

Dunster Lodge In The Community Limited

Dunster Lodge Domiciliary

Care

Inspection report

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Date of publication:
17 December 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service

Dunster Lodge Domiciliary Care is an agency which provides personal care to people living in their own homes. At the time of the inspection the agency was providing care to 73 people.

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

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

People were supported by an agency with exceptional leadership. This led to people receiving a service which was person centred, reliable and always looking for ways to improve the care people received. Everyone we spoke with said they would recommend the service to others.

People received their care safely from well trained and competent staff. Staff were matched to people and were able to build trusting relationships which helped to make them feel safe.

Staff felt well supported which led to a happy and well-motivated team. The agency had adapted to new ways of working during the pandemic. Staff had received additional training and support which had resulted in no disruption to the service people received.

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; the policies and systems in the service supported this practice.

People were treated with kindness and respect and involved in all decisions about their care. Staff were respectful of people's wishes and care was provided in accordance with people's preferences and needs.

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

Rating at last inspection

The last rating for this service was Outstanding (report published 29 September 2017)

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provides a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dunster Lodge Domiciliary Care on our website at 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.

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?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Dunster Lodge Domiciliary Care

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 10 and 11 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

The inspection was carried out by one adult social care inspector, one medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own 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 a period of notice of the inspection because we had to arrange how we could securely share information and arrange interviews with staff and people who used the service.

Inspection activity started on 10 November 2020 and ended on 11 November 2020.

What we did before the inspection

Before the inspection we made arrangements with the registered manager about how we could share information securely and requested a number of records for the first day of the inspection. We also asked the registered manager to contact people and staff to give them opportunities to share feedback with us and arrange video and telephone interviews.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with nine people and 19 relatives by phone. We also received emails from four relatives of people who used the service. We spoke with 11 members of staff by video link and received feedback from a further two staff members by email. One ex member of staff also contacted us by email.

We reviewed a range of records. These included four care plans, samples of medication administration records and care plans relating to medicines, samples of staff meetings and staff supervisions and observed practices.

We spoke with the registered manager throughout the inspection by video link and spoke briefly with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by an agency which had systems in place to identify and report concerns. Staff knew how to recognise and report abuse. All staff asked, said they were confident action would be taken if they reported anything to a more senior member of staff. One member of staff's supervision record showed they had reported a safeguarding concern and there was feedback about what action had been taken.
- The agency worked with relevant authorities to make sure people were protected from abuse. Where concerns had been identified the agency had made referrals to the local safeguarding team and they had worked together to make sure people were kept safe. One relative commented, "I'm really happy with safeguarding procedures. My relative is very vulnerable now and it's so important. Peace of mind for me too."
- People told us they felt very safe and relaxed with the staff who supported them. One relative said about the service; "I know they are safe and well cared for when the carers are with them." One person told us, "These girls have looked after me for 6 weeks and I feel as safe as houses with them."

Assessing risk, safety monitoring and management

- Risks to people were minimised because staff were very observant and took action to make sure risks were minimised. This included ensuring people's properties were safe before people were left alone. One person's care plan showed that their care had been increased when they became bed bound. An extra care shift was arranged for the evening so staff could check the person was comfortable and their house was secure.
- Risk assessments were carried out with people and measures put in place to minimise identified risks. For example, a full risk assessment had been carried out where a person needed staff to assist them to mobilise using a mechanical hoist. Measures in place to control the risk were clearly outlined including the number of staff required and the training needed, and provided, to safely support the person.
- People and their relatives had confidence in the staff's abilities to provide care for people safely. A number of relatives commented how good staff were at spotting changes in a person that may put them at risk and adjusting their care to maintain their safety. One person told us, "It's nice to know that they make sure I don't fall, keep me safe. They wear a mask and gloves when they look after me."

Staffing and recruitment

- People were supported by staff who had been safely recruited. Staff told us full checks had been carried out before they began work for the agency. These included the registered manager seeking references and carrying out criminal records checks. This helped to minimise the risks of people being cared for by

inappropriate staff.

- People were supported by adequate numbers of staff to meet their needs and ensure their safety. Everyone who received a service had a small team of staff who visited them. This helped them to build relationships. One person said, "Wonderful people. Able to come at times which suit me. Almost always on time. Delightful, marvellous. It makes such a difference, they always help, no matter how small."
- The agency only took on new packages of care if they had sufficient staff to meet the person's needs and wishes. In addition to carers the agency also had community team supervisors who had met everyone in their area who received a service. This meant that if a person's regular carer was not available for any reason, the supervisor, who was known to the person, could provide their care.

Using medicines safely

- The provider had carried out medicine assessments. These had the required information needed to make sure people received the correct level of support with their medicines.
- Information was available for people using the service. This included assessments to ascertain if staff, people or their family were responsible for ordering, transporting or returning medicines from the community pharmacy.
- There were no gaps in Medicine Administration Records (MAR) we reviewed. This meant staff members gave medicines to people as prescribed.
- Some people were prescribed medicines to be taken on a when required basis. Guidance in the form of protocols were in place to help staff give these medicines consistently.
- There was a medicine policy in place.
- There was a process in place to report medicine incidents and errors.
- People received their medicines safely because staff members had their competency assessed and received training to handle medicines safely.

Preventing and controlling infection

- The risks of the spread of infection were minimised because staff received training in how to reduce risks. Staff had received additional training regarding Covid-19 and were kept up to date with all government guidelines about how to work safely during the pandemic.
- Staff had access to appropriate Personal Protective Equipment (PPE) to help to keep themselves and people safe. People told us staff who visited them wore PPE which helped them to feel safe. One person said, "They keep me safe when they come; wear their mask and gloves."
- The provider had systems in place in accordance with current government infection prevention and control guidelines. Administrative staff were working from home, there was a one-way system in the main office and all meetings were held in line with social distancing. We saw this in action during our video calls with staff. One member of staff told us, "I have felt really well supported through the pandemic. Loads of PPE, there's a one-way system in the office and the track and tracer thing to scan."

Learning lessons when things go wrong

- The registered manager and staff team learnt from mistakes and treated them as an opportunity to make improvements. Records showed that where complaints had been made these were always taken seriously and action was taken to improve the service offered to people. This had included additional supervision and training for some staff.
- People received a service from an agency who kept records of accidents and helped people to take action to minimise risks. For example, where someone had a number of falls the staff helped the person to obtain a

'lifeline' which meant when they were alone, they could easily call for assistance.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No one being supported by the agency was being cared for under the Deprivation of Liberty Safeguards (Community DoLS.) The registered manager was familiar with the legislation and knew the process to follow if anyone required this level of protection to keep them safe.
- People only received care with their consent or if a best interest decision had been made. Where people lacked capacity in a specific area the staff made best interests decisions in partnership with others who knew the person well. This helped to make sure people's legal rights were protected.
- People had opportunities to give and withdraw their consent. Each person who received a service, or their representative, signed a consent form when they began to receive care. Staff also checked with people on every visit that they continued to consent. One member of staff said, "I would never do anything without their permission." A relative said, "They couldn't be kinder if they tried, so respectful of us both. Always ask their consent, like are you happy for us to do X or Y?"
- People who were not always able to verbalise their consent were asked in ways that were appropriate to them. This included pictures and hand gestures. People were cared for by staff who knew them well and understood their moods and preferences. One member of staff commented, "It's the bond you build that means you sense how people are and if they are happy to be helped. You know their moods."

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 outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and senior staff led by example to make sure people were always respected and cared for with kindness. One relative said, "Staff are good and kind. Comes from the top. Attitude of the manager shines through, she genuinely cares and knows people well."
- Everyone was treated with kindness and respect. Senior staff carried out observed practices to make sure other staff were working in a way that respected people and ensured they received kind care. One member of staff told us, "You have to treat everyone as if they are your family. Everyone's mum." One relative said, "We feel that they are members of the family the way they care for [person's name]."
- The staff often went over and above their job role to make people feel special. This included delivering birthday baskets and flowers to people, knitting blankets and bed jackets to help people to keep warm and taking people home made jam and cakes. One person, who had used the service for a long time, had become bed bound due to their declining health. We heard how much they missed their garden and so one of the staff took a bunch of flowers to them every week so they could have a little bit of garden inside.
- People and their relatives spoke very highly of the way staff cared for them. One relative commented, "They are really discrete and respectful, treating [person's name] with dignity". A person commented, "I couldn't have asked for better care."

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

- People were fully involved in all decisions about their care. One member of staff told us, "The ethos is we never patronise, we build relationships and we work together with our clients."
- People were fully involved in all aspects of assessing their needs and creating their care plan. One person wrote to us saying how impressed they were with the initial assessment and the attention to detail about their wishes. Another told us "They do the care plan with you. They keep meticulous records can't fault that. They are observant."

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 outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People received care and support which was personalised to them and their unique circumstances and wishes. Care plans contained information about people's personal histories, likes and dislikes. The care plans also had a section where people could express their personal views and wishes about their care and treatment.
- Staff knew people well and how they liked to be cared for. Each person had a small team of staff who they got to know well and who knew their preferences. Staff were matched to people to help them to build trusting relationships. One relative told us, "They match carers well with people. The rapport they have with my relative is excellent which has made such a difference to their life."
- People were always treated as individuals and their values and beliefs were respected. Comments received included, "It sounds a cliché but it is true to say my relative is not treated as a 'client' or a 'customer' but as part of the wider Dunster Lodge family." One relative said, "I felt that they really got to know them as a person and they always spoke very highly of them." A person told us, "I can't get about much now and they arranged for my pastor to call every week. He gives me communion once a month too. The carers understand that's important to me. "

End of life care and support

- People were supported to stay in their own homes if that was where they chose to be at the end of their lives. Each person had a care plan which outlined their specific wishes, such as who they would like to be with them. Staff worked in accordance with their wishes.
- People could be assured that at the end of their lives they would receive care that was kind and compassionate. One relative told us, "Always the same staff. So supportive. Very sympathetic. Did what needed doing. Friendly professional, caring and really kind. All brilliant and would stay over their time if needed."
- People were cared for by competent and skilled staff at the end of their lives. Staff were proud of the way they cared for people who were nearing the end of their lives. Staff received specific training and said they felt competent in this area of their work. One member of staff told us, "It's the hardest bit of the job but also the most rewarding. Last bit of respect and dignity you can give to someone, so important."
- Staff went out of their way to fulfil people's end of life wishes. One person wished to go out in a boat one last time. When the member of staff heard about this, they spent several hours fixing their boat so the person's family could take them out. He was able to go out in the boat one last time and fulfil his wish.

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.

- Staff knew how to effectively communicate with people. Each care plan we saw gave a clear description of how people communicated and whether they were able to read and write. Staff told us they adapted their communication to each individual to make sure people had the information they required.
- The agency used pictures and written word in care plans to make them accessible to everyone. The complaints policy also had pictures to emphasise the key points. This helped to make information easy to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the agency was not responsible for providing activities for people, many staff told us how people had been adversely affected by their restricted lives during the pandemic. Staff had therefore gone out of their way to provide additional social support and to help them to occupy their time. One member of staff said, "Some clients are really lonely at the moment, so we're trying to do things to raise their spirits. They have become more dependent on us for social stimulation and so we always make time for a chat."
- People were matched to staff who shared their interests. One member of staff who played a musical instrument was matched to a person who shared their interest. This meant that they could play music together which had a positive impact on the person. One member of staff said, "We are well matched which means we enjoy each other's company."
- Staff went over and above to provide social stimulation to people. One person talked to the staff about their love of motorbikes. This resulted in a member of staff going to the person's house on their motorbike on their day off. Another person was becoming lonely and unstimulated, so a member of staff bought them knitting needles and wool to occupy their time. The care plan stated that this has raised their mood considerably.

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 outstanding. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were very positive about the care and support they received. All said they would recommend the service. One person said, "They were recommended to me and I have recommended them to others. Can't fault them in any way."
- People and relatives told us the leadership of the service was exceptional. One person said, "It's an excellent service which benefits from excellent leadership, caring staff and good relationships with extended family." One person told us, "This service is really well managed. The staff are great and know their jobs very well. I would give them six stars if I could, not five stars!"
- The registered manager promoted a very positive culture which was fully embedded into everything that staff did. Feedback from staff demonstrated they worked in partnership with people to encourage independence and choice. One member of staff told us, "Most people want to live in their own homes. Our job is to help them to do that in the safest happiest way." One person said, "I can still live in my home. With their excellent care and support I can continue." A relative commented, "The care and support are wonderful. We are very happy. [Person's name] still lives in their own home and the care service they get allows them to still do that, which is amazing. Without them that would be impossible as we live away from where they live."
- Staff felt incredibly well supported which led to a happy and confident staff team. People told us staff were always cheerful when they visited which was very important to them. One person told us, "I am very satisfied with them. I have been with them about five years. They always have such a positive outlook and it's a pleasure to see them." Another person commented, "Very good. I've had a stroke and they come in and really cheer me up. Nothing is too much trouble."
- There was a management structure which provided clear lines of accountability, good access to management for people using the service and excellent support to staff. The registered manager was supported by community team supervisors and a team of senior staff. This meant people and staff always had access to senior staff for advice and guidance. It also meant that unplanned staff absence could be easily covered to minimise disruption to the service people received. One person told us, "I have contacted the care supervisor if I need help and she always deals with things."
- People benefited from a staff team who were passionate about their jobs and proud to work for the organisation. Staff were committed to providing people with a very high standard of care and support. One

member of staff said, "Our job isn't just about personal care. It's about enablement and empowerment." One ex member of staff wrote to us and said, "Standards are very high (and everyone is so happy) and quality of care was always very high priority within all our teams."

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;

- The management team were open and approachable. They acknowledged when things went wrong and took action to prevent re occurrence. One person said, "If there has been an issue I phone [care supervisors name], I do not need to justify my concerns they just deal with it. Listened to and dealt with. I have complete confidence in the organisation."
- People received apologies when care was not as planned. Any missed calls were recorded and investigated. Records showed that apologies were given in person, often accompanied by flowers and chocolates.
- People were confident that if they raised issues they would be dealt with openly and professionally. One person said, "I have never had to complain but if anything went wrong, I would just phone the office and I know in my heart of hearts it would be sorted instantly." Another person told us they had raised an issue and felt it had been dealt with very professionally. They said, "It was dealt with well and we all moved on. No bad feelings."

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

- People could be confident that their care was provided by an agency who monitored risks and followed up to date guidance to keep people safe. This inspection was conducted during the Covid-19 pandemic and the agency were working in line with all up to date guidelines to keep people safe. The registered manager was keeping up to date with changes by reading policy documents and linking with other professional networks.
- People were kept up to date about challenges faced by the agency at this difficult time. One relative told us, "They rang at the beginning of the pandemic as no one knew how things would turn out. But they have never let us down which is testament to the support the staff are receiving and the way the service is managed."
- The service was well managed to ensure people received the service they required. Feedback from people and relatives included, "The carers are always on time and they do everything for [person's name]. There is a homecare helpline that I can ring if I need to. They are very polite and kind, we always have a chat and a good laugh," "Everything I have ever requested, they do. If they are running a few minutes late, they will ring to let us know but that doesn't happen very often" and "The service is very reliable. They've never let us down."
- The registered manager and staff team monitored people's needs and areas of risk. They worked flexibly which enabled them to adapt to changes and to offer reassurance and additional support to people. For example, some people were no longer able to rely on previous support networks, so staff had taken on additional roles such as shopping and collecting prescriptions.
- The service had robust quality assurance systems which focussed on outcomes for people and ensuring very high-quality care was provided. There was a series of audits that ensured policies and records were regularly reviewed and up dated. Changes were communicated to staff through supervisions, staff training and meetings. This helped to ensure people received support which reflected current best practice guidance.
- People were supported by an agency who had systems in place to regularly check standards. Records of

staff observation showed that several areas were looked at including attitude, interpersonal skills, use of PPE and record keeping. We noted that observations regarding record keeping ensured that the person receiving care was fully involved in this. Feedback to staff following observed practice gave praise for good practice and also highlighted any areas for improvement which further reinforced the agency commitment to ongoing improvement.

Continuous learning and improving care

- People received their care from a staff team who were keen to learn and improve. The registered manager undertook regular training and shared their knowledge with the staff team. The staff we spoke with said they had access to good training and were able to put their knowledge into practice. To minimise risks to people staff had received additional training regarding infection prevention and control, Covid-19 and the use of PPE. This had resulted in staff and people feeling safe and confident.
- Staff supervisions, meetings and observations were used to ensure learning was put into practice and resulted in good quality care for people. For example, we saw staff supervision records which showed that areas previously highlighted as needing attention were followed up to ensure improvements had been made.
- People's care and support was provided by an agency which did not like to stand still and always looked for ways to move the service forward. In the last 12 months the agency had introduced a number of up graded systems. These included weekly reports to the registered manager to improve their overview of the service, weekly supervisor meetings and improvements to care plans to include more information about people's views.
- The service reacted promptly to changing needs, such as those created by the pandemic. They had up graded their IT systems and created a confidential message group for staff. This all helped to ensure good communication when opportunities to meet in groups was limited. Staff were also helping some people stay in touch with loved ones through video calls. Without exception all staff said how good communication was. Comments included; "We communicate really well as a team" and "Communication here is brilliant."
- The registered manager was keen to take part in projects and initiatives which may lead to benefits for people. This year they had joined a project run by a local hospice which enables a number of professionals to learn and share best practice to enhance care provided to people. These sessions were carried out virtually, so staff were still able to participate during the pandemic. The registered manager had also joined a Skills for Care network for managers which they told us they were finding very useful and supportive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were always kept informed about their care and consulted on all aspects. One person told us, "They are very, very good. Always responsive whatever our needs are. I can phone them and they deal with whatever really promptly "
- Staff had good relationships with local healthcare professionals and contacted them when they had concerns about a person's health. The service had received compliments from other professionals commending how well they worked together.
- People received effective care because the staff worked in partnership with other agencies and professionals. We heard how staff liaised with GP's, district nurses and social workers to make sure people received the care and treatment they required.
- People were supported by a staff team who felt part of "The Dunster Lodge family." All staff told us they felt very involved and included in the running of the service and fully supported. Staff said they could talk to a senior member of staff at any time, to ask advice, share ideas or make suggestions. This led to a very

motivated team who shared a passion for being the best care agency they could be. One member of staff said, "We deserve to be outstanding because of our commitment to always aspire to being better and making it happen. We listen to feedback, we question, and we take all concerns seriously."