

River Garden Care Ltd

River Garden Care

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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We carried out an announced inspection on the 8 September 2016. This was first inspection of this service.

River Garden Care is a domiciliary care service that provides personal care to people in their own homes. They may have a range of conditions including physical disabilities and people living with dementia. There were 35 people using the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The management team at River Garden Care provided excellent leadership and, in particular, the registered manager was a very good role model for staff at the service. She provided clear direction and always sought the views and feedback of people, their relatives and professional involved with the service.

There was a strong emphasis on continually striving to improve and this was reflected in the feedback from a 'client survey' undertaken in April 2016. The overall satisfaction rate was 96%. As a result of the survey and to seek ways to further improve communication, a client newsletter was introduced. This was to ensure people were kept updated of the outcome of surveys and any actions planned as a result, as well as other important issues in relation to the organisation. People and their relatives were also encouraged to contribute to the newsletter.

There were regular audits undertaken, including, care records, the recruitment process, staffing levels, training and whether people had been involved in decision making. These were checked in line with the CQC five domains, Safe, Effective, Caring, Responsive and Well-led to ensure a high quality service was being delivered.

The complaints process was included in the information book given to people when they started receiving care. People and their relatives were satisfied with outcomes of the complaints recorded and we saw that concerns and complaints were viewed very much as part of driving further improvements.

The safety of people using the service as well as staff was taken very seriously and procedures were in place to safeguard people from abuse as well as ensuring that risks to people's safety and wellbeing were identified and addressed.

Care plans were detailed and people and their relatives were involved in their development. Staff had a full understanding of people's care needs and received training and supervision to ensure they had the skills and knowledge to fulfil their roles. People received consistent support from care workers who knew them well.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making. People were asked what they liked to eat, how they wanted to dress and their preferences for care delivery. People's consent was obtained about decisions regarding how they lived their lives and the care and support provided.

Positive, caring relationships had been developed with people, based on compassion and kindness. The registered manager was motivated and committed to providing person centred care that made a positive difference to the wellbeing of people and their relatives that supported them. This commitment was shared by the staff team and we saw this in their enthusiasm for the way they cared for people and their desire to go the extra mile.

Staff had a good understanding of equality and diversity and understood the need to treat people as individuals. There were equality and diversity policies and procedures in place that included clear explanations of the Equalities Act 2010 to ensure staff understood their responsibilities when supporting people.

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. Staff knew how to report concerns or allegations of abuse. People felt safe with the care and support provided and staff were clear about individual's needs in relation to safety.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

Health and social care professionals associated with people's care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted people's development and independence.

There were sufficient staff available to meet people's needs. People tended to have the same care workers visit them to ensure continuity.

There were suitable arrangements to ensure medicines were managed safely, in line with the provider's medicines policies and procedures.

Good 

Is the service effective?

The service was effective. People were supported by staff that had the knowledge and skills to meet people's needs.

Staff were supported via an induction programme, training and on-going supervision.

Most people were supported by their relatives to access their GP or other health services but staff were available to assist if it was required.

People were supported with their dietary needs and this was detailed in their care plans.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Good 

Is the service caring?

The service was caring. Positive, caring relationships had been developed with people, based on compassion and kindness.

Staff understood the importance of promoting independence and this was reinforced in peoples care plans. They outlined clearly what level of support was required by a person and how it should be delivered.

People were supported by staff as much as possible, who understood their individual needs in relation to equality and diversity.

Good ●

Is the service responsive?

The service was responsive. People told us their care and support was flexible and staff went above and beyond to ensure their needs were met.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met.

Care and support was planned proactively with people using the service and their relatives.

People and their relatives were actively encouraged to give their views and raise concerns about the service they were receiving.

Good ●

Is the service well-led?

The service was well led. The management team provided outstanding leadership and in particular the registered manager was an excellent role model for staff at the service.

There was a positive, transparent and flexible culture at the service and the management team strived to recruit staff with the same shared values towards care in order to uphold the high quality support provided by the service.

There was a clear vision that underpinned practice. This included building relationship with people and families and ensuring care and support was always driven by what people wanted from the service and how they wished for it to be delivered.

There was a strong emphasis on continually striving to improve

Outstanding ☆

and this was reflected the introduction of a 'client newsletter' to ensure people were updated on organisational developments as well as encouraged to contribute.

River Garden Care

Detailed findings

Background to this inspection

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

This inspection took place on 8 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

We interviewed five staff including the registered manager, compliance and training officer and the director. We gained feedback from five people who used the service and twelve relatives. We also gained feedback from a social care professional who was involved with the service as well as commissioners.

We reviewed five care records, five staff files as well as policies and procedures relating to the service.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe with the care and support provided and that staff were clear about individual's needs in relation to safety. Some of the comments included, "I haven't been used to people in my house but they are so nice I am happy about it now," "We were worried about people coming in but they are so nice you feel quite safe with them." "The old agency I had eight different carers in one week and as we had a key safe I worked it out that there were thirty two people who had our entry numbers, it made you feel unsafe but with this agency I have regular carers and I know who is coming. If there is anyone off sick or something they let me know and do their best to get me someone else."

Staff we spoke with had a good understanding of safeguarding adults and the types of abuse that may occur. There were suitable arrangements in place to safeguard people including the procedures to follow and how to report and record information. Staff were proactive with regards reporting concerns to the local authority and the Care Quality Commission and this was evident from the safeguarding alerts we saw.

A whistleblowing procedure was also in place and staff we spoke told us they knew of this and how to use it. Staff had received safeguarding training and also discussed the training and any points of clarification during their one to one supervision sessions. One staff member said, "Safeguarding is about protecting people against harm and also protecting their rights, I would always inform the manager and follow up with a written statement if I had any concerns."

The registered manager was clear about how to report safeguarding concerns to the local authority and the Care Quality Commission and told us that they would always be guided by the local authority safeguarding team as they were the lead agency for safeguarding.

Risk assessments had been completed, regularly reviewed and updated for people and they had been discussed with the individual person and their relatives at the initial assessment stage or when there were any changes that required a review. We saw that people, their representatives, the registered manager and staff had been involved in undertaking risk assessments and as far as possible the person themselves decided what was safe for them to do and how best to do it.

We saw evidence that health and social care professionals associated with people's care were consulted and referred to appropriately with regard to how risks were identified and managed in a way that promoted people's development and independence. For example, we saw a more complex risk assessment for moving and handling for one person from an occupational therapist and on another there was evidence that a community physiotherapist had given advice on how to support a person to be mobile. We saw information confirming the provider had regularly sought advice; intervention and training from professionals when required.

There were sufficient numbers of suitable staff to meet people's needs and keep them safe. People tended to have the same care workers visit them to ensure continuity. People's dependency needs were kept under continuous review to ensure that staff members with the necessary skills, abilities and experience were

always available to provide appropriate care and support. One relative told us, "It has been very reliable, with my relative's condition we have to have consistency, so we have the same lady most of the time." Another said, "We changed earlier this year from another agency which had let us down badly, so we have to feel confident that when we leave (relative) she will be safe and we certainly do with this agency. We know who is coming, we have just lost a regular carer but they are replacing her."

The service used electronic monitoring which was linked to a people planner to ensure people received a visit at the correct time and that there were no missed visits. Staff had an 'App' on their mobile phones and an individual PIN number. As well as recording visit times, key safe numbers and rotas were also stored safely on the system.

There were effective recruitment and selection processes in place. Documentation was in place to support this and included an application form, interview notes and written assessments. Appropriate checks were undertaken before staff began work. These included, references, eligibility to work in the UK and Disclosure and Barring Service (DBS) checks had been undertaken to ensure potential staff were safe to support people.

In each care plan we saw a medication agreement and a list of people's medicines. Staff prompted people to take their medicines usually from blister packs and some medicines were also administered. They recorded this on a Medicine Administration Record (MAR) and we saw evidence that forms had been completed appropriately.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Care workers were able to describe how they supported people with their medicines. Records and discussions with care workers evidenced that staff had been trained in the administration of medicines and their competency assessed annually.

Is the service effective?

Our findings

Everyone we spoke with told us they thought the service was effective and that staff were well trained to meet people's needs. Comments included. "They seem to be all very well trained." "They all seem to know what they are doing." "The girls know what they are doing, we get our say, well it is what we want isn't it."

People were supported by staff that had the knowledge and skills to meet people's needs. Staff completed an induction programme and training before starting to work with people and also shadowed more experienced workers until the registered manager was assured they were competent to do their job unsupervised. Staff told us they felt supported in regards to accessing the training they needed to support them with undertaking their roles and most had completed the new Care Certificate. The Care Certificate is a training course that covers the minimum expected standards that care staff should hold in relation to the delivery of care and support. One care worker said, "The induction was really good, and any concerns I had were usually covered in the staff handbook. I would always talk to the manager or the training officer if I needed help." In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs.

We spoke with the training and compliance officer who was an experienced and qualified trainer, she told us that some of the training was delivered by her and others were delivered externally, usually by the local authority. Topics included, safeguarding adults, Mental Capacity Act 2005 (MCA), food hygiene, infection control, fire safety, challenging behaviour, communication and pressure area care. The service had also recently signed up with a local college that provides level two dementia training linked to the QCF and had also begun working closely with a local hospice with regards to training staff in end of life care as they saw there was a need in this area. Training records confirmed that staff were up to date with their mandatory training and any training due was flagged using a training matrix.

People we spoke with and their relatives told us they were happy with the way their meals were prepared and people were supported with food and drink. One person told us, "They (carers) got us up this morning and made breakfast, they make what we want and they are very good." A relative said, "(Relative) had been losing weight but her weight has gone back up now since they (carers) have been feeding her of an evening. They give her breakfast and then get her ready for day care. When she comes back they do ready meals and sit and talk to her while she eats it and her weight is steady now".

Staff we spoke with were aware of the nutritional needs of people who they supported and the need to follow instructions with regard to health issues such as soft diets and cultural preferences which was detailed in their care plans.

Supervision was conducted regularly with care staff and notes were documented and retained in their files. Areas covered in discussions included safeguarding, clients, work schedule, annual leave, performance and development. There were also separate off site supervisions conducted as a general check or for client introductions. They included checking staff were wearing their identification badges and uniform, time

keeping, presentation and their understanding of care plan and client needs.

Is the service caring?

Our findings

People and relatives we spoke with, without exception told us they thought staff were kind and caring and that positive relationships were fostered and developed. One said, "The girls are lovely, our regular is so nice, she does everything we say, and says 'can I do anything else?'" A relative said "It's been a God send to us, a real blessing to find this service, it has kept (relative) at home when the only thing we were offered was a care home. We are forward planning now, for the things we might need to do in the future as things will only get worse but we can do that with confidence now." Another relative said, "The carers are lovely and very patient. I would say very professional in their behaviour with (relative), they are very good."

The registered manager and care workers we spoke with all told us about the importance of treating people with dignity and respect and making sure people are seen as individuals and have their needs met in a person centred way. One care worker said, "Continuity of care means care logs must be detailed; I want to know about the person." Another said, I love my clients and I love my job, I treat them with the upmost respect."

Positive, caring relationships had been developed with people, based on compassion and kindness. It was clear that the registered manager was motivated and committed to providing person centred care that made a positive difference to people's lives. This commitment was shared by the staff team. Before a service started the registered manager or senior care staff would introduce them to the people they were supporting and feedback from people and relatives was really positive about this practice. One person said "If anyone new starts, the manager come out with them at first until she is happy, they really know what they are doing."

Staff told us that they often went 'above and beyond' to ensure people had what they needed. For example one said, "I would do what it takes to make sure clients are comfortable, that's my job." Relatives we spoke also commented on how helpful staff were, one said "They are so kind and helpful, they come for my (relative) but they help me as well," They always say 'is there anything else we can do for you?'"

Staff understood the importance of promoting independence and this was reinforced in peoples care plans. Plans outlined clearly what level of support was required by a person and how it should be delivered. We saw, in the daily records, lots of references to encouraging people with personal care, to be mobile and generally do as much as they could for themselves.

People and their relatives told us they were involved in making decisions about their care and support as well as developing their care plan. A person using the service told us, "The (manager) came out and we all discussed what we needed with (relative) and the family and did a care plan." Another said, "We did the care plan together, the girls are very pleasant."

Staff had a good understanding of equality and diversity and understood the need to treat people as individuals. There were equality and diversity policies and procedures in place that included clear

explanations of the Equalities Act 2010 to ensure staff understood their responsibilities when supporting people. They were aware that homophobia, racism, ageism and other forms of discrimination against specific groups of people were forms of abuse and confirmed if they had concerns regarding this it would be reported immediately to the appropriate manager.

Is the service responsive?

Our findings

People and their relatives told us that the care and support delivered by the River Garden Care was responsive and met the needs of people using the service. One person said, "The manager comes out to check and talk to you about things. If I had a problem I would ring them, they are ever so helpful and so nice." A relative told us "We have had to vary the service as we didn't know how much we might need in the beginning". They have been pretty good when (relative) has been in hospital about varying the service at short notice and sorting things out, we have only had some minor niggles and they have dealt with that straight away, we are very happy with it".

People and their relative's spoke of the positive difference the support from staff had made to their day to day lives as well as improving their wellbeing. Some said staff went above and beyond to ensure their needs were met. One relative said, "They have been very good if they think (relative) is not well, they ring and say 'we think she might have a urine infection' and I call the doctor and they are usually right, that gives you confidence as well." Another said, "We didn't know how we were going to get (relative) to the day centre, the council would not do it and cabs wouldn't but River Garden said they could do it and there is a nice lady who drives her to day care every morning."

The registered manager told us that, "During the initial assessment we strive to obtain as much information and background on the client so that we have a greater understanding of them, not just their care support needs and preferences, but also them as an individual. We train and reinforce to our team that care should not be task focussed but built around the client and their needs and wishes at all times."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. They were reviewed regularly or when needs or circumstances changed. Care and support was planned proactively with people using the service and their relatives. People and their relatives were also encouraged to request changes to their care plan and there was a detailed statement in the information book regarding how this could be arranged called, 'How to make changes to your care plan'.

The care records were person centred and indicated that the staff team identified any changing needs quickly and effectively. For example, we saw information on a care record regarding concerns raised by a care worker that a person was not always taking their medicines. Steps were immediately taken by the registered manager to report this to the local authority and the GP to ensure the person was not put at risk and that their needs around medicines were appropriately met. Another example of good collaboration and partnership working was demonstrated on at least two occasions where staff reported to the registered manager about concerns with how family members were managing the support of a person at home. The registered manager raised the issues as urgent safeguarding concerns as a preventative approach and in order for swift action to take place. We saw that from these interventions people continued to be supported and relatives were assisted to continue the care they offered. This responsive approach was also seen in the referrals made to the local authority and the local fire service regarding homes visited that were cluttered and where people had been hoarding. This prompted the assessment of risk and support people needed by

the appropriate agency.

We saw from care records and heard directly from community health and social care professionals that there was a good working relationship between them and the service. This was particularly prevalent with cases that had been complex and challenging. One professional described how the staff had successfully supported a person with Parkinson's disease with their mobility. They described the experience for the person as 'positive' and went on to say that it also had an impact on their wellbeing as they had been able to achieve a level of independence that they had not had before. They told us that the registered manager's and staff response had always been very good. They confirmed that staff would contact them if they felt a person may need a reassessment and they would always seek input from an appropriate professional, for example, a moving and handling advisor or a speech and language therapist to ensure that the person's needs were being met safely and appropriately.

The agency had a good reputation within the local community amongst people that used the service, their relatives and staff. They did not advertise the service with most having made contact after hearing about its reputation via word of mouth. We were told by the registered manager and director that providing a service was only agreed if they felt they could meet people's needs. The registered manager said, "We don't just say yes to everyone, we need to ensure we can meet people's needs and provide excellent care." We heard about a financial incentive for staff where they referred other potential staff to the River Garden Care and they successfully passed their induction and probation. The outcomes of this incentive had been good and some staff had been recruited and passed their probation period. The registered manager and director told us that it had been effective because the staff that were referred had similar attitudes, values and principles of those that recommended them and this was borne out in their work ethic and reports of satisfaction from people using the service.

People who used the service and their relatives were able to contact the office at any time. There was an on call system in place for out of office enquiries and contact details were provided in an information book given to people using the service. This had a positive impact in terms of the confidence people and relatives had in speaking with someone from the service at any time. This led them to them feeling safe and secure in knowledge that help and support was always on hand. Some comments included, "We can't fault them, we have had lots of other agencies but this is the best we have ever had, I told social services that the manager said "If there is anything wrong just ring me," but we've had nothing wrong, we've got all the phone numbers and as I said a really good book." "We have all the phone numbers if we need them and they have all of ours, I am very happy with it." "We can ring if we need anything, we have all the numbers, we are very happy with it."

People and their relatives were actively encouraged to express their views and raise concerns about the service they were receiving or anything else that was concerning them. We heard from several people that staff and the registered manager had assisted them or signposted them to other relevant agencies for support.

People using the service and their relatives told us they were aware of the formal complaint procedure and that they felt confident that the registered manager would address concerns if they had any. One person said when asked about complaints, "No complaints at all, no it runs like clockwork, it's very good indeed." A relative said, "Lord no, never complained about anything, we have got all the office numbers and such, we are really happy with it"

We saw that the complaints process was included in the information book given to people when they started receiving care. There had been two formal complaints in the twelve months prior to our inspection.

People and their relatives were satisfied with their outcomes and we saw that concerns and complaints were viewed very much as part of driving further improvements. In one case, we saw that a relative had complained about an item of clothing that had been damaged during the laundry process. There was a comprehensive investigation into how it happened and the person was reimbursed in order for them to replace the item. The person and their relative were very satisfied with the outcome. We saw in the minutes of staff meetings that the importance of being careful when laundering clothes had been discussed. There was also evidence that outcomes of complaints were discussed and shared during one to one supervision. There were several compliments that had been sent to the registered manager, thanking staff for the support provided to them or their relative.

Is the service well-led?

Our findings

The management team at River Garden Care provided outstanding leadership and, in particular, the registered manager was an excellent role model for staff at the service. She provided clear direction and always sought the views and feedback of people, their relatives and professionals involved with the service. We saw that this had directly led to a high level of service user and relative confidence and satisfaction with regard to the care they received.

The culture developed at the service was positive, transparent and flexible. The management team strived to recruit staff with the same shared values towards care as they held, in order to uphold the high quality support provided by the service. This was done by identifying people's values and motivation for wanting to do the job during the recruitment process and also during the probation period. The registered manager described the induction as not just a period of training but a process of getting to know the staff member and them getting to know the organisations and their philosophy of care. At the end of the induction and initial training staff were expected to agree and sign a 'Dignity Promise' that set out the principles required and standards expected in order to provide excellent care. At the core of their approach was their clear vision that underpinned practice. This included building relationship with people and families and ensuring care and support was always driven by what they wanted from the service and how they wished the care and support to be delivered. People's aspirations and goals were always at the forefront and staff worked hard to ensure they supported people to fulfil them.

One initiative that indicated the service was confident in the high standard of care being provided was an invitation to people thinking about using the service for them to talk to people and relatives already using the service as a recommendation. Having spoken with the registered manager and director about this, they confirmed that a large proportion of people requesting a service came from people who had been recommended by someone already being provided support, usually by word of mouth before they put a request in. We also heard from people themselves that they had found out about River Garden Care from recommendations.

Staff training had an emphasis on delivering care and support that was not task focused but kind and compassionate and built around the client and their needs and wishes. To this, end staff were encouraged to further their training and qualifications, for example, there was specialist training provided around dementia care and end of life care which was delivered in partnership with a local college and hospice. There was also an investment in staff undertaking level two and three health social care qualifications to better equip them to provide excellent care. The compliance and training manager was currently undertaking a level five health and social care diploma in leadership.

Feedback from people and their relatives demonstrated the positive impact this approach had on their wellbeing as well as their confidence and satisfaction in the service. They had nothing but praise for the registered manager and staff in all aspects of the support they received. One person said, "We have had them a year now and they are great, they have been very good and we are very happy with it, we have confidence in them." Another said, "Oh it's been wonderful. I haven't had the service long but they came and

asked me what I wanted and (manager) has been out several times to see how things are, I am very happy with it all." A relative said, "We changed to this service from another agency as it was going downhill and I thought as this was a smaller agency it would be better and it hasn't disappointed so far. We have a care plan and they have come out quite often to check on things, we are very happy with it."

The registered manager and director told us they invested highly in their staff as they felt it was essential to a good quality service that staff felt valued and supported. This was evident from the recruitment process that focused on understanding the motivation of potential staff and how they would fit with the organisations ethos and values. They described to us how they believed in rewarding staff appropriately for the work they undertook and described how staff were encouraged to go the extra mile for the people they supported. For example, staff were encouraged to visit people if they went into hospital and also attend funerals and they were reimbursed in terms of their hourly rate for doing so.

Staff were very complimentary about the management team at River Garden Care, including the registered manager, directors and the compliance and training officer. One said, "I feel very much supported. We all know the office and on call staff are at the end of the phone." One staff member went on to tell us about how they were supporting a person with end of life care and when they passed away they were offered extra support including one to one counselling with the registered manager and also days off with pay. Staff said of the registered manager, "She's brilliant, she has the company so in her heart, she knows the clients inside out. She also knows the staff inside out. She takes the time and trouble to get to know everyone. She matches staff with clients as she knows them all well" Another said, "The manager is very supportive and understanding. Since I started working here I've started my level three in health and social care course, I now have four units done and I am looking to progress to management and I know I will be supported to do so."

There were regular team meetings for staff to attend and the minutes of each meeting were emailed to staff regardless of whether they attended. Areas discussed included training, the Mental Capacity Act (MCA). Newsletters were prepared for staff and included information about the electronic monitoring system, 'organising a summer get together for staff' and information about the Care Quality Commission inspections. Staff told us they found the meetings useful and informative and receiving the minutes meant they were always up to date with developments in the organisation.

Information packs were provided to people at the start of the service and they set out the principles and values as well as standards people and their relatives should expect. A quarterly newsletter was also provided for people and their relatives to update them on important issues as well as developments at the service. Some examples of recent topics included, information about a local dementia hub for people and their families to access information about support around dementia issues. There was also advice on taking care in the hot weather and information on Care Quality Commission inspections and what to expect. People using the service and their relatives were also asked to contribute to the newsletter if they wished.

People and their relatives were regularly asked for feedback to determine whether the service was meeting their needs. The registered manager monitored the quality of the service by undertaking a combination of announced and unannounced spot checks and talking over the telephone to review the quality of the service provided. Spot checks included observation of staff practice as well as reviewing the care records kept at the person's home to ensure they were appropriately completed. The newly introduced electronic monitoring system also assisted with performance management and insured people received their support at the time expected.

There was a strong emphasis on continually striving to improve and this was reflected in the feedback from a 'client survey' undertaken in April 2016. The overall satisfaction rate was 96%. Questions included areas

such as staff continuity, dignity and respect, staff understanding of people's needs, involvement in care plans and confidence in making complaints. As a result of the survey, and to seek ways to further improve communication, a client newsletter was introduced. This was to enable people to be updated of the outcome of any surveys undertaken and actions planned as a result, as well as other important issues in relation to the organisation. People and their relatives were also encouraged to contribute to newsletter.

There were regular audits undertaken, including, care records, the recruitment process staffing levels, training and whether people had been involved in decision-making. These were checked in line with the CQC five key questions, Safe, Effective, Caring, Responsive and Well-led, to ensure a high quality service was being delivered.

The registered manager and director were very happy with the service and the sustained quality of service provided to people. However, although they had thought about expanding the service they wanted to make sure the foundations were strong and they were able to maintain the personal service and standard they had worked hard to achieve. They told us they were prepared to take their time and "Not cut corners" in order to achieve excellent client satisfaction.