

## **Procare Domiciliary Services Ltd**

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### **Inspection report**

8 Circus Approach Spalding PE11 1WN

Tel: 01775712270

Website: www.procare-domiciliary.com

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### Ratings

Overall rating for this service	Outstanding 🌣
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding 🌣
Is the service responsive?	Outstanding 🌣
Is the service well-led?	Good

## Summary of findings

### Overall summary

About the service

Procare Domiciliary Services Ltd is a domiciliary care service providing personal care to people living in their own homes in the community, including older people and people living with dementia. At the time of our inspection there were 19 people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were at the heart of the service and received exceptionally responsive, person-centred care which enabled them to live a life of their choosing. One person said, "Without this company I would be in a care home and I would rather die than do that. They are just wonderful. I wouldn't be without them."

Staff cared for people with exceptional kindness and compassion and promoted their right to make choices in every aspect of their lives. Staff worked in partnership with a local hospice to support people at the end of their life.

People were treated with dignity and respect and were supported to maintain their independence for as long as possible. Staffing resources were organised exceptionally well to provide people with continuity of staffing resulting in safe, consistent, responsive care. Staff worked together in a mutually supportive way and communicated effectively with a range of external organisations. Staff recruitment was safe.

Care planning systems were highly effective. Staff understood people's individual care needs and preferences and used this knowledge to provide them with extremely responsive support. Training and supervision systems provided staff with the knowledge and skills they required to meet people's needs. People received food and drink of their choice and people's medicines were managed safely.

Systems were in place to ensure effective infection prevention and control. Staff worked collaboratively with local health and social care services to ensure people had access to any support they required.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The provider assessed and managed potential risks to people's safety and welfare. Staff knew how to recognise and report any concerns to keep people safe from harm.

The service was well-led. The registered manager and other senior staff provided hands-on leadership and were respected by their team. Staff enjoyed their work and were proud to work for the provider.

A range of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant events and the provider was exceptionally responsive to people's queries and feedback. The provider was committed to continuous improvement whilst limiting growth to preserve the highly personal nature of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

#### Rating at last inspection:

This service was registered with us on 20 November 2020 and this is the first inspection.

### Why we inspected:

This was a planned inspection following registration.

#### Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

### The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?	Good •
The service was safe.	
Details are in our Safe findings below.	
Is the service effective?	Good •
The service was effective.	
Details are in our Effective findings below.	
Is the service caring?	Outstanding 🌣
The service was exceptionally caring.	
Details are in our Caring findings below.	
Is the service responsive?	Outstanding 🌣
The service was exceptionally responsive.	
Details are in our Responsive findings below.	
Is the service well-led?	Good •
The service was well-led.	
Details are in our Well-Led findings below.	



# Procare Domiciliary Services Ltd

**Detailed findings** 

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

Our inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 17 August 2022 and ended on 24 August 2022. We conducted our first visit to

the service office on 17 August 2022.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about).

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

As part of our inspection we spoke with the registered manager; the assistant manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two members of the care staff team and 17 service users and relatives.

We reviewed a range of written records including two people's care plan, staff recruitment and training records and information relating to the auditing and monitoring of service provision.



### Is the service safe?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For example, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare.
- Everyone we spoke with told us they felt entirely safe using the service. For example, one person said, "I am ... safe as houses with each and every one of the carers who walk through my door."

#### Staffing and recruitment

- In organising staffing resources, the provider took care to ensure the timeliness and reliability of people's care calls. One person told us, "They arrive on time and have never missed a single call. I ... trust them with my life, simple as that." Another person's relative commented, "The call times are always given to us [in advance] and we are always aware of any alterations that might need to be made."
- The provider had a minimum call time of 30 minutes which meant staff always had sufficient time to meet people's needs without rushing. A relative said, "They take their time and make sure every task is completed correctly and thoroughly. They never rush off without finishing."
- The provider also took great care to ensure people were supported by the same small team of regular staff. This principled commitment to staffing continuity enabled strong, deep relationships to form, and this had a very positive impact on people's lives, as we describe in the Responsive section of this report.
- Describing his approach to staff recruitment, the registered manager said, "We [aim] to select candidates who will be an asset [to the service]. People who are compassionate and caring and not just [motivated] by money." We reviewed recent recruitment decisions and saw the necessary checks had been carried out to ensure staff employed were suitable to work in the service.

#### Using medicines safely

- When people needed support to take their medicines, this was provided safely in accordance with their individual needs and preferences. One person told us, "My medication is always in order and they make sure I have it when I need it."
- Staff received training in the safe handling of medicines and senior staff completed regular checks to ensure medicines administration practice remained up-to-date and safe.
- To further increase the safety of medicines management within the service, the provider had recently introduced separate medicine administration records (MAR) for each care call. This creative approach reduced the likelihood of errors, as it made it easier for staff to identify and record which medicines needed to be administered at each visit.

Assessing risk, safety monitoring and management

• The provider ensured potential risks to people's safety and welfare were assessed and managed. For example, one person was at risk of skin damage and staff had been provided with guidance on how to reduce this risk. Senior staff reviewed and updated people's risk assessments on a regular basis.

### Preventing and controlling infection

• The provider had reviewed and strengthened existing infection prevention and control measures in response to the COVID-19 pandemic. For example, staff had been provided with additional personal protective equipment (PPE) and were tested regularly. One person told us, "COVID wasn't a worry [for me] because they kept me informed at all times and protected by masks, aprons, hand sanitiser and anything else that was recommended."

#### Learning lessons when things go wrong

• Senior staff displayed an open and reflective leadership style and were committed to reviewing any incidents to identify organisational learning for the future. For example, in response to recent feedback, staff/client matching protocols had been reviewed and strengthened.



### Is the service effective?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff, in consultation with people and their relatives.
- The provider used a variety of information sources to ensure staff at all levels were aware of any changes to guidance and legislative requirements in relation to best care practice. The provider was a member of a national association of homecare providers and senior staff told us this was a particularly helpful source of advice and guidance.

Staff support: induction, training, skills and experience

- People told us staff had the right knowledge and skills to meet their needs effectively. For example, a relative said, "[Name] needs a lot of medical care, it is very complicated. But the staff are more than skilled to care and look after him. There have been no problems at all." Another relative commented, "Even the new carers seem to know what to do, so the recruitment and the training must be spot on."
- The provider maintained a comprehensive induction and training programme for staff. Commenting positively on their induction, one staff member said, "This company is brilliant. I couldn't start until I had done all my initial training. I had to pass it all before I could start on shift. I have worked for some companies where I didn't [have any induction] training."
- Staff were provided with regular one-to-one supervision and told us they felt very well-supported by the registered manager and other senior staff. One staff member told us, "[Senior staff] are very helpful if I want to know anything. This means I can enjoy going to see the clients [knowing that] advice and support are always there if I need it."
- Senior staff also conducted regular unannounced spot checks of care practice. One staff member told us, "I had a spot check this morning by one of the seniors. I didn't know they were coming. They were happy with me."

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

• Staff worked proactively with district nurses and other health and social care professionals to support them in the provision of effective care; and to ensure people had prompt access to local services when necessary. One person said, "If I get a little cut or sore they always get the district nurse out to help me."

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

• Staff were aware of people's individual food preferences and assisted them to enjoy food and drink of their

choice.

• Several people who used the service received nutrition through a percutaneous endoscopic gastrostomy (PEG) feeding tube. They were only supported by members of the care team who had specialist training in this procedure. One relative commented, "[Name] is PEG-fed and so we need to know [staff] are well-trained and know what they are doing. We have no concerns at all. It is very reassuring to have such good care being given to him."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

• We checked whether the service was working within the principles of the MCA and were satisfied that staff at all levels understood the importance of seeking consent before providing care or support. Procedures were in place to support staff in making decisions in people's best interests, should this be necessary.

### Is the service caring?

### **Our findings**

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- The provider had created an exceptionally person-centred organisational culture in which people told us they felt cared for with the utmost kindness and compassion; and felt wholly valued and respected at all times. One person said, "I am not a touchy, feely sort of person but they are so caring it is humbling. They are kind and so patient and listen to everything I have to say." Another person said, "Staff go above and beyond every time they walk through the door. The little things they do, like have a laugh, clear up my spilt tea, pick up my laundry off the floor. Just being there for me. That's what makes the difference to me. They are my lifeline and my saviours [and] are unfailing kind."
- When asked by a member of our inspection team to imagine they had been given a magic wand and could change anything about the service, one person told us, "No, I wouldn't change a thing ... I've already had the magic wand and they are my wish come true." In a recent customer survey organised by the provider, in response to the question 'What do Procare do best?', one person had stated, 'Kindness is what they do best.'
- People's deep satisfaction with the service was also reflected in the many thank you messages and cards received by the registered manager. For example, one person had written to say, 'Thank you so much for all the care you have given me. I wish I had changed to Procare years ago.'
- Staff at all levels told us they treated service users as they would members of their own family and, in the words of the registered manager, provided "Care from the heart." Senior staff (who also owned the company which operated the service) told us they prioritised the provision of high quality, person-centred care above financial reward. As the assistant manager stated, "A small business is more personal."
- Staff were exceptionally attentive to the people and families in their care, routinely going far beyond formal contractual requirements to help in any way they could. For example, one person told us, "They just know what to do at every turn of the page. They even rang me when I was in hospital to see if they could help." Commenting on this feedback, the assistant manager said, "The things we do, such as ringing people when they are in hospital. We don't think of that as an extra. We just do all we can when someone has no one to help them."
- Commenting on the provider's total commitment to promoting their well-being and happiness, one person said, "If I have a cough or a sore foot they help me. If I have a bad day they help me. If I have an [emotional] wobble they help me. They just help with anything and everything. I wouldn't have anyone else. They are just right for me." Another person told us, "They ... lighten my life no end."
- Staff also gained the trust, confidence and appreciation of people's families. One relative told us, "We had carers [from another company] and you just can't compare them. [These staff] are simply great. They are caring people and a caring company."

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

- The assistant manager told us, "When you are caring [for someone] it is like a dance ... [with] staff and service users ... feeling a connection [to each other]." Reflecting this original and exceptionally personcentred approach to caregiving, the provider took great care to work closely with people and their relatives to identify their individual needs and preferences and to keep these under constant review. One person told us, "I was ... fully involved when the care plan was written and when it is reviewed. Nothing is decided without my knowing."
- People told us staff were meticulous in involving them as full partners in their care and always respected their choices and decisions. For example, one person said, "I make all my own choices and never get told what to do." Describing their approach, one staff member told us, "It's all about what they want. I respect their decisions."
- As a further example of the exceptionally strong spirit of partnership which characterised the service, people told us that between care calls, office-based staff remained in close contact with them and their families. One person said, "The office will call me actually, just to check I am alright."
- Senior staff were aware of local lay advocacy services and said they would help people obtain this type of support, should it be necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.
- In a further demonstration of the provider's total commitment to supporting people holistically and to promoting their welfare, senior staff themselves often took on the role of advocates; for instance when people had no friends or family readily available to support them. One person told us, "They will do all the meetings with social services for me, sitting in with [me]." Another person said, "They deal with the GP for me. I trust them with my life, simple as that."
- People were also supported to exercise their right to decide who provided them with care. For example, one person said, "I don't mind if my carer is male or female but ... they would listen if I made a preference."
- Staff had access to communication training and had devised bespoke methods to enable people with communication impairments to continue to express their choices and direct their care. For example, one staff member described how they used hand gestures to facilitate effective communication with one person with hearing loss. Similarly, the registered manager told us how staff continuously adjusted their approach to communicating with another person with a progressive neurological condition which affected their speech.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Reflecting the exceptionally person-centred culture of the service, staff at all levels demonstrated a deep commitment to helping people live as independently as they wished, for as long as they were able. One person told us, "Without this company I would be in a care home and I would rather die than do that. They are just wonderful and I wouldn't be without them."
- •Commenting on one person who used the service, the assistant manager told us how the assistance staff gave the person in managing a particular medical condition had allowed them to continue to work, something that was extremely beneficial to the person's emotional well-being.
- Staff also understood the importance of supporting people in ways which maintained their privacy and dignity. One person told us, "I [don't] feel embarrassed with them caring for me, as they do it in such a way I forget about what's going on. I am completely happy with them."
- The provider was committed to supporting people in a non-discriminatory way. Staff received equality, diversity and human rights training and understood the importance of adjusting their approach to take account of any cultural differences or preferences. Most staff had a different racial heritage to the people they supported; but all worked cross-culturally with great sensitivity and skill. For example, one relative told us, "There are two main groups [of staff], one Turkish and one Filipino. Both groups are extremely caring in every way. They are polite, kind and gentle ... every step of the journey."
- The provider was aware of the need to maintain confidentiality in relation to people's personal

information. People's care plans were stored securely and staff used encrypted software to communicate with each other.	

### Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant the service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider went to very considerable lengths to ensure people were supported by the same small team of regular staff; and to introduce people to any new members of their team. As one person stated, "We always know the carer that arrives." Describing the benefits of this approach, a staff member said, "I work ... with the same clients [and] get familiar with them. I [get to] know what to do [and] they can recognise and trust me."
- As a result of this principled commitment to maintaining total staffing continuity, staff had a deep understanding of people's individual needs and preferences. Staff used this knowledge to provide exceptionally responsive, person-centred care which enabled people to live a life of their own choosing.
- For example, the assistant manager told us of one person who, prior to using the service, had been living at home without any support, struggling with the tasks of daily living. As a result, they lacked time and energy to enjoy the leisure pursuits that had previously made them happy. Now however, with the responsive support and encouragement of staff, they were beginning to rediscover long-standing hobbies and interests, greatly benefiting their emotional well-being.
- The assistant manager told us of another person who had experienced a traumatic life event, before they started using Procare. Because of this, they had become increasingly depressed and were anxious about engaging with others. In response, staff had worked with sensitivity and skill to help the person rebuild their confidence and self-esteem. As a result, for the first time in over two years, the person had recently started to socialise with friends and family again.
- Talking of another person, the assistant manager described how they enjoyed walking outside in good weather and became frustrated when this was not possible in bad weather. Staff had noticed and responded to this frustration and were supporting the person to rediscover indoor pursuits which would provide an alternative source of occupation and enjoyment in the winter months ahead.
- Staff also demonstrated an exceptionally responsive approach in dealing with any urgent medical situations. For example, a relative told us, "[Name] had a problem with [a medical device]. I called the office and they came straight out and put it right."
- Commenting on this incident, the assistant manager stated, '[Mr X]'s wife contacted us late at night, around 11pm. Neither the community nurse nor [name]'s son were available to help. [Mr and Mrs X] were worried and distressed and did not know what to do. Our on call [staff member] went round [straightaway] to assist in changing [Mr X] into clean clothes and make him as comfortable as possible, whilst waiting for the paramedic to arrive to sort the ... problem.' The instinctively compassionate response of the staff member on call had provided the couple with much needed emotional support and enabled [Mr X] to maintain his dignity in a distressing situation.

- The assistant manager told us she had recently taken a call from a local hospital concerning a patient who was refusing to be discharged. Procare had cared for the person's late spouse and the person was adamant they wouldn't leave hospital unless they too, could be supported by Procare. The assistant manager stated, 'We accepted [name] and on our first visit they hugged me and cried, saying how pleased they were that Procare would be looking after them.'
- As a further means of ensuring the provision of truly person-centred care, the provider maintained a very well-organised online care planning system. One person said, "My care plan is thorough and effective, and we stick to it." The assistant manager told us, "It is so important that people feel a sense of control."
- The care plans we reviewed set out people's individual needs and preferences in a high level of detail, to inform and guide staff. For example, the 'About Me' section of one person's care plan stated, 'My name is [X] but I like to be called [Y]. I struggle finding the correct word for [some] objects. Please be patient and supportive with me. With some direction, I eventually find the correct word. I also sometimes write things to help me remember the correct words.'
- Staff told us the care plans were integral to their practice. For example, a staff member said, "Everyone has a care plan [so] we know [exactly] what we are going to do. They are [accessible] on my phone and I use them every day and on every visit." One person commented, "The staff always read the care plan even if ... they know us well. Just in case there is a slight change, or needs to be."
- Senior staff reviewed and updated the care plans on a very regular basis, often in real time if this was necessary. For example, one staff member told us, "If anything changes such as a new medicine, the care plan changes. And we are always told if there is a change." People told us they were always involved in any review of their care plan. For example, one person said, "If anything needs to be altered, I am always consulted first." Similarly, a relative told us, "We are fully involved with any decision-making as far as the care plan is concerned. We discuss things with the carers and the office."

### Improving care quality in response to complaints or concerns

- The registered manager and other senior staff worked in close contact with people and their relatives, enabling them to act quickly to resolve any issues or queries. For example, one person said, "The manager keeps in touch and we chat. [And if I contact them] it's most easy to speak to the office and they always get back to me quickly." Another person's relative commented, "The manager calls me to see if I am okay and happy with the care."
- Reflecting this exceptionally responsive approach to customer care, the provider had received no formal complaints in the first twenty months since the service was registered. One person said, "I am satisfied with all aspects of the care provided and have not had an issue with any of it. I have not raised a concern, nor can I see the need to. I give them 11 out of 10 and you can keep that magic wand in its box!"

#### End of life care and support

- The provider offered end-of-life care, delivered in partnership with a local hospice. The staff who worked in this area of operation had received specialist training from the hospice, to ensure people and their families received effective multi-agency care.
- Describing the sensitivity and compassion of staff in supporting themself and their loved one at the end of their life, one family member told us, "My [relative] died under Procare. They were amazing. They helped me when I went to pieces and I haven't looked back. They are my lifeline and my saviours."
- In a card sent to the registered manager, another bereaved relative had written, 'I have to thank you for the care you and your staff gave my husband. They were so kind and ... left him with a smile on his face [when] he didn't have much to smile about. You made it possible for him to die in his own bed at home with me. I will never forget all you have done.'

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• Senior staff were unaware of the AIS but told us they would incorporate it into the provider's approach for the future. In the meantime, the provider's comprehensive training programme and exceptional staffing consistency meant staff had a deep understanding of each person's individual communication needs. For example, several people commented on the particular skill of staff in communicating with people living with dementia. One relative told us, "[Name] can be very restless at times but they seem to be able to calm him." Another relative said, "[Name] gets very frustrated but they deal with him brilliantly."



### Is the service well-led?

### **Our findings**

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Without exception, people told us they held the service in very high regard and would recommend it to others. For example, one person said, "They make my life worth living and I would highly recommend them to anyone needing care." Similarly, a relative commented, "I have absolutely no qualms whatsoever about recommending them to anyone who wants peace of mind that their loved ones are being well cared for."
- The registered manager and other senior staff all worked hands-on as regular members of the care team and were respected and admired by their team. For example, one staff member told us, "[The managers] are absolutely amazing. I can't fault [them]. Without doubt, this is the best care company I have worked in."
- •Senior staff were aware of their duty of candour and, throughout our inspection, displayed a commendably open and responsive approach. For example, in their positive response to our inspector's feedback on further enhancements which could be made to the quality assurance framework, should the service ever expand in the future.
- The registered manager told us, "We look after our staff." In line with this ethos, the provider promoted the welfare and happiness of the staff team in a variety of ways. Birthdays were celebrated and staff received a gift at Christmas. In response to the recent steep rise in fuel prices, the provider had given every member of staff a voucher they could use to purchase some fuel at the company's expense. Commenting on this innovative initiative, one staff member told us, "The voucher really was a help. It makes you feel that they care about their staff. Unlike other companies [I have worked for]."
- Reflecting the provider's caring approach and the positive organisational culture it had created, staff said they enjoyed their job and were proud to work for the provider. In a recent survey of staff attitudes and opinions, all but one respondent had agreed or strongly agreed with the statements, 'I'm proud to be part of this company.'; 'I am inspired by the team to do my best work.' and 'My work gives me a feeling of personal accomplishment.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to monitor and improve the quality of the service. These included the monitoring of people's care calls, to make sure they were being delivered as planned; monthly audits of medication records and continuous reviews of people's care plans.
- The provider also regularly assessed people's satisfaction with the service. We reviewed the results of the most recent survey and noted all responses were positive and that 100% of respondents had stated they

were likely or highly likely to recommend the service to others.

- The provider was committed to the continuous improvement of the service. For example, the recent changes that had been made to the MAR charts, to improve the safety of medicines administration.
- The provider notified CQC and other agencies of any relevant incidents or events within the service.

#### Working in partnership with others

- The provider had established effective partnerships with a range of other professionals including GPs, district nurses and a local hospice. Describing the provider's proactive, multi-disciplinary approach a relative said, "They are always there to help and to get the right help in, if they can't."
- The provider was keen to promote social inclusion for the people who used the service. To this end, senior staff were involved in the early stages of a multi-agency project to establish a new day service to provide social and other opportunities for older people living independently in the community.