

Alina Homecare Bromsgrove Ltd

Alina Homecare Bromsgrove

Inspection report

Prior Wharf
Harris Industrial Estate, Hanbury Road, Stoke Prior
Bromsgrove
B60 4FG

Tel: 01527575904
Website: www.worcscare.co.uk

Date of inspection visit:
26 February 2019
27 February 2019
05 March 2019

Date of publication:
10 May 2019

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Alina Homecare is a domiciliary care agency, which provides personal care and support to people in their own home. At the time of the inspection, there were 160 people receiving a regulated service.

People's experience of using this service:

People valued their relationships with staff. People felt well cared for and that they mattered. Comments included; "We refer to them as our friends and that's what they are. I don't feel like they are just there for [person's name]. They are genuinely there for me too. They are central to what keeps all this going", "They're my life. They are my security blanket and I have needed one a lot of times. My carer is what has kept me alive, I am not lying, I have been so poorly and they're there for me. I love [staff name]. I feel proud to know them and to be seen out with them when we go shopping."

Risk assessments, care plans and documentation were person centred and comprehensive, identified risks were well-managed. The service focused upon a person's whole life to promote their wellbeing and gave people an outstanding quality of life.

People were supported by staff who promoted their independence as much as possible, and who were creative in their ways of achieving better outcomes for people. People told us carers were motivated to make a difference and that they made them feel inspired and gave them confidence to make the required changes.

People were cared for by a staff team who received tailored training, which reflected their individual needs and supported how they wanted and needed to receive their care. People spoke of highly trained staff that were observant of changes in their needs and that medical emergencies had been identified and responded to because of the carers attention to detail.

There was a culture of learning and evolving from experiences with prompt and positive action taken when something had gone wrong. Staff felt confident in reporting procedures and described feeling supported and appreciated by management.

There were highly effective quality assurance systems in place. Action was taken to address areas where practice could be enhanced, and as a result, changes had been made to help ensure the service moved forward and continually improved.

The service had gone 'above and beyond' to deliver safe care to people when another provider had left people without support.

Rating at last inspection: The service was last inspected 31 May 2016 and was rated Good. The report was published 09 August 2016. For more details, please see the full report which is on the CQC website at

Why we inspected: This was a planned inspection based on the rating at the last inspection when the service was rated as Good. At this inspection we found the overall rating for this service had improved to Outstanding.

Follow up: Going forward we will continue to monitor intelligence about this service and plan to inspect in line with our re-inspection schedule for those services rated Outstanding. If we receive any information of concern, we may inspect sooner.

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 exceptionally 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?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

Alina Homecare Bromsgrove

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one 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:

Alina Homecare is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

We gave the service 72 hours' notice of the inspection visit. We needed to be sure the registered manager was available to facilitate this inspection and that people were informed we would be visiting and contacting them by telephone.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information

sent to us from other stakeholders for example the local authority and members of the public.

Inspection site visit activity started on 26 February 2019 and ended on 05 March 2019. We visited the office location on 26 and 27 February 2019 to see the registered manager and staff. We reviewed 12 people's care records and medicine administration records (MAR), policies and procedures, records relating to the management of the service, audits, training records and recruitment records of 10 care staff. We spoke with five care staff during our visit and visited three people and a relative of a person receiving support in their own home.

The expert by experience spoke with seven people and eight relatives by telephone and the inspector also completed a further four telephone calls to two people and two relatives. This meant we captured the opinion of 12 people and 11 relatives altogether.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe because of the care and support they received. Comments included; "I couldn't survive without them. I feel so safe with them. I could phone and they're here like a shot", "This doesn't come easy from me but I feel absolutely 100% safe. I can ring 24 hours. When I was having a difficult time, they were here for me outside my scheduled visits and sometimes in their own time. Credit has got to be given where credit is due."
- All the staff had completed safeguarding training and appropriate safeguarding referrals had been made to the local authority and the service had notified CQC. A staff member said; "If a carer rang through with a concern or issue, the carer completes an incident form. It goes straight to the manager and that staff member gets an update as to the outcome" and "We wouldn't document the safeguarding concern in the person's notes in case it inflamed a situation going on at home but we would report straight to management in case it needed raising with the local authority."

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff. Staff had received training in equipment they needed to use to move people safely.
- Staff told us they were conscious of risk and when they identified a risk, they would ring the management to inform them. A staff member gave an example of noting the lino peeling in a person's house and being concerned it posed a falls risk. Office staff informed the person's family so it was sorted and averted an accident from happening.
- The service had an electronic system to support management of risk. This had improved safety for people because office staff could alert carers to any changes in people's care needs remotely. The handheld device informed office staff when the information had been received and read. This meant risks could be managed in real time.
- People's equipment was checked whilst management completed care reviews. This included; profile beds, lifting equipment service dates and visible checks of hoist and slings.

Staffing and recruitment

- People told us care staff arrived when they expected them and on the rare occasion an unexpected event had arisen, the office staff would ring to inform them if staff were running a bit late. No one could recall not having a visit when they expected one and everyone told us the staff stayed for the allocated time and on occasions longer if this was required. Comments included; "The carer has always been absolutely on time. I get a timetable. If there has been a change in time or carer due to unforeseen eventuality, I get a courtesy

call from the office", "They always visit. If running late the office phone me. You can't beat these, I'm telling you."

- There was an electronic roster system in place known as staff plan. Carers were required to log in and out of visits via a tag system. If a carer was running late or hadn't attended the visit, an alert would be sent to the office staff informing them of this. Calls were monitored weekly for compliance and it was observed 95% of calls occurred at the allocated time.
- People confirmed they were generally supported by a consistent staff team which was made up of a number of carers. Staff told us; "The rota doesn't frequently change. If someone has gone off sick, then the office staff may ring us and ask for us to pick up an additional visit." People told us; "I have the same ones. One carer visits breakfast and lunch and then it will be a second carer for dinner and bed. I may then have different carer at weekend", "My relative has a set carer on set days. It's only for holidays this likely to change and then family tend to step in."
- Effective recruitment procedures remained in place with all pre-employment checks being completed prior to new staff supporting people.

Using medicines safely

- The service was supporting people to take their medicines safely. Staff had received appropriate training, refresher training and competency checks were completed regularly. Carers informed the office staff if there were any concerns with medicines, so the management could resolve this with either the GP, pharmacy or family.
- People had body maps and clear application records for creams.
- Support plans documented who was responsible for ordering medicines, collection and where they were stored.
- Medicine administration records (MAR) were audited monthly and any anomalies on records had been identified and actioned.

Preventing and controlling infection

- Staff had received infection control training and staff told us personal protective equipment (PPE) was readily available as required.
- Competency assessments to observe staff and check they followed infection control practices were in place.

Learning lessons when things go wrong

- There was an open culture in response to safety concerns. Incidents were thoroughly analysed and discussed for any learning and action taken as appropriate. People told us that they had not had to raise any concerns about their safety with the service.
- The service had initially encountered problems with staff plan not showing double up staff members on visits that required two carers. The service initially addressed this by emailing rotas to staff that would be completing double up calls so they knew which carer they were completing these visits with. This had been an intermediate measure as by the time we were completing the inspection handsets were synched to display this data.
- The service had also put measures in place for extreme weather following difficulties encountered when extended periods of snowfall had been experienced last year. A snow contingency plan had been developed. There was now access to transport in each area the service supported people and people had been identified as a priority if they had no family involvement or other means of support.

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

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

- An initial assessment was completed with people and their relatives to ensure people's care was planned proactively and in partnership with them. People's personal histories were captured and detailed to ensure staff had sufficient information to provide care in line with people's values and needs.
- The assessment detailed what people could do independently, required support with and when risks were identified, control measures were documented. Every area of need was considered from personal care and medicines support to nutrition and end of life care. Equipment was identified where required and people had expressed what tasks they wanted support with and when they wanted it provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People's capacity to make their own decisions were decision specific and where people had capacity, we could determine from their records that they had consented to their care. Consent had been obtained for staff to enter people's home, provide the care detailed in their assessment and to maintain records regarding the care provided. In circumstances people were unable to sign their documentation due to physical disability, it was signed on their behalf by someone the person had identified.
- People and their relatives told us that carers did check with them before undertaking care tasks, but also said they were so familiar with the routine that it was understood anyway. Comments included; "They are very considerate, they always talk and ask me before doing things. I really am very happy with Alina Homecare", "They say are you ready for a shower now, or shall I get your medicines" and "Yes, they check things first and that it's okay."

Staff support: induction, training, skills and experience

- People told us staff had the required knowledge and skills to provide effective care. Comments included; "The staff at Alina are well trained. We had another agency before this and they were terrible. The training here must be good, and what it should be because we are happy with the care and how it is done" and "I'll be honest when they first came I was dubious because of [person's] needs. I can relax now, they know [person] and what they are doing. I've no concerns."
- Staff were well supported through regular supervision, appraisal and competency checks which focussed on their practical skills and enabled the provider to identify any individual training needs. Staff told us; "I've recently had a supervision, there is an appraisal within the year and we have unannounced spot checks."

- The provider had a proactive approach to training with in house trainers that facilitated face to face training. There was a training room at the service which contained a manual hoist, hospital bed and equipment to support safe handling practical training. Comments from staff included; "I feel confident with the training we get. There are tests with certain modules. Not everyone learns the same. The trainer has done one to one sessions if needed" "The service is really good with training, they notify us when due. Development opportunities are available as they also ask if there is anything else we would like to do" "Training face to face and in the office. Very down to earth so I don't feel self-conscious if need to ask something."
- A new staff member confirmed they completed a five-day induction before shadowing and supporting people. They also completed the care certificate within the first few months at the service as they hadn't got a care qualification. The care certificate is the national minimum standards which all staff new to health and social care are expected to meet as part of their induction. It helps ensure they have the required skills, knowledge and behaviours to provide safe and effective care.

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

- Staff supported people to prepare meals or prepared meals for people when this was a requirement. People told us they were always given choice as to what meals were prepared and that staff were aware of their likes and dislikes.
- A relative also told us; "[Person's name] is diabetic and their really good with their meals and the times that they have them to manage this."

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

- People were confident care staff knew about their health needs and were responsive to any changes in their needs. One person told us; "They've impressed me how they dealt with my situation and got me the help when I really needed it. They couldn't have done anymore."
- If people needed support to healthcare appointments this was provided and staff liaised with people's GP as required.

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

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; equality and diversity

- People consistently described staff as kind, considerate and caring. We received many examples of how staff had made a difference to people's lives by using their initiative and going the 'extra mile'. Examples included; one person wanted to wear a particular item of clothing every day and so it was clean and available, the carer took it home with the person's agreement and washed it in their own time. We were told of a carer who was a talented musician and for those that wanted them to, they would take their guitar to the visit and play them a song. A person indicated they particularly enjoyed this as it relaxed them. A person told us when they had been particularly unwell, care staff had 'popped' in on them when in the area and completed additional visits to ensure they were okay. The office staff had also introduced phone calls that weren't commissioned to support them and they told us they were unable to find the words to convey how much the service had done for them.
- The care staff supported people in a way that inspired them to develop and grow in confidence. One person told us staff had supported them to implement a system to manage their home environment, which had enabled them to maintain their tenancy. They spoke of pride at their achievement and admiration for the staff. They told us they were treated with compassion, understanding and a knowledge of how things affected them.
- Care and compassion was readily extended to families. Families commented how they very much felt the care staff were there for them too. A relative said; "We call them our friends which is what they are, they attend parties and family events that's how much we think of them. There is flexibility, at the last minute they've accommodated things, which makes it feel like we are all part of the same team which keeps things going".
- Providing consistent individualised care was a priority. Each person had a small team of staff. Schedules were sent to people each week, which told them which staff would be coming and visit times were planned around people's needs.
- Continuity of staff and their knowledge and familiarity of people meant they noticed the subtle changes in a person's needs. When a medical emergency had arisen, they had been quick to note the subtle changes and alert the emergency services which had been critical to the person's survival.
- People we spoke with consistently described how happy they were with the service they received from Alina Homecare and when asked to rate the service received, we were told; "Outstanding", "Exceptional", "Excellent" and "You will not find better".
- People told us they wouldn't hesitate to recommend the service to others. Comments included; "We are always recommending the service to others. From initial assessment to the present day, we have had nothing but a positive experience with them", "I recommend them all the time. When I go to community groups, I always tell people to go to Alina Homecare when they say they need help. I couldn't live without

them. They are to walk down the red carpet and they deserve a golden globe", "They are absolutely brilliant, you hear bad things about other services but I've never heard a bad word about this one", "I've had previous bad experiences, these are so good, I just feel very lucky" and "I'm very pleased so I wouldn't hesitate. I'd recommend them to anyone. They were recommended to me by a relative who works in healthcare. We haven't looked back."

- Staff spoke of pride working for the service and said they wouldn't have their family member cared for by anyone else.

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

- People were empowered to communicate choice, develop their independence and live their lives as they wished. A staff member said; "We provide person centred care around what people would like. It's about respecting people's preferences but you can also offer choice. For example, every day the person may stick to toast and that's fine, but sometimes I'll say do you fancy a fry up. It's not just food. Offer choice for everything, sometimes just to broaden horizons or so people know they have choice. Get to know the person, have those conversations and then offer the things they tell you are important to them or they enjoy."
- People and their relatives were encouraged to be actively involved in their care. Initial assessments were completed, and people devised how they wanted their care to be provided. Two weeks after their care package commenced, a review was completed to determine if any adjustments were required. Feedback was actively sought at six and 12 months and acted upon as needed.

Respecting and promoting people's privacy, dignity and independence

- Empowering people to be more independent resulted in people developing skills, having more autonomy and relying less on staff to give them support. Carers gently encouraged people and had supported people's rehabilitation from hospital, which had resulted in them being able to reduce the care needed.
- Staff gave other examples of promoting people's independence which included; "We have people that like you to do everything for them, but encourage people to do what they can for them self", "Try to promote people being independent and get people to keep their hands moving" and "Encourage people to join in. A person may ask for a cup of tea but will encourage that we do the tea together."
- During the inspection a person receiving support had visited the office with their carer. They had previously received care from another agency where they had visited their office weekly and emptied the bins and done some tidying. The previous service had closed and recognising the importance of this activity, Alina Homecare had created this opportunity at their office, despite it being some considerable distance from the person's home comparably to the previous service where they had 'volunteered'. The person was supported to attend the office weekly with a carer and had developed positive relationships with the office team. The service had bought them a "Number 1 Alina Volunteer" t-shirt which they wore to 'work'. They told us during the inspection that they enjoyed their office visits and the drive over with their carer.
- People we spoke with spoke of considerate staff that put them at ease and respected their privacy and dignity. A person said; "They treat me with respect. At another service, I'd felt uncomfortable from the first ever call. These are brilliant, I trust and feel at ease with them all."
- Staff we spoke with demonstrated they knew the values in relation to respecting people's privacy and dignity. Staff said; "People don't like constant staff 'shadowing', if have someone learning care with me, always ask that the person is okay with that. When attending to personal care, cover up people's bottom half when washing their top. Get consent, say, are you okay if I do this, okay to do that" and "Shut curtains and doors, talk to people, explain and tell what doing. Take feelings in to account."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in planning and reviewing their care and the assessments and plans were centred on the person and their preferences for how care was provided. Support plans had been devised and implemented by the management team and these were extremely detailed, thorough and personalised.
- People were empowered to have choice and control over who provided their care. People were supported to be involved as much as possible in deciding whether or not staff members selected to support them, met their needs. People told us of occasions when they had not felt they clicked with a carer and the carer had been changed as a result.
- The service recognised the importance of providing continuity, ensuring there were sufficient numbers of carers that people were familiar with and who were knowledgeable about the person's care to cover holidays, sickness and time off. People received the same carers for the morning and lunch visits and then a second carer would complete the evening and bed call. This meant only two different carers were completing visits in one day. There were also initiatives in place for care staff to complete weekend visits so continuity could be maintained.
- The service also provided a sitting service for people in response to local authority provision changing and the removal of flexible breaks. The service had built this in to social packages so people could continue to enjoy activities of their choosing.
- The service was working within the principles of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service could provide information in different formats for people for example, braille, CD, audio, language and bold print.
- The service's electronic system was evolving to electronic care planning, so where consent had been provided, the person and family could have an app and access to live data.

Improving care quality in response to complaints or concerns

- People could be assured that complaints would be taken seriously and acted upon. The service viewed concerns and complaints as part of driving improvement. We saw the complaints process was included in information given to people when they started receiving care.
- People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff or service manager if they did. People said; "Complain? No, haven't needed too. I would as well. I have high standards but they meet them", "No. I'm pretty good with that kind of thing. I'd complain but to be honest, I've not had anything to complain about" and "I couldn't find something to complain about. It's a tight system and good communication. I receive excellent care."
- The complaints process was organised and easy to follow with a verbal and written complaints/concerns process flow chart in place alongside the complaints policy and duty of candour policy. People's complaints were acknowledged within 24 hours and all investigations into complaints completed within 28 days and a

response provided.

- The service had received four complaints in total for 2018 and 2019. The complaints had been fully investigated and the service had done everything in their power to bring a satisfactory resolution to the complaint.
- Training had been identified and provided timely following receipt of one of the complaints.

End of life care and support

- The service provided end of life care (EoL) and worked in conjunction with GP's and district nurses so people could have a pain free and dignified death in the comfort of their own home.
- Carers were familiar with providing EoL care and had received appropriate training.
- The service was in the process of revising care plans, which included and captured people's wishes around EoL care.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The service truly put people at the heart of their decision making even when this had been at financial detriment to the service. A person from the local authority told us the service always worked in partnership with them and had gone 'above and beyond' in accommodating 30 people with only two days' notice on bank holiday weekend when another provider had left 30 people unsupported. We were told Alina Homecare had achieved this in the face of adversity and they had been required to be creative. The whole staff team had pulled together to ensure people were safe and received the care they required.
- The service recognised innovation. They actively sought and acted on the views of others and placed a strong emphasis on continually striving to improve. People consistently told us how pleased they were with the service and felt in control of their care.
- The registered manager and office staff knew people and their families well and there was a real 'can do' emphasis, which was demonstrated by all the staff spoken with. We saw several examples where the service worked tirelessly to deliver the outcome a person wanted. For example, providing additional staff and support at short notice to ensure people remained in their own home rather than having to be admitted to hospital or move into a care home.
- The service responded and implemented contingencies when gaps had been identified. For example, the snow contingency plan had been formulated following bad weather last year which had impacted delivery of service. There were now four-wheel drive vehicles in each area that the service had access to in order to get carers to people in the most extreme weather conditions.

Managers and staff being clear about their roles, and understanding quality performance,

- Staff within the office were friendly and relaxed. There was a calm and pleasant atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear, easy to follow and comprehensive.
- There was a positive and sustained culture at the service that was open, inclusive and empowering. Care workers were motivated and told us the management were excellent. They told us they felt fully supported by the registered manager and felt able to call in the office anytime. They also received regular support and advice via phone calls, texts and face to face meetings. They said the registered manager was approachable and kept them informed of any changes to the service and confirmed communication was very good.
- There were career progression opportunities within the service and the registered manager had developed within the service from administrator, co-ordinator, lead co-ordinator to registered manager. The deputy manager had also been a care worker, field care supervisor and then deputy manager. This meant

the management had knowledge and understanding of what was expected within the different roles in the operational structure. The registered manager was keen to continue developing their leadership skills and those of the staff. They had direct support from a hands-on provider. They were passionate about their role and had a clear vision to keep improving the quality of the service.

- There were clear lines of responsibility and accountability within the management structure and the service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- There was significant emphasis on continuously improving the service. The registered manager assessed the quality and safety of the service through real time audits via the electronic record system. There was a weekly key performance indicator (KPI) report, monthly branch audit, and the deputy manager also completed care plan audits. These were all centrally monitored by the provider to ensure standards were maintained.
- The registered manager was proud of the staff and there were incentives in place to reward staff and recognise their hard work and commitment to maintaining the high standards and quality of care. There was carer of the month when a staff member was chosen to receive a £20 gift voucher, had their photo put up in the office and received a certificate. There were Alina incentive awards that included discounts on shopping, money back and holidays. Staff also had the opportunity to be entered in to a lease car scheme through the agency. There were enhancements and pay bonus which meant if carers had worked so many hours at weekend they received enhanced pay and then a bonus. This was as it had been noted that there were pinch points at weekends and evening which could affect service delivery.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us; "We have a good manager, they are firm but fair. If they weren't firm, nothing would get done. They are approachable and easy to talk to. Pretty good also if have last minute appointments, or someone's poorly" "The company is very loyal. I give them respect and I help out. They are there for me" and "Management are approachable, personal, non-judgemental. Same with clients. Works all ways."
- The agency had looked at innovative ways of communicating with care workers who worked in the community to make sure they were informed of changes, knew about best practice and could share views and information. For example, staff meetings were held every other month but at different times and in the location that they lived or provided care so that all care workers had the opportunity to attend and contribute. To facilitate this, they hired buildings in their local area.
- The registered manager demonstrated that they cared about the wellbeing of their staff. Staff had received party bags, thank you cards, scented candles and couple of flowers to thank them when it had been recognised they had gone above and beyond to provide care in extreme circumstances.

Working in partnership with others

- The service supported local events, for example, stalls and games at the local school where proceeds went to the school and the Alheimers society, and McMillan coffee mornings at the office, to which people receiving support were invited. This was well-attended and appreciated with one person receiving support speaking fondly of their involvement.
- The provider was also engaged with local authorities and discussions about future models of care and supporting development of local care standards and provision.