication." Another said, "I have arthritis and the girls push the pills out of the dosette (packaging) but I take them myself." The provider ordered and collected several people's medicines supplies for them, which they really appreciated. Most people's medicines were in monitored dosage systems (MDS) to reduce the risk of incorrect medicines being taken. Medicine administration records (MAR) were fully completed and confirmed when medicines had been given. MAR sheets were audited regularly, and where any errors, such as gaps in signatures were identified, these were addressed with individual staff.

People were protected from cross infection. Staff had completed infection control training. People said care staff washed their hands before and after providing care and wore protective clothing gloves and aprons when providing personal care.

Is the service effective?

Our findings

Most people and their relatives thought care workers had the knowledge and skills to meet their needs. 100 per cent of people and relatives responded positively to the Care Quality Commission (CQC) questionnaire about staff skills. People's comments included, "Yes, they understand me very well, "The staff seem to know what they are doing" and "They are absolutely brilliant. I do things I haven't been able to do before." One relative said, "They are very well trained and very helpful". Another said, "They know what they are about."

However, two people and three relatives spoke about recent concerns about communication difficulties and standards of personal care with regard to a small number of staff. Referring to communication difficulties, one person said, "Some of the [nationality] girls' English is poor and I have some real difficulties sometimes, but they are nice and caring all the same." A relative said, "Communication can be a problem with some carers whose English isn't so good, but they sorted that out with a member of staff. So, they know what and how to say things to him, so that's helpful."

They registered manager had already made us aware of these concerns, identified during 'spot checks' in April 2017. 'Spot checks' are practice checked of care carried out in people's homes by a senior member of staff. These looked at staff attitude, approach, communication, choices and standards of personal care. In response, the registered manager and care supervisor had worked with care workers on a one to one basis to improve their communication and practice skills. For example, they supported a staff member to take English lessons and arranged for people's care plans to be translated to improve staff understanding of them. Expected standards of care were re-enforced through individual staff supervision and through an article in the Spring 2017 newsletter entitled, 'Joanna's Golden Rules of Care.' A survey of people and relatives in May 2017 confirmed significant improvements in practice, as did further 'spot checks.' The registered manager said none of staff team needed care plans to be translated now, as their language skills had improved. This showed positive action was taken to improve staff skills and knowledge.

All staff had completed qualifications in care or were undertaking them. A training matrix and staff training records showed staff were up to date with their training. They had recently undertaken further training relevant to the needs of people they were caring for, such as diabetes and dementia. Staff received regular supervision and an annual appraisal. This provided regular opportunities for them to identify, discuss and address further learning needs and receive feedback on their work performance. This helped to ensure staff continued to deliver effective care and support to people.

New care workers undertook a period of induction where they worked with experienced staff to get to know people's needs until they felt comfortable to work unsupervised. They undertook the Care Certificate, a set of standards that social care and health workers are expected to adhere to in their daily working life. A new care worker said, "I did on line courses with (directors) available to explain anything I was unsure of, I shadowed (care supervisor) to learn how each person liked things to be done."

People were supported with their ongoing healthcare needs. Staff recognised changes in people's health

and sought health professional advice appropriately. Staff often arranged people's GP appointments for them and transported some people to their health appointments. Health professionals confirmed staff worked well with them and followed their advice. For example, a nurse said agency staff had been happy to learn how to renew the outer bandages on a person's legs. This reduced the risk of infection for the person, between community nurse visits. The nurse said, "They are very proactive, they are particularly good at skin care." Another professional said, "Communication with them has been excellent as at times we worked very closely when (named person) was going through crisis. They have always tried to provide consistency of the person that supports them."

People said care staff always sought their agreement before providing their care. One person said, "They ask me about how I want to dress" and another person said they were always given food choices at mealtimes. Signed consent forms showed people had confirmed their agreement to their care and support. 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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were.

Staff had recently had training and demonstrated a good understanding of the MCA principles and how they applied in their everyday practice. Where people lacked capacity mental capacity assessments were undertaken and identified how staff could support people to make choices and decisions. For example, where a person living with dementia sometimes refused to have personal care, their care plan highlighted the person may or may not consent to have a bath. It showed with a sensitive and gentle approach staff could sometimes persuade them to do so. Where a person people who lacked capacity was subject to a Court of Protection order, staff worked with an appointed deputy in decision making. The registered manager liaised with relatives and local authority to agree a best interest decision that the person should have a personal alarm, so they could seek emergency assistance. This showed people's rights and choices were balanced with their welfare and safety.

People who needed assistance to eat or drink were happy with their support. One person said, they cook for me, and a couple of girls make me cakes as well as my ordinary meals." Another person said, "I don't like big meals and they just make the amount I want, that is so much nicer." When increased risks about malnutrition or dehydration were identified, staff used food and fluid charts to communicate. They monitored the person's health and to inform health professionals caring for them. Care plans gave clear directions to staff about the support people needed to eat and drink. For example, encouraging a person to eat and drink during the visit, and leaving a sandwich, snacks and drinks they could eat later. This helped ensure people remained healthy through good nutrition and hydration.

Is the service caring?

Our findings

People and relatives spoke about the exceptionally caring nature of the staff. People's comments included; "All the carers are great;" "They are really good. I find them very kind;" "If I ask them for anything, they always fix it", and "Like my own family." A relative said the person enjoyed the company of staff and looked forward to them coming. One relative said, "They are lovely, (person) doesn't talk much but they make him laugh and chat away to him." Another said, "They say 'How are you today?' and my relative usually answers them by saying, 'All the better for seeing you'." Another relative said staff often stayed over their time keeping their family member company. They also sought their advice about how the person liked things done.

The service had a strong, person-centred culture and ethos was to provide people with a personalised individualised service. Care staff were motivated and spoke with kindness and compassion about the people who they treated like members of their extended family. Staff went that extra mile for people they supported and treated people with acts of exceptional kindness. For example, several staff regularly took a Sunday roast dinner to people who lived alone. For a person with a poor appetite who was fussy about their food, care staff made up individual meals they knew a person liked for them and put them in the freezer. Staff did grocery shopping for another person when they noticed they didn't have any food, something their relative normally did for them. Staff went out of their way to provide care for a person at quite unsociable hours. A staff member regularly provided personal care at 5:30am and transported the person to go on an early morning fishing trip and picked them up at the end of the day. A professional said the agency's support for this person was crucial to their recovery. They said, "They went far beyond what would ordinarily have been expected of a care agency."

Staff helped several people look after their pets, including clearing up after dogs. One person said, "They are very kind to my dog which is most important to me." Another said, "They really go out of their way for me, they take my poodle up to the top of the road for me every day." Staff also helped people with filling in forms, and purchasing items they needed. For example, when staff noticed a person struggling to get to the phone, they ordered a cordless phone for them, collected and installed it. A staff member cleared a person's shed for them, and helped another person pack and unpack when they moved house. A professional told us about an occasion when a person was unwell and said, "A member of care staff made an unscheduled visit later that day to check on them", which they appreciated.

The provider information showed the agency had received 30 compliments in last 12 months in letter and thank you cards and we looked at some of these. One person said, "A big thank you for the wonderful way you have looked after me since I came out of hospital. You have helped me through a very difficult time and I am most grateful." A professional said, "I am aware that on at least one occasion, a carer stayed on in her own time to comfort a relative whose mother sadly and unexpectedly died at home." A relative praised support given to person having end of life care and their family. They wrote, "I cannot thank you enough for all the wonderful care you gave mum, she had the cream of all care and I thank you all for going above and beyond duty." When people died, the service sent flowers and attended their funeral as a mark of respect.

Staff had exceptional skills in enabling people to remain independent in accordance with the provider's Statement of purpose. For a person who had lost their confidence in going outside, the registered manager arranged to bring the person out in their car for a birthday treat, and encouraged them to start exercising to strengthen their limbs in preparation for the trip. The person really enjoyed their trip, which boosted their confidence. A card from them said, "Thank you for your kindness in taking me out to see the bluebells, I had a lovely birthday." Staff dropped another person to church and picked them up afterwards and helped a younger person with a lifelong condition to go swimming and attend the gym regularly, which has improved their health and confidence. This has meant the person is now able to attend parent's evenings at school and other after school events with their children. For a person who suffered from anxiety, the agency agreed they could phone the agency office whenever they were worried and needed reassurance. They did so regularly several times each day, which helped the person to remain living at home.

Staff celebrated people's birthdays, Christmas and Easter with little presents, cards and treats. For example, they arranged fish and chips for one person on their birthday and gave a person with diabetes a special Easter egg suitable for them. Others received gifts such as a scarf, a plant and slippers. Staff supported families to stay in contact via regular calls and texts to relatives in other areas who were worried about the person's welfare. A person living with dementia would never let staff clean their flat. When the person went into hospital, agency staff gained the consent of the person's relative and cleaned their flat including shampooing all their carpets with their own equipment and in their own time. This meant the person's home was clean and fresh when they returned from hospital.

Staff stood up for people's human rights and acted as an advocate for them. For example, standing up for a person when others were considering taking steps to restrict the person's liberty. Where there was disagreement within a family about how best and where to care for another person, staff worked with family, neighbours, social services and police. They communicated regularly about what they thought was in person's interest, even when family members disagreed.

People said staff treated them with dignity and respect. The providers Statement of Purpose said, "Respecting of individual needs and preserving dignity is paramount when we deliver our service." One person described how staff protected their dignity during personal care by covering them with a towel and only exposing the area they were washing. A relative appreciated when staff popped back between their scheduled visits when a person needed to use the toilet. Staff supported people with their preferred appearance and style. One person said, "They ask me about how I want to dress." A staff member cut a person's hair regularly, another staff member was a qualified nail technician and regularly did the person's nails for them. In preparation for their grandsons wedding, staff helped a person to get ready including doing their hair and makeup. People said care staff maintained confidentiality and never discussed others they were caring for with them. People's care plans included details of what aspects of their care people could do for themselves and what they needed staff support with. For example, one person could wash their own hands and face and brush their teeth and only needed help to wash their back.

People and families were involved in decision making about their care and were given choices. One person said, "They ask me about how I want to dress" and another said staff always offered them choices at mealtimes. People confirmed they had a detailed discussion about their care needs prior to joining the service. One person said, "I had a full care plan and assessment before the service started and they tweak things as needed." Others who had been with the service for some time said that their care needs were regularly reviewed. One person said, "Yes, I am absolutely involved in my care" and another said, "We have a regular discussion about my needs which are changing."

Is the service responsive?

Our findings

People, relatives and professionals said the service provided by the agency was very personalised and responsive to people's needs. One person said, "What I really like about this service is its flexibility: if I give them notice, they will alter their visit times to accommodate my needs." "Another person said "I am a bit complicated to look after, and they really have tried hard to accommodate what I need." Other people's comments included; "They are so nice to me, we have a laugh, you couldn't ask for better", "Yes, they understand me very well" and "They always say what else can we do for you today, they fetch me a bit of shopping if I need it and pop the washing machine on." 100 per cent of people, relatives, professionals and staff respondents to the care Quality Commission questionnaire reported positively to questions about responsiveness of the service.

Professionals said agency staff were flexible, responsive and tailored service to meet people's individual needs. For example, supporting people at short notice to go home following a hospital stay. Health and social care professionals said senior staff worked in partnership with other professionals about people they supported. For example, they worked with another agency doing evening visits for a person, as agency providing morning care had no capacity to do so. Senior staff attended and contributing to multidisciplinary meetings about people.

Professionals comments included; "They are very person centred and extremely adaptable ensuring that someone gets the care that they require." Another said, "They most definitely treat people as individuals and adapt the service as necessary to meet the needs of the individual." A professional praised agency staff in their care of a person with mental health needs." A professional, commenting on how a staff member responded to an emergency said, "Your carer acted very promptly and efficiently, I am most impressed."

Staff knew people really well and how to support people to enhance their quality of life. When a person was overweight and expressed a desire to lose weight, staff worked with them to identify healthy options meal plans. For example, providing information about healthy eating, peeling and cutting up fruit as snacks, and encouraging and praising their efforts. As a result the person had lost weight which was also improving their mobility. For another person at risk of isolation, staff accompanied the person to social events to help them network and make friends. When we visited one person, they showed us a book a care worker had bought them, following a discussion about their favourite local football club. They were very touched by the staff member's thoughtfulness. Another person, referring to the forthcoming general election, said, "They are even taking me to vote on Thursday."

Staff knew people's individual preferences, and always respected their wishes. For example, that one person liked their shoes kept in a particular way, that others had a favourite brand of crisps or preferred under ripe bananas. Whilst we were visiting, the registered manager was popping out to a local health shop to buy green tea a person liked, as they had run out that morning.

People and their families were involved in developing their care and support plans. When a new person was referred to the agency, senior care staff visited and assessed the person to see if they could meet the

person's needs. They developed a care plan with them tailored to their individual needs. One person said, "Yes, I am involved, very much so" and another said, "We talked about what I needed very fully."

Care plans were personalised, up-to-date and were clearly laid out. They included information about people's life history, their hobbies and interests and preferences, such as time of getting up and going to bed and that a person needed help with managing money. Staff confirmed people's care plans were accurate and said they found them helpful. Where people had specific health needs, care records included information for the person and staff about this. For example, signs of stroke and action to take, and tips on how to recognise signs that a person's skin is deteriorating.

People and relatives knew who to contact if they needed to get in touch with the service. Contact details with telephone numbers were held in people's care files in their homes. The management team provided a 24 hour on call system seven days a week. This provided people and care workers with support and advice out of hours and could supported people and staff in an emergency. For example, making an unscheduled visit to help a person whose boiler wasn't working.

People and relatives said they were happy with the service. They knew how to complain and said the registered manager listened and was receptive to their concerns. Everyone said phoning the agency office was easy and staff there were polite and helpful. One person said "(Staff name) usually comes out from the office to see everything is alright, I have no complaints, none at all." Another said, "I am so happy with it, no complaints, no goodness me no." Another person said, "I have to say if there are any problems they are addressed quickly and they take on board about changes very rapidly." A health care professional said, "I've no concerns at all about the agency." The Provider Information Return (PIR) showed three complaints had been made in the last 12 months. These had been investigated appropriately and responses showed apologies were offered where the service fell below expected standards. The responses also outlined actions taken to address concerns and make improvements to prevent a recurrence. Any lessons learned were fed back to staff.

Is the service well-led?

Our findings

People, relatives, professionals and staff spoke positively about leadership at the service and said they would recommend it to family and friends. One person who spoke about senior management staff said, "They are very hands on, and always ready to discuss our needs. I am very impressed with them." We asked people and relatives what the best thing about the service was and whether there were any areas for improvement. One person said, "Well it's what I want really, just like family, I can't think of any improvements, it's just fine," and others responded in a similar way. Relatives comments included: "It all seems to be going well at the moment and we are quite happy with it"; "The best thing is that it is so friendly and does just what you need, I couldn't look after my (relative) at home otherwise."

The culture of the service was open. In the Provider Information Return (PIR), the registered manager emphasised staff were guests in people's homes. Staff were encouraged to respect and protect people's dignity through training, supervision and via people's person centred care records.

The registered manager was in day to day charge of the agency and staff said the management team were always available for advice and guidance. One care worker said, "It's well organised and well run." Care and office staff worked well together as a team and staff said they appreciated that both directors in the company also did care. Staff comments included, "They don't ask or expect us to do anything they wouldn't do," "very nice agency, I'm happy working for them" and "They are supportive, I can always get hold of someone if I need help or any questions answered."

Both directors of the company were qualified social workers, and professionals described them as, "Very professional and knowledgeable." They worked well with other agencies and professionals to support people to remain in their own homes.

In the provider information return, the registered manager highlighted changes in rota planning to improve staff. Rotas were changed to avoid staff working too many late evenings followed by early morning shifts, so they were less tired. In November 2016 the agency created a new post of care supervisor to improve the quality of care. The registered manager said, "This post has really contributed to raising standards." They also proactively addressed any practice issues, such as concerns about personal care.

The service also recruited a finance administrator and recently developed a senior care worker post, to support care staff and assist with the updating of care plans. The new posts have freed up the registered manager to increase their focus on quality monitoring and allowed the other director to focus more on staff development through training and supervision. Systems and processes in the office were more organised and systematic. For example, a training matrix was developed, so management staff could see at a glance what training staff had done. Commenting on improvements a staff member said, "It had improved tremendously, (the registered manager) is listening to me more and acting, any issues are picked up on and tackled."

The service had a range of quality monitoring systems and made continuous improvements in response to

their findings. These included regular review meetings, and audits of medicines management and care records. Regular management meetings were held which discussed any concerns and identified any training needs. Where any practice issues were identified these were addressed through supervision and training. Where incidents had occurred, steps were taken to improve practice and reduce the risk of recurrence. For example, a member of care staff had previously missed visits, because they hadn't checked their rota for updates. This staff member had since put a reminder on their phone to check their rota each day to make sure they were aware of any last minute rota changes, which had resolved the problem. A staff newsletter kept staff up to date with changes in the agency and fed back on any issues highlighted through audits, complaints, accidents or incidents.

The PIR described good relationships with people and families. Senior members of staff saw all the people they cared for at least fortnightly. The most recent annual survey sent out in Feb 2017 to people and their relatives showed high levels of satisfaction with the service. Comments included; "Service is excellent;" "Wonderful carers;" "Everyone very pleasant and friendly", and "She is always treated with dignity and respect." Where suggestions for improvement were made, these were followed up. For example, reviewing and increasing a person's visit time so they were not rushed.

The service had evidence based policies and procedures to guide staff in their practice. These included policies on safeguarding, whistleblowing, Mental Capacity Act, and medicines management. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified the Care Quality Commission about significant events. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The agency did not have a website but displayed the ratings from the last CQC inspection in the window of the office. This was, in accordance with the regulations.