

Autonomy Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Autonomy Care Limited on 15 and 16 December 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

Autonomy Care Limited provides a range of services to people in their own home including personal care, companionship, and shopping in Devizes and the surrounding areas. The regulated activity for this service was the provision of personal care and at the time of inspection 34 people were using the service under this regulated activity.

A registered manager was in place and available throughout the inspection. 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.

Risk assessments had been completed and actions recorded to manage identified hazards and concerns. There was good documentation of some risks and clear documentation which provided guidance to staff on how to mitigate these risks. However, new risk assessments and guidance had not always been documented in people's care records. The registered manager told us they had recently identified gaps in some care records where risk assessments and necessary supporting guidance required more information. In response to this they had delegated two senior care staff to perform regular quality checks and help to update records where documentation had not been completed.

People were protected from potential harm and abuse by staff who were aware of the different types of abuse and the actions to take if they suspected someone was at risk of harm. Staff were aware of the responsibility to report any concerns they had about people's safety and welfare and who to report concerns to.

People said they were satisfied with the support they received with regards to their medicines however; medicines were not always managed safely. The recording of information on Medicines Administration Records (MAR) was not always consistent with other care records although in line with their recent identification of some gaps in care records the registered manager had taken action to address this prior to the inspection. In addition, gaps that were seen during the inspection were immediately addressed and current documentation was revised to correct this.

Processes were in place to ensure staff recruitment procedures were followed and staff received training and support from management to ensure they had the right knowledge and skills to meet people's needs. The service also enabled staff to undertake nationally recognised training to help them progress in their

work.

There were enough staff deployed to fully meet people's health and social care needs. People received their care at the correct time and had support given by the same members of staff to ensure consistency of care.

Staff completed competency assessments as part of their induction followed by regular supervisions and training. Staff were knowledgeable about people's needs and said they received the necessary training to equip them with the skills they needed to provide the care people required.

People told us staff sought their consent before providing any care or support. Staff had an awareness of the Mental Capacity Act (2005) and knew how to support people to make their own decisions.

People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

People and their relatives spoke highly of the staff and said for the managers, office staff and care staff, no task was too great. People said staff knew how to deliver care in a person centred way and were very flexible according to their changing needs. People told us whenever possible, visit times were arranged to suit people's needs and when changes to visit times had been requested the service did this "without any fuss being made".

Staff spoke fondly about the people they supported and gave good examples of how they developed positive relationships with people using the service. People, their relatives and staff gave examples of when staff had gone the 'extra mile' to help and support people. People told us that if certain tasks were required which were not part of people's care packages, staff would willingly help even if this meant doing certain things in their own time.

People's needs were assessed and care plans developed to identify the care and support people required. There were effective communication systems in place to ensure any changes or updates about people were communicated to staff immediately. Any changes in people's health or emotional well-being were responded to straight away.

The service actively involved people in assessment of their care requirements which enabled them to make choices about the support they needed to help them to be as independent as possible.

Staff and the registered manager were very responsive to people's individual needs. Staff knew people well and what was important to them. The service actively sought feedback from people, their relatives, community professionals and their staff to monitor and continually improve the quality of the service. One example of this was feedback from staff that during visits to people they had told them they would like to have the opportunity to socialise more outside of their homes. In response to this, the service set up a coffee morning which people said they really enjoyed and was a huge success.

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received.

The service had received a large number of compliments from people, their relatives and community professionals stating the care provided was flexible and person centred.

The service promoted an open and honest culture and the registered manager was transparent in their discussions with us. Staff spoke highly of the management team and felt well supported. Staff were confident they could raise any concerns or issues, knowing they would be listened to. One staff member told us "This is a very nice company to work for. They are very accommodating and always listen. This is the best company I have ever worked for".

The registered manager spoke passionately about the service and staff. They were very proud of their staff team and believed in valuing their staff as much as the people using their service. The service had an 'employee of the month' and staff were also recognised by the management team for 'going the extra mile'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said they were satisfied with the support they received with regards to their medicines.

People using the service were protected from the risks of harm or abuse because there were safeguarding systems in place and staff knew how to use them.

The service employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

Staff had access to on-going training and a system was in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Staff had an understanding of the Mental Capacity Act 2005 and supported people to make decisions regarding their daily living.

People were supported to maintain good health and to access healthcare services.

Is the service caring?

Outstanding ☆

The service was extremely caring.

The registered manager and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

Staff took extra steps to ensure people received care that was person centred sometimes providing support outside the agreed care package.

People were involved in making decisions about their care and staff took account of their individual needs and preferences. The staff worked closely with people to ensure they were treated with respect at all times.

Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals. Staff knew people's preferences and how to deliver care to ensure their needs were met.

Care plans contained information which enabled staff to meet people's identified care needs.

People we spoke with and their relatives told us they felt able to raise any concerns and were confident that they would be acted upon and taken seriously.

Is the service well-led?

Good ●

The service was well-led.

People benefited from a management team that regularly monitored the quality of care and sought to continuously improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Staff told us they understood the values of the provider. This included keeping people safe, promoting their independence and ensuring people received care which met their needs.

Autonomy Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 16 December 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had domiciliary support as their area of expertise.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with four people who used the service and six relatives. We spoke with the registered manager and five staff including the assistant manager and care workers to gather their views about the service provided.

We also reviewed a range of records which included the care records and risk assessments of seven people, staff training records, staff duty visit schedules, five staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Is the service safe?

Our findings

Policies were in place and up to date in relation to safeguarding and whistleblowing procedures which guided staff on any action that needed to be taken. Staff we spoke with could explain what keeping people safe meant. One staff member told us "My role is to ensure I keep an eye on what is going on and if I have concerns, I would let the office staff know". We saw from staff records that they had received training in safeguarding adults from abuse and whistleblowing. Staff knew the different types of abuse and said they were confident the registered manager and senior staff would act on their concerns. Staff were aware they could take concerns to agencies outside the service if they felt they were not being dealt with.

Risk assessments had been completed and actions recorded to manage identified hazards and concerns. There was good documentation of some risks and clear documentation which provided guidance to staff on how to mitigate these risks. Staff knew what risks had been identified for these people and told us how they supported them to ensure their safety. However, when new risks had been identified although these had been well communicated within the team, not all care records had not been updated to reflect this. For example, an incident had been recorded where a person's mental health had recently deteriorated. This had led to them taking their medicines when they were not due. The risk assessment regarding management of this person's medicine had not been updated in response to this. When we asked the registered manager about this they told us this information was kept in these people's home in the form of a communication book and there was a clear line of verbal communication for staff to be updated when people's needs changed and to ensure they were safe. Staff knew what risks had been identified for these people and told us how they supported them to ensure their safety. For example, one staff member told us how they supported a person when they had a seizure. They were able to describe how to help prevent injury, assess whether they required rescue medication and how to safely administer this if it was required as well as how to support them following the seizure. They told us they would also document this accordingly and this was confirmed from records seen during the inspection.

In response to our feedback regarding some care records and risk assessments not being updated at the time of the inspection, the registered manager told us they had recently identified gaps in some care records where risk assessments and necessary supporting guidance required more information. In response to this they had delegated two senior care staff to perform regular quality checks and help to update records where documentation had not been completed. The initial process of updating documentation was still underway at the time of the inspection.

There were codes available on the Medicines Administration Records (MAR) for staff to indicate when they had prompted, assisted or administered medicines. Staff were able to describe the difference between the different levels of support people required with their medicines and support plans detailed whether they required prompting, assistance or administration of their medicines by staff. However, the information in some people's support plans conflicted with risk assessments for the management of people's medicines. For example, in one person's support plan it stated they self-administered their medicines however, where information was detailed regarding their daily routine, it stated staff needed to prompt this person to take their medicines. This documentation therefore did not clearly guide staff on what level of support some

people required. When we spoke to the registered manager about this during the inspection, they explained this was one of the areas they had identified prior to the inspection that would be covered by their new quality assurance process and as this process had only recently begun, not all care records had been reviewed under this new system by the time of the inspection. However, our findings were immediately addressed when we raised these with the registered manager and current documentation was revised to correct this.

People said they were satisfied with the support they received with regards to their medicines. Comments from people's relatives included "X has help with his medication from the carers. They pass him the tablets and give him a drink and then once he has taken them they will write in the book to confirm that he has" and "The carers will sort out X's dose each time and once she has taken it they will complete the records in her file to show that she has taken it".

Two senior care staff covered an out of hours on call system for people, their relatives and staff to call if there were any issues or concerns. The registered manager and assistant manager told us they were also always available and acted as 'back-up' for the on-call staff to help with any clarifications or additional support if required.

Sufficient staff were deployed to provide care and keep people safe. People said they had regular carers who knew them well and were familiar with their needs. They felt suitably supported by dedicated staff and there were suitable arrangements in place to cover any staff sickness. During the inspection, we heard office staff speaking to people who had visits scheduled but their regular member of staff was unable to attend. The office staff explained the situation to the person, and told them who would be visiting in their place. They told us they always tried to send staff that people had previously met and would always cover visits by their own staff with no agency staff use. This meant staff were treating people with respect and reassured them they would see staff they were familiar and comfortable with.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults and children. Records seen confirmed that staff members were entitled to work in the UK.

People told us staff were usually punctual, but if they were going to be slightly late then they were always contacted and told the situation. Staff told us they had sufficient time to travel to people between visits and were able to spend the time allocated with them to provide support in line with their care plans.

Is the service effective?

Our findings

Staff told us they had the training and skills they needed to meet people's needs. Training was also tailored to people's individual needs. For example, one person communicated using 'Makaton' which uses signs and symbols to help people communicate. The registered manager referred staff for Makaton training to enable staff to support this person effectively. A training matrix was in place to monitor when refresher training was due and this was up to date. One person's relative told us "The carers have undertaken some training to help them understand my son's particular type of autism." One relative also told us "It is very important because of X's condition that he only has people looking after him who he knows and can trust. So carers have been with him a long time. As happened recently, a carer gave them notice, so a new carer was introduced to him gradually and was allowed to have plenty of shadow time so that he got to know them and the new carer also got to understand his needs".

Two senior staff and the assistant manager completed regular staff supervisions (one to one meetings) and also carried out observational visits to assess the quality of the care being given to people by their staff. These were well documented and showed what had been assessed. Staff told us these supervisions gave them the opportunity to feedback whether they had any issues as well as to say what was going well and share suggestions for best practice. Group supervisions also took place where there was a topic needed to be covered with all staff. The assistant manager told us when group sessions took place; more sessions would be scheduled to enable all staff to attend.

The care people received was assessed and the registered manager, assistant manager and senior care staff performed spot checks to monitor the care being provided. One person told us "One of the managers came and did a spot check the other week which I was very impressed with. I've never had a problem about anything, so I was quite surprised to see her at the door. But at least it was reassuring that they do check up from time to time."

All staff received a comprehensive five day induction which included, care principles; service specific training such as moving and handling, safeguarding, equality and diversity, expectations of the service and how to deal with accidents and emergencies. One staff member who had recently joined the service told us "The induction was brilliant. I was constantly interested and learnt things I didn't know before as a carer". They told us they had shadowed experienced staff for two weeks followed by having their competency assessed before supporting people on their own. This included an assessment in their competency in administering medicines.

People confirmed staff always asked them for their consent and views before carrying out tasks. People and their relatives told us staff were respectful and asked them before supporting them with all aspects of their care. They said they felt able to make choices about how their care was provided and felt staff respected their decisions.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Training records showed staff had been trained on MCA requirements. All staff we spoke with were able to tell us about the MCA and what to do when people were unable to make particular decisions and gave descriptions of what was meant by lacking capacity and doing things for people in their best interests. One staff member told us "If someone doesn't have the capacity to make a specific decision, then a best interest decision should be made on their behalf".

Staff supported people who had been assessed as requiring assistance with meals and needed encouragement to eat and drink. Staff documented in people's daily records information about the diet and fluid intake for these people. This helped staff monitor the person's intake and identify whether people needed increased support in this area. Staff told us if they had any concerns regarding people's food and fluid intake then they would raise this with the office or on-call staff and make a record in the daily notes.

People who needed support with meal preparation were happy with the way this was done. The relative of one person told us "The carers help support my son to live independently. He actually loves cooking and they will assist him in following a recipe and making his meal." And one person told us "The carers will make my lunch, usually a microwave meal and then a sandwich for later. They'll always ask me what I'd like in it and tell me what I've got in the fridge."

People had access to health care professionals to make sure they received appropriate care and treatment. One staff member told us they were able to support people by taking them to appointments themselves if people were unable to get there on their own. The service also maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and said for the managers, office staff and care staff, "no task was too great". People said staff knew how to deliver care in a person centred way and were very flexible according to their changing needs. People told us whenever possible, visit times were arranged to suit people's needs and when changes to visit times had been requested the service did this "without any fuss being made". One person told us "I think the staff are very professional and I've never had any worry about anything I've told them confidentially about myself. I have got to know my carers really well and we always have a good laugh and a chat together and they certainly wouldn't dream of going if we haven't had a chance to have a bit of a chat each morning". Another person told us "I had to phone up the other day because I had a hospital appointment come through which meant that I needed to be up and ready very early one morning. My regular carer said that she would come and sort me out before she actually started her normal work and I was really grateful to her for doing that. I have been really impressed with the fact that everybody understands my care needs and the fact that they are very willing to do all they can to support me in the way I would like".

One staff member told us if people needed more time with them for example, if they were suddenly taken ill they would stay with them longer than the planned visit time and would not leave them just because the of the times scheduled. They gave us an example of where they had recently been flexible with one person's visit when they had called them for help to go to the toilet earlier than when their visit was due. As they were available, they were able to assist them with this saying "If I can, I will". If not, they said they would contact the office staff to try to arrange support for them. Another staff member told us "The office are flexible and look at what the clients want, for example, what time they like to go to bed and arrange visits to coincide with these times. They listen to what people want and accommodate to their needs". They went on to tell us they would let people know when they were going to the shops in their own time and asked whether they needed anything.

The registered manager told us in response to attending a recent workshop; they were looking at introducing the involvement of people in the process for staff recruitment. They told us they had written to people about this and asked if there were any questions they would like to include when potential staff are interviewed. This showed the service was being pro-active and considered people's choices when recruiting the staff that were going to support them.

The service had received a large number of compliments from people, their relatives and community professionals stating the care provided was flexible and person centred. Compliments received from community professionals included "I would like to say a big thank you. The support from the service has been over and above. Staff have not only supported the individual but also given their family the additional support they have required". They went on to say staff were flexible to adapt to different circumstances and communication was excellent with staff willing to develop and learn new skills demonstrating their determination and commitment to the role", "Staff have attended meetings to discuss recommendations and training. I am always pleased to see how much staff enjoy working with the individual. Staff seem confident and have taken the opportunity to support (X) to go to new places and try new activities" and "By

working alongside myself and other health colleagues this resulted in the positive outcomes; many with service users who have complex needs".

The service had an 'extra mile award' which recognised when staff had responded above and beyond their duties to ensure people received personalised care when their needs changed. This included when staff had dealt positively with difficult emergency situations such as emergencies or changes to people's requirements that needed immediate attention. The registered manager told us how the relative of one person had told them about one staff member and how impressed they were with the way they had responded when their family member had fallen. They had ensured their family member was safe and comfortable, and supported this person and their family by reacting calmly to the situation and staying with them until emergency services had arrived and they were satisfied they were okay.

On another occasion, following alterations to one person's property which had involved widening their doorway, they had mentioned to a staff member their net curtain had started to get stuck in the door as it opened and closed. To help with this, in their own time, the staff member measured the doorway and altered the curtains to this person's specification.

The assistant manager told us about a person who used the service and required support accessing the community and to continue their hobbies and interests. The service put together a weekly activity plan with pictures to help them understand what they would be doing for the week ahead. This included staff taking them cycling and shopping. This person also wanted to have support in gaining work experience. The service helped this person by visiting charity shops to enquire whether they could apply as a volunteer. They then helped them complete application forms before supporting them to return them and to speak to the proprietors to ask about job opportunities.

In response to comments made by people who used the service stating they would like to get out more and have the opportunity to socialise outside of their homes, the service set up a coffee morning which people said they really enjoyed and was a huge success. Staff told us the feedback they received from people on this was very positive. They said one person told them on the journey home, they had cried with happiness as they had not been out in such a long time and going to this had meant a lot to them. The registered manager told us staff had gone in their own time to pick people up who were unable to make their own way there. The relative of one person told us they had received a call to see if their loved one would like to attend a Christmas coffee morning, at no expense to them. The client was picked up by a carer and thoroughly enjoyed eating mince pies and having a chat with other service users. The relative was very complimentary that this had been offered to them and wanted to make sure that this was highlighted back to them at the end of the inspection process. The registered manager told us as this was such a success, they were planning to have future social events such as further coffee mornings and afternoon events including games such a bingo.

The service kept people informed and updated and people told us the office staff always call if there is a problem with a forthcoming visit. Comments from people included "They (office staff) are very good at ringing me if a carer is running late, which I must say is only on very rare occasions, but it is nice for them to phone me rather than me have to chase all the while", "We have never experienced any missed calls whatsoever. On the rare occasion that a carer is running late, the office will let us know when to expect them" and "I don't recall us ever being left without a carer at all. X can't be left on her own, so if a carer is running late, which only happens very very rarely, the carer who is here will stay until her relief carer comes along".

The registered and assistant managers told us they included themselves on the weekly rotas for one to two

days per week. They told us this was so that they were able to promptly respond when assistance was required or when regular care staff were on leave or had called in sick. They also told us this helped them to really get to know people who used the service and built relationships with them. People had fed back to them that they felt comfortable to speak with them if there was a problem as they had got to know them so well. One person told us "I have to say that speaking to somebody at the office couldn't be any easier. They always pick up the phone and they know me which I particularly like. If they say they will phone you back, they will do and will always have the information to hand that I need."

People told us their privacy and dignity was maintained by staff who knew how to support them appropriately. One person told us ""My carer wouldn't dream of doing anything with me until she's closed the curtains and put on some extra lights every afternoon when she comes in. The evenings are drawing in so quickly during winter and she always tells me that the thing she hates the most is people being on show. I've never heard her talk about any other clients whatsoever, even though we always have a good old gossip about what's happening in the world and our own families". Another person told us "I've never heard any of the carers talk about any of the clients in my presence. I think the carers are very mindful of both my property and my privacy. They are good at noticing when jobs need doing and will ask if I mind them doing something for me. They never worry if a particular job isn't in the care plan, they just want to help. So, they've helped me sort through the fridge as there were things past their use by dates". Comments from staff included "It is important that people's dignity and quality of life is taken into account at all times" and "I always ask what people prefer and whether they would like help or whether they would like to do things themselves rather than just doing things for them without asking. If they prefer to do so, I allow them to do it". During the inspection records were kept securely and confidentially including electronic and paper records.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support. Comments from people included "I do like things done in a certain order and the carers do understand that", "I certainly like things done a certain way and they are very tolerant with me", "We were certainly asked whether we preferred male or female carers and what time of day we would like the visits to take place" and "My carer will usually ask me if I'm ready for my shower when she comes through the door and if I'm not quite ready, she will make me a cup of tea or do a bit of tidying up until I am ready".

Is the service responsive?

Our findings

The service actively involved people in assessment of their care requirements which enabled them to make choices about the support they needed to help them to be as independent as possible. Care plans were person centred and people were involved in preparing these. One person told us "I do find it interesting to check the records from time to time and they are, I have to say, quite detailed in what the carers write about everything that they do during their visit. Together with the care plan, I think they have more than enough information to be able to provide the care that I need". One person's care plan detailed step by step instructions on how to support them with their daily routine and in line with their preferences. It included details of what they were able to do independently and what they needed support with and how to provide this. In a plan to provide staff with guidance on moving and handling it included instructions on how to use the hoist including what sling to use and diagrams to demonstrate the person's safe position whilst being transferred.

People's needs were assessed and care plans developed to identify the care and support people required. Care plans were regularly reviewed and people, their relatives and staff were all involved in the review of people's care plans. Staff told us the management team reviewed care plans and sought their feedback to ensure they had the most up to date information they required. This was confirmed from the documents we saw. For example, one person sometimes presented with behaviours which may challenge and more recently they had become more settled. In response to this, a discussion was had around the support they now required from staff when in the community. As part of this discussion, documentation detailing any recent incidents had been referred to as well as what information was available to confirm what had worked well with this person to promote their safety and mental well-being. One relative told us "A manager always attends one of the multi-disciplinary meetings where everyone gets together to discuss X's care. His input is greatly valued". Another person's relative told us "I think that X's care plan is very detailed and has everything in it that the carers need".

There was effective communication systems in place to ensure any changes or updates about people were communicated to staff immediately. Any changes in people's health or emotional well-being were responded to straight away. People and their relatives told us staff recorded the important facts as they occurred which "made way for a better understanding by the next carer". Staff told us they always wrote in the daily log at the end of each visit and included information such as changes to a person's health or well-being or to the care they required and information such as if their food and fluid intake was being monitored, whether there were any concerns. They said they would always refer to these notes at the start of each visit to ensure they supported people in line with their needs. One person's relative told us "I think that X's care plan is very detailed and has everything in it that the carers need. The carers are also very good at leaving detailed notes of what they have done, so that the next person on shift can read these and will know what they need to be concentrating on. As a back-up, I am always here if they do have any further queries. I have to say though; I don't often get asked any further questions."

Staff and the registered manager were very responsive to people's individual needs. Staff knew people well and what was important to them. One person's relative told us "X's carers are currently trying to encourage

him to get out and about and undertake some different activities. Since they started, they have been out to the local shops, been to the cinema, and done some ten pin bowling. It was a struggle for us in the beginning to trust that his carer would look after him as well as we are able to do, but I have to say every time he comes back from being out with them, we can tell from his demeanour and the way he wants to excitedly tell us about everything that he has done, that he has really enjoyed himself and interacted with his carer well".

The service continually strived to develop further opportunities for people to go out in the community and continue enjoying activities they used to. The relative of one person told us "X is currently having carer support to encourage him to go out and take part in some activities. The carers have really encouraged him to try activities that he's never done before and we have been amazed how much he has come out of himself and really enjoyed everything."

People and their relatives knew how to make a complaint and were able to share their views and opinions about the service they received. At the time of the inspection, the service had not received any formal complaints for over a year. The registered manager kept a record of minor issues, and confirmed people and their relatives had not complained as the service regularly sought their feedback and any issues were always promptly addressed until satisfactory resolution. People and their relatives told us they thought there were no complaints because they had such an excellent relationship with the managers and they would be able to sort out any issues before they became a large problem. One person told us "I've certainly met both (X) and (X) (office staff) and they are the people I will contact if I have any queries or concerns. They are both very approachable". Another person said "I do know how to make a complaint, as there is a leaflet in my folder. However, I've never had any issues with this agency that I needed to complain about. I find that because there are regular reviews, it gives me the opportunity to talk through any issues that I might have at that point and therefore things get resolved before they get to a point where the only alternative is to make a complaint".

Staff and the registered manager were very responsive to people's individual needs. Staff knew people well and what was important to them. The service actively sought feedback from people, their relatives, community professionals and their staff to monitor and continually improve the quality of the service. Satisfaction surveys were reviewed and where improvements identified or suggestions made actions had been put in place to implement these. One example of this was feedback from staff that during visits to people they had told them they would like to have more involvement in the community and have the opportunity to socialise outside of their homes. In response to this, the service set up a coffee morning which people said they really enjoyed and was a huge success.

Staff told us the visits were not rushed and at most visits had time to spend with people at the end of their visit to have a chat. Comments from staff included "I always have five minutes at the end of a visit to sit and chat. One person I support in particular loves to have a chat" and "I sometimes have time to sit and chat but chatting can go on all the way through (the visit)".

Is the service well-led?

Our findings

The registered manager spoke passionately about the service and staff and was transparent in their discussions with us throughout the inspection. They told us they provided a service with a personal touch. They were very proud of their staff team and believed in valuing their staff as much as the people using their service. They said "We know how we would like to be treated and therefore don't ask for anything we are not prepared to do ourselves". The service has an 'employee of the month' and staff are also recognised by the management team for 'going the extra mile'. In response to staff saying they would like more opportunities to meet other staff and get to know them better as they often worked remotely, the registered manager organised and paid for a Christmas party for the staff. As the management team covered the evening shifts for staff all staff were given the opportunity to attend.

The service promoted an open and honest culture and staff spoke highly of the management team and felt well supported. Staff were confident they could raise any concerns or issues, knowing they would be listened to. Comments from staff members included "If there are any problems you can speak to them (management) and they will get onto it straight away" and "This is a very nice company to work for. They are very accommodating and always listen. This is the best company I have ever worked for".

Staff told us they understood the values of the provider. This included keeping people safe, promoting their independence and ensuring people received care which met their needs. One staff member told us "The service enables people to live independently in the community in their own homes. Their quality of life is so important to us". One person also told us "I have to say that speaking to somebody at the office couldn't be any easier. They always pick up the phone and they know me which I particularly like. If they say they will phone you back, they will do and will always have the information to hand that I need".

The registered manager used a variety of methods to keep up to date with best practice. They attended training required of their role and kept up to date with refresher training for those courses already completed. They worked in partnership with other organisations such as the Local Authority and Wiltshire Care Partnership to keep up to date with new legislation or guidance relevant to their service.

The service monitored the quality of care provided. We saw documentation of quality assurance systems which were designed to monitor the quality of the care provided and to ensure people's experiences and views were used to help improve the service. The service had recently identified where their quality assurance processes could be improved further. This was in relation to risk assessments and care planning and also in the quality of medicines management. They told us they had identified gaps in some care records where risk assessments and the necessary supporting guidance required more information. To correct this they had delegated two senior care staff to perform regular quality checks and help to update records where documentation had not been completed. The initial process of updating documentation was still underway at the time of the inspection. To further improve this process, following our feedback during the inspection, the registered manager also revised the current accident and incident form to include a document reference guide to identify where support plans or risk assessments had been updated following newly identified risks and revised their quality assurance tools to ensure audits were sufficiently

documented.

The management team sought the views of people using the service, their relatives and from the staff which demonstrated they valued their opinions. An annual survey was sent to people who used the service and staff. The results were shared with staff and people and were incorporated into the service's business plan.

The registered manager put action plans in place when surveys and quality assurance checks had identified that improvements may be required. For example, following a recent staff survey, it had been identified that the way in which the staff rota had been planned was not always effective and some staff had said shifts were sometimes difficult to cover due to other commitments. Staff said a more fixed rota where they could plan ahead may work better which would also mean people would have continuity of care by visits from regular staff. In response to this, the registered manager recently implemented a more fixed rota which staff told us worked very well. It also meant they supported the same people and this had helped them build relationships as well as have a good understanding and knowledge of their needs. One staff member told us "X (registered manager) tries so hard to get the rotas right. He wants to make everyone happy and to ensure clients see the same staff. Staff know where they are going as they see regular clients. He doesn't just put you on shifts you can't do, he always calls beforehand to make sure it is ok".

People and their relatives said they were pleased with how organised the service was. For example, one person told us "I know a couple of the managers very well and I have to say that in terms of comparing them to other agencies, this one seems to be very well organised. I have had a list of carers for over the Christmas and New Year break and actually received this a good few weeks ago. I think they are very well organised and I certainly haven't got any complaints in that department". Another person told us "I think we spent nearly 2 hours with a manager from the service prior to the care starting and we had a really thorough discussion about what the care needs were and how the agency could help fulfil those. We were asked what time we would like the visits and the manager was upfront with us and said that at present, one of the daily visits would need to be altered by an hour, but that as soon as they could, depending on resources, they would aim to change the time to that which we had requested in the first place. I was actually very impressed that she was honest and open with us and didn't say they could commit to anything we wanted and then not deliver on these. Since we started, we have had one review meeting which went very well. As far as I recall, there was nothing that needed changing".