

Care Direct (Salford) Limited

# Care Direct Salford

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Care Direct Salford is a domiciliary care provider based in the Eccles area of Manchester, providing personal care and community support to people in their own homes. At the time of our inspection the service supported 60 people aged 18 to 98; including older people, people with learning, physical or sensory difficulties, and people with poor mental health. Not everyone using the service receives personal care. CQC only inspects where people receive personal care. This includes help with tasks related to personal hygiene and eating. Where people receive support with personal care, we also consider any wider social care provided.

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

The ethos of Care Direct Salford was extremely person centred, caring and responsive. Everyone we spoke with told us the staff were exceptionally kind, caring and would go out of the way to help them. Staff and managers showed genuine concern for people's welfare. People told us that they were very happy with their support. One person said, "Nothing is too much for my support workers. They are kind. They do more for me than I'd expect".

Staff were passionate about maintaining people's independence and this was at the core of everything the service did. People were encouraged to do as much for themselves as they could and were supported to access community facilities to limit the risk of social exclusion. Holistic support reflected the needs, wishes and personality of each individual. Staff were matched to the people they supported, building relationships and giving consistent support in a way people wanted their needs to be met. Needs were considered and reviewed, and staff responded quickly to any change in need. People told us they were fully involved in planning and reviewing their care and had a full say in how their care was delivered.

The service was well led by managers who were dedicated to providing a service which was responsive to need. The registered manager recognised the importance of creating and maintaining community links, encouraging independence and supporting people to meet their own needs where possible. Robust governance and management systems were in place, including regular feedback from people who used the service who told us that they were consulted about service delivery and were fully satisfied with the care and support they received.

Staff were highly motivated and skilled in their role. They had undertaken appropriate generic training and where specific needs were identified, they undertook further training to be able to meet them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; People were respected and valued as individuals and empowered as partners in their care in an exceptional service. The service was proactive in tackling discrimination, especially on grounds of mental health and learning disability.

The service had a comprehensive understanding of how to keep people safe, and staff delivered safe care,

ensuring the safety and welfare of the people they supported. Risks associated with people's care were assessed and monitored, and any environmental risks were identified, reviewed and well managed.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence, and the service recognised that these principles apply to all the people who used the service. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Rating at last inspection.

The last rating for this service was Good (published 6 December 2016)

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Direct Salford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Care Direct Salford

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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 48 hours' notice of the inspection. This was because it supports people in their own homes and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We inspected the service on 5, 6 and 12 June 2019. We visited people in their own homes on 5 June and visited the office location on 6 and 12 June 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, partner manager, and support workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with two professional health and social care professionals who have regular contact with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. One person said, "I get [the same support worker]; we know each other very well. She is very good, and I trust her fully. She keeps me safe."
- The registered manager told us, "I am passionate about making safeguarding personal and work to ensure the safety and welfare of vulnerable people". all the staff had a detailed understanding of safeguarding issues and processes and how to action any concerns.

Assessing risk, safety monitoring and management

- Full and comprehensive risk assessments had been completed with people who used the service to enable staff to safely promote and maintain people's independence. Individual assessments were specific to the person and took their views and wishes into account as well as their physical, emotional, and cognitive ability. Risk assessments were reviewed regularly or whenever there were changes to people's needs and care plans indicated any control measures in place.

Staffing and recruitment

- There were enough care staff to meet people's needs. Staff were deployed to work with specific individuals and were matched according to their qualities, abilities and interests. This meant people were supported by the same support workers and received consistent care and support.
- All the people we spoke with told us that staff were flexible around the timings of visits and responsive to need. They said staff were punctual, not rushed and had enough time to spend with them. One person told us, "They always have enough time. On my bad days it can take longer to assist me, but they always make enough time for us to have a bit of a natter."
- People who used the service had been involved in the selection process. Robust recruitment procedures ensured staff had the right qualities and values to work with vulnerable people. The registered manager told us, "Recruitment is very much value based. I am looking for something in a person that people can relate to".
- Appropriate character and employment checks were carried out when the service considered new staff. This included reference and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Staff were trained to support people with their medicines and their competency was checked annually and during spot checks.
- People's independence to manage their own medicines was promoted if it was safe to do so. Where people needed support from care staff, risk assessments relating to medicines were carried out.
- Where people required assistance with medicines this was noted in their care plans and people and their

relatives told us that staff were careful when administering medicines. One person told us, "They make me comfortable and give me my pills. They are careful; they check each time that they are giving me the right ones and can tell me what they are all for".

- When staff administered medicines, they recorded this on a medicine administration record (MAR). We looked at three MAR sheets and saw that they were completed clearly and legibly. Where medicines were refused this was clearly noted.

#### Preventing and controlling infection

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. Spot checks were conducted by senior staff who noted the correct use of PPE.

- We observed that there was a plentiful supply of disposable gloves and aprons in the office, and saw staff picked up supplies as they visited.

#### Learning lessons when things go wrong

- The registered manager encouraged a 'no blame culture'. This gave staff confidence to report any errors or mistakes, such as medicine errors.

- Any accidents were logged and investigated. The registered manager took appropriate actions following incidents and learning was shared with staff.

- Risk assessments and care plans were updated after accidents and incidents to ensure risk reduction measures in place were effective.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- The service recognised that care provision meant more than completing tasks to ensure people's basic needs were met. Care Direct Salford had developed into a service which was always responsive to changing need; recognising the importance of creating and maintaining community links, encouraging independence and supporting people to meet their own needs where possible. The service was responsive to people's holistic needs on a day to day basis. One person told us, "I feel they listen to me, and support me to live an active life." The registered manager told us, "We aren't about tasks set out, we support people as a whole to live a fulfilled life and encourage their overall well-being and independence."
- Prior to admitting a person into the service, the registered manager undertook an assessment of their needs, considering the views of the person and how they liked to be supported. They also considered the skills and life experiences of the workforce and matched people to support workers with the right knowledge and qualities to provide support. The registered manager told us that the service had turned down business opportunities when they did not feel the staff had the skill set to make people's lives better.
- They had developed effective partnership working with the local authority and NHS Clinical Commissioning Group (CCG) and worked closely with other organisations. For example, they had cooperated with the local adult safeguarding board on a report into safeguarding challenges in home care, and with Skills for Care (SfC) to develop training programmes for people working in social care. SfC works with the government to provide training for people who work in adult social care. Their up to date knowledge of policies and legislation was passed on to support workers who were able to support people in line with up to date best practice.

Staff support: induction, training, skills and experience

- All new staff undertook a thorough induction and an up to date matrix showed that all staff had completed mandatory training and indicated when refresher training was scheduled. People told us they felt the staff were well trained and knew how to meet their needs in a person-centred way. One said, "They are very competent and knowledgeable. They understand the symptoms of [my illness] and understand how this can limit me from day to day. They know some days can be better than others and always allow me time".
- The registered manager recognised that training was an essential part of ensuring effective service provision and sought opportunities to develop the staff. The service supported people with a wide range of needs and provided excellent training opportunities to meet the specific needs of the people they supported. Examples included emergency medicine administration for people with epilepsy, emotional mindfulness and positive behaviour therapy where people with poor mental health were supported; dysphagia training for people who had difficulty swallowing and total communication therapy to assist people with sensory difficulties.

- Staff had undertaken active support training. Active support ensures that people are assisted to participate in every aspect of their daily lives, irrespective of any physical or mental health issues. A support worker told us how they had applied their active support training to assist a person with poor mental health. They told us they had helped the person develop new skills such as cooking and household budgeting and used the time with the person to assist them maintain relationships with their family and to access local community facilities and networks in order for them to take greater control of their life.
- We saw that the senior staff conducted spot checks to observe care worker practice, and that staff had a formal supervision session every three months and a yearly appraisal. Staff told us they were given time to prepare and looked forward to their supervision.. One support worker told us, "We discuss challenging issues, but don't feel bombarded. [Supervision is] very relaxed, it's our opportunity to talk."

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

- Staff recognised the importance of helping people to maintain a good diet, and we saw care plans indicated how to ensure good nutrition and hydration. They were trained in nutrition and hydration and the importance of keeping people healthy and eating a balanced diet.
- Staff had been trained to understand dietary requirements such as diabetes and swallowing difficulties.
- We saw people's preferences and requirements were recorded within their files. People who had help to prepare meals told us staff made good meals. One person told us, "The food they cook is great, they do it just how I want".

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

- During an initial period, care plans were closely monitored and reviewed to ensure all needs were identified and plans were established to meet presenting need. The service was flexible and could change the hours with a person to meet any unforeseen events, such as medical appointments or visits to clubs.
- The staff we spoke with knew the people they supported well and could quickly recognise when a person's needs had changed, or they were becoming unwell. People were confident that their support workers would support them to access healthcare. One person told us, "[My support workers] are great. [They are] really skilled, and careful when giving me a strip wash. I have a body chart, they keep an eye on me and if they notice any problems they let the district nurse know".
- Staff worked with other professionals to ensure people's needs were met. One health and social care professional we spoke with told us, "They (Care Direct Salford) provide a holistic view of the person, their needs and how to meet need. There is really good communication, with regular reviews, and they always let me know when things change."
- Staff took appropriate action when people were unwell, referred people for specialist help, and supported people to attend hospital appointments.

#### 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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Care Direct Salford had a policy on capacity and consent, and when we reviewed other policies we saw that

these cross-referenced the capacity policy.

- Staff were aware of principles of MCA and the service was working within the principles of the act. They ensured people were involved in decisions about their care. People told us they were given choices and staff asked their permission before carrying out personal care. One person told us, "They always ask me, even if they know the answer."
- Capacity assessments were completed and recorded in all care files, noting where people had capacity. One care record we looked at stated, '[Person] has capacity, continue to support to make their own decisions'. Other records indicated any aspects of people's lives or decisions where the person might need assistance.
- When people did not have the mental capacity to make important decisions for themselves, the best interest decision making process had been followed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People said their care was person-centred and reflected their changing needs and day to day concerns. One person told us, "They respond to me, help me to plan and respond to my needs and mood. I get regular carers. They sit down, and chat and we have a bit of fun."
- All the people we spoke with told us the staff were exceptionally kind, caring and always willing to help them. They told us that they always got the same support workers unless someone was sick or on annual leave, and that they had developed good relationships with them. One person said, "I get two visits a day Monday to Friday and it's always been the same person. She helps me to keep my independence, so we do things between us. She is such a great help, I wouldn't be here if it wasn't for [my support worker] Such a nice, chatty person, we always have a natter, she stops for about an hour. If I need anything doing or fetching from the shops, she'll do it for me."
- People spoke highly of the staff and this was reciprocated. When we asked support workers about the people they supported they spoke warmly and affectionately about each person. Each support worker would work with a small number of people, which meant that care and support was delivered by a consistent and small number of people; people rarely had more than three support workers. This nurtured extremely positive relationships. Staff were keen to befriend the people they supported, but were fully aware of their professional role, and had read and understood the 'professional boundaries' policy. A 'gifts book' held centrally recorded any gifts received from grateful people, and relationships were discussed during supervision sessions.
- The registered manager understood that effective communication was key to providing good quality services. Staff had received training in 'Total Communication', which is a way of listening to people using a variety of methods, such as oral, auditory written and visual aids, and understanding of body language to ensure people are properly heard. For example, the service worked with a person who was unable to read or write and could not speak English. The support staff went over and above to understand the person's needs, spending time with them and using total communication techniques to interpret nonverbal signs. They had accessed a translation app and used picture boards to assist the person, and helped them to access an education course, in the process improving the person's mental health and opening up new social experiences.
- People were very clear that they had seen and been involved in the development of their care plans. They told us that information was shared with them and that they were always involved in making choices and decisions about their care. They told us that they were always consulted about their preferences and how they wanted their care to be delivered.

- People said that they were totally involved in all aspects of their care and could say how and when they wanted their care to be delivered. One person remarked, "I am completely involved and have a say. They help me, for example they have helped me to get an assessment for a ramp to my door but respected my decision when I said I didn't want it." Another told us, "Nothing is too much for them. They are well kind. They do more for me than I'd expect, like cleaning the windows. Their time is well spent. I'm really satisfied. They talk, keep me involved and we have a bit of fun."
- Staff really understood people's individual circumstances and met their needs in a person-centred way. They told us that they 'followed the lead' of people; they encouraged them to do as much for themselves as they could, but different factors could impact on their ability from day to day. One person told us, "I have good days and bad, they support me to do what I can, some days it's all of it, other days I really struggle. I know they are there when I get into difficulty."

#### Respecting and promoting people's privacy, dignity and independence

- Consideration to privacy and dignity was embedded in care plans and staff showed a good understanding of the importance of respecting people's privacy, dignity and independence.
- Records were stored securely and managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were 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

- Nobody who was supported by Care Direct Salford was defined by their age, infirmity or disability but encouraged to live as full a life as they wished. Without exception, all the staff we spoke with, were told about, and observed during our inspection understood that the people they supported had desires and aspirations and worked with them to help them achieve their goals. "I love it," one support worker told us, "And enjoy the different challenges each day brings. It's not about doing things, it's about helping people with their goals, making them the person they want to be". People said their care was extremely person-centred, and nothing was too much trouble for the staff. They told us they received support which was fully in tune with their needs and preferences and that the support provided was based on them as a person. One person told us, "They help me to do as much for myself as I can but are there to step in if I need them to. I'm the boss, but we work together".
- The service understood the specific needs of individuals and delivered support in an extremely person focussed way. Staff understood how active support enhanced a person's well-being and helped them to overcome obstacles to achieve their identified goals. For example, a person with autistic spectrum disorder was encouraged to manage their own personal care, improve their ability to perform activities of daily living such as cooking meals, and had been assisted to reach a long-term goal of watching their favourite rugby team. We were told they no longer felt excluded. With intervention from Care Direct Salford, this person was not only back out in the community watching their rugby team but has been supported to establish a new friendship group and using public transport independently: the first time they have travelled independently in their life.
- Care plans were targeted at promoting independence. They provided detail about people's requirements whilst recognising their strengths and abilities rather than what they were unable to do for themselves. They encouraged staff to support self-autonomy and allowed time to respond to any specific need identified on each visit. One review we looked at showed a person with an acquired brain injury was supported by attending a gym to follow a specialist rehabilitation programme. Support had been reduced from four visits each week to one. The registered manager told us that this was due to, "The dedication, enthusiasm and drive of the individual and the worker who supported them". We were told about another person with learning difficulties who had successfully transitioned from their family home to live in their own home. They were being supported to develop activities of daily living and to attend cookery classes.
- People were fully involved in planning and reviewing their care. They told us they were asked about their aspirations, and what support they wanted to achieve their goals. They attended regular reviews and invited other people involved in their care. A social worker told us that they felt the service was proactive in arranging reviews and ensured they were informed when any needs had changed. Support plans were

updated whenever there was a change in the person or their presenting need.

- People had excellent support to undertake activities and maintain their hobbies and interests. Staff helped to enrich people's lives by encouraging and supporting them to take part in activities that would assist them to live a varied and active life. One person who had a life limiting illness told us, "To keep me mobile they take me for a walk each lunchtime and evening. We go for a longer walk in the evenings, and they bring my wheelchair for when I get tired, so I know I can go a little further. I feel they listen to me and support me to live an active life". Another remarked, "They've offered to take me to watch United, but I'd rather watch on telly, so they watch with me if they can. It's nice to have the company!".

#### 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.

- Care plans indicated people's communication needs and how to overcome any difficulties.
- The registered manager understood their responsibilities to meet the Accessible Information Standard and told us that they ensured people were provided with information in a format they could understand.

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

- The provider had a complaints policy in place which gave timescales for how long it should take to address a complaint, and details of who to contact if they remained dissatisfied with the service.
- People told us they knew how to complain. One person said, "I could phone the office if I wasn't satisfied, they stay in touch with me anyway, so they'd know if I wasn't happy. But there's no need; I'm well looked after.
- Another person told us that they had made a complaint when a support worker turned up late. They told us, "They apologised immediately, and it never happened again. If they are running late they phone to let me know, and I'm happy".

#### End of life care and support

- No-one being supported by the service was currently receiving end of life care, and there had not been any deaths at the service.
- There was a policy in place to support people at the end of their lives, their families and each other in the event of a death.
- Staff had received training around end of life care and were able to tell us some of the steps they would take to ensure people were comfortable and well cared for as they approached their death.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- A care professional we spoke with told us, "[Care Direct Salford] is exceptional in that it provides a whole view of the person; what would make them a more rounded individual. I provide a generic assessment and they fill in the gaps". Another told us, "My service user has developed a good relationship with [their] support worker. They do lots of community stuff and have competently helped to overcome dealing with anxiety over long term issues. There has been a massive improvement in [the person], particularly around community participation. They do so much more than I would expect."
- A support worker told us, "I've worked in care before, but never felt so much more at home with a job, it's rekindled my passion for caring. I have found here that people want to provide positive, encouraging care. The focus is on the person, not the tasks. It's not about popping in to do something, but about visiting and helping out where help is needed".
- The service was led by a management partnership which was extremely committed to providing high-quality person-centred care and had recruited and retained staff who shared that vision. Staff morale was high, and support workers told us they were proud of their achievements. All the people we spoke with praised the leadership and the culture of the service. One support worker told us, "[The managers] are fantastic. Truly committed to a high quality of care based on what people want. The focus is on people, and we respond to their changing needs on a daily basis. The managers are on hand to support us to support them."
- During our inspection staff reflected a friendly open and transparent culture and the people we spoke with told us they believed they received an excellent service. One family member told us, "[My relative] was concerned about getting people to help but has taken to the care really well: the service has been wonderful. I'm really impressed. The service is very adaptable; nothing is a problem if we want to change the times of visits or add more support if I go away".

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

- We checked our records before the inspection to ensure accidents and incidents that CQC needed to be informed of had been reported. The service had not reported any incidents, and on inspection we were satisfied that there had been no untoward events. This demonstrated the excellent care and support people received from kind, caring and patient staff.
- Robust systems to review, audit and analyse data and other records ensured that quality standards

remained high. An annual review analysed service delivery and a business plan outlined aims for the future, identifying achievable targets and current achievements.

- People were encouraged to keep in regular contact with office staff to report any concerns they might have. They were asked to comment on the service they received during spot checks, and the service completed annual surveys with all the people who used the service. We saw that there had been a good response to the most recent survey, which showed a high level of satisfaction. Comments included, "They are fantastic, always on time, great to talk to, they do a brilliant job", and, "I have never known a nicer bunch of carers. I want to thank Care Direct for sending such lovely people". A third anonymous quote said their care was 'wonderful' and praised staff for spending time to teach them how to tell the time and learn the alphabet.
- Care staff were seen to be engaged and involved. They told us that they were able to share their views and did not need to wait until their supervision sessions to discuss issues affecting their working practice.
- Care plans identified any communication needs people might have.

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

- People were helped to live well at home. The service maximised people's autonomy and helped to maintain their independence. The registered manager told us, "Every single person in Care Direct Salford knows we are responsive to their health and social care." Each person had a bespoke package of support which had been put together initially by the person, their social worker and any other people involved in the person's life."
- People told us they were fully involved in planning their care and had excellent links with the service. They told us they received a newsletter from the service every six months, with information about the care provided. We saw the latest newsletter included articles about the most recent survey, information about staff, and asked if people would be interested in trips arranged by the service. There was also a request for volunteers to take part in the staff selection process.
- Any professionals were asked to complete a short questionnaire when they visited anyone supported by the service. This information was used to gain a better understanding of how the service was perceived and analysed to drive up the quality. All the replies were positive and included quotes such as '[Person] is really benefitting from the support received. All carers are doing a great job!'
- Staff had received training in equality and diversity issues, understood different cultures and respected traditions. Sex and sexuality issues were considered, and the service provided information for staff around relationships and sexuality in adult social care. Staff told us they were comfortable exploring these issues with people.
- We saw that when staff left the service the registered manager always conducted an exit interview to consider any employment issues or conditions which may have contributed to their resignation. This information was used to enhance the conditions of work. Staff told us they were well treated and valued for their contribution.
- Staff meetings were held every six months. To ensure that all staff could attend, meetings were held twice. This meant each support worker was able to have a say and contribute to meetings.

Continuous learning and improving care; Working in partnership with others

- The management team were committed to continuous improvement of the service, learning from incidents, audits and new guidance/best practice to help improve the service and improve outcomes for people who used the service.
- The registered manager was a nurse and her partner in the service was a registered social worker. They had maintained an active interest in their respective professions and kept up to date with any changes in the health and social care field. They had worked in the area for over thirty years and during that time had built up a sound understanding of the community and its resources. building strong community links with social services, NHS and community groups. Many of the people supported by care Direct were helped to attend

community groups.

- The service liaised with a variety of networks including the local authority safeguarding board, Salford Partnership Equality register, Dignity Challenge, and other private sector organisations. They registered to receive newsletters from government bodies to ensure they kept abreast of best practice in the adult social care field.
- Care direct Salford is part of the Greater Manchester Purchasing system. This provided the service with access to community links, information and training opportunities across the region, and enabled the registered manager to liaise with and learn from other similar agencies.
- The service had strong links with local community services and liaised closely with social workers, pharmacists, general practitioners and other NHS staff such as speech and Language therapists and district nurses. We saw good evidence of partnership working to ensure the service provided a seamless and high quality of care.