

Adams Care Ltd

Right At Home Loughton, Redbridge & Waltham Forest

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

The inspection took place on 31 January 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

The service provides support with personal care to adults living in their own homes. At the time of our inspection the service was supporting 30 people with personal care. This was the first inspection of the service which has been registered at the location since February 2017.

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

The service was exceptionally well led. The registered manager and director had an excellent relationship with all levels of staff as well as people who used the service and their relatives. There was open communication between all parties and care workers told us they felt well supported. The provider was proactive in creating a community atmosphere at the service location whereby people who used the service and their relatives visited regularly for informal chats and to get advice. The provider held frequent social events for people who used the service and their relatives, as well as for care workers and office staff.

The service had quality assurance methods to drive forward improvements at the service. Annual surveys were conducted of people, their relatives and staff and results were positive and highlighted the caring attitude of care workers and the supportive culture of the provider. There were a high number of compliments and thank you cards received from people who used the service and their relatives.

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff and updated annually.

Risk assessments were thorough and personalised. Staff knew what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated they had the relevant knowledge to support people with their care.

Care workers were provided with a mobile application to record their attendance at people's homes which contained the personalised information they needed to support people such as their care plan and risk assessments. People and their relatives told us their care workers were punctual and consistent.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a regular basis. Care workers were provided with medicines training and were assessed for competency prior to administering medicines.

Newly recruited care staff received an induction and shadowed senior members of staff. Training for care staff was provided on a regular basis and updated when relevant. Care workers told us the quality of training was good.

Care workers demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with maintaining a balanced diet and the people who used the service chose their meals and these were provided in line with their preferences. .

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately.

Positive relationships were formed between care workers and the people who used the service and care staff demonstrated how they knew the people they cared for well. People who used the service and their relatives told us care workers were caring and treated them with dignity.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and life history. Care plans were reviewed regularly, with any changes being recorded.

Concerns and complaints were listened to and records confirmed this. People who used the service and their relatives told us they knew how to make a complaint.

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. There were systems and practices in place to safeguard people from abuse.

Risk assessments were thorough and contained up to date information.

Staffing levels were sufficient to meet people's needs and people were receiving care that was punctual and consistent.

Medicines were managed safely and all staff received medicines training.

Staff took steps to prevent infection in people's homes.

Lessons were learned from accidents and incidents

Is the service effective?

Good 

The service was effective. People's needs and choices were appropriately assessed.

Care workers were given appropriate training relevant to their role and had the skills and knowledge to provide effective care.

People were supported to eat and drink in line with their personal preferences.

People were supported to have access to healthcare professionals and the provider worked with other organisations to support people with their needs.

Consent to care and treatment was sought in line with legislation.

Is the service caring?

Good 

The service was caring. People told us they were treated with kindness and respect.

People were treated with dignity.

Compassionate and caring relationships were formed between care workers and people who used the service.

Is the service responsive?

Good ●

The service was responsive. Care plans were personalised and contained person centred information.

Goals and achievements were recorded.

Concerns and complaints were listened to and people and their relatives knew how to make a complaint.

People were supported with end of life care which was in line with their wishes.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

People, their relatives and staff spoke highly about the management systems and the positive and inclusive culture of the service.

Staff were proud to work at the service and felt part of a 'family'.

People who used the service and their relatives were engaged and involved in the service.

Quality assurance practices were robust and used in reflective practice to implement action plans for improvements.

The provider worked with other organisations in the community.

Right At Home Loughton, Redbridge & Waltham Forest

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.

The inspection took place on 31 January 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information we held about the service. This included any notifications, such as safeguarding alerts. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, company director, the quality and compliance manager, care coordinator, three care workers, an apprentice, one person who used the service and one relative of a person who used the service. After our inspection we spoke with five people who used the service and 18 relatives.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "Yes I feel safe. It's the attitude of the carers." Another person said, "Yes, I feel safe. I do not feel I'll be abused. They're really trustworthy." A third person told us, "I am safe, and that's the truth." A relative told us, "Yes. [Relative] is always safe; no complaints, they're very good." Another relative said, "They're polite, they never bully or push around, they're considerate." This meant that people and their relatives felt safe and protected when using the service.

Policies and procedures were in place for whistleblowing and safeguarding adults from abuse. Staff were knowledgeable about what to do to if they had concerns about people's safety and told us they felt they would be protected if they needed to 'blow the whistle' on poor practice. The care coordinator explained, "If I had any concerns I'd report firstly to the registered manager. I've been in this situation and had to raise a safeguarding." They also told us they felt protected if they needed to whistleblow, "I'd feel protected and I'd know what to do." A care worker told us, "If I ever have a concern I will call the office, and you can fill in the forms straight away."

People had robust risk assessments in place to keep them safe from harm. These included people's home environment, any behavioural needs, falls, personal hygiene, nutrition and medication. For example, one person had a risk assessment in place for moving and handling that stated, "Care workers to ensure [person] is feeling up to transferring in/out of the wheel chair and this can only be done in the double up calls as [person] will need the assistance of two at all times. Care workers to ensure [person] has [their] call alarm on [them] at all times."

A second person had a risk assessment in place for the risk of seizures that stated, "Due to [person's] health condition [they] may have silent seizures overnight. Signs [person] is having a silent seizure is that [they] will become vacant and stare at nothing, [they] will not respond to verbal instruction or commands. These seizures in the past have only lasted for seconds but the added risk is due to [medical condition] it could cause some muscle spasms which puts [person] at a higher risk. Waking night are in place and the care worker is to ensure they stay alert and observe [person] overnight. If [person] is showing signs of having trouble with breathing or choking they are to contact 999 immediately." This meant that risk assessments were robust in identifying any triggers of harm and in meeting the needs of people and mitigating against identified risks.

Risk assessments were available on the mobile application that was used by care workers. The director told us about the mobile application and stated, "Our system monitors the logging in and logging out of a care worker. It ensures that the care worker completes all aspects of care within the care plan and all care workers have this application on their mobile phone. For data protection, they can only log onto one device. It's very secure and also tags the GPS location as well. When you log in you have access to your rota and up to 24 hours before, care workers can look at the care plan for their upcoming visits." This made it possible for care workers to have up to date information about the people they were supporting to facilitate safe care. One care worker told us, "The app is a life saver. Makes life much easier as the information is up to date and

you can leave notes for the next care worker." The registered manager explained that support was offered to care workers who did not feel confident using the application, "If a carer is not tech-savvy we'll do a personal plan with them and train them how to use the system."

The service had a robust staff recruitment process in place. People told us and records confirmed that various checks were carried out on staff before they began working at the service. Records showed checks carried out on prospective staff included criminal record checks, proof of identification and employment references. This meant the service had taken steps to ensure suitable staff were employed safely.

The service made sure there were sufficient numbers of suitable staff to support people and meet their needs and people consistently received care from the same team of care workers. A relative told us, "There is enough staff, they come every day; if there's a last minute thing they respond immediately." Another relative said, "On the whole [relative] has a lot of familiar faces and they are familiar with [relatives] needs." A third relative said, "If someone is off sick, there is always cover. Never a question or a worry about a care worker not turning up." One person told us, "I always have the same carer. If they're on holiday someone else will come and they're very nice." The care coordinator told us, "I am able to go and do a call in an emergency and if we are ever short on staff I will put my name down, it's also a good opportunity to see clients and their families." This meant that consistency of care was being provided in a reliable and effective way. People also told us about the punctuality of the care workers. One relative said, "Their time keeping is excellent but they will inform me if they're running late; they go the extra mile."

The director told us about the provider's missed call policy and stated, "We do not have any missed calls. We don't believe in missed calls, it is not an accepted process. We use an electronic, live monitoring system." Records confirmed there had not been any missed calls and the registered manager and coordinator could monitor the attendance and punctuality of care workers on a live database. This ensured that people were provided with prompt calls to support them with their care in a safe way.

The service had systems in place to promote the safe administration of medicines. Staff undertook training before they were able to support people with medicines and records confirmed this. One care worker told us, "I had a medicines assessment before giving medicines and I feel confident." Staff completed medicine administration charts which included details of the medicines to be administered such as the dosage, what the medicine was taken for and any known side effects. Staff signed these charts each time they supported a person to take their medicine which meant there was a clear audit trail in place to demonstrate the medicine had been taken.

A relative told us they were confident with care workers giving their relative medicines, "They dispense medicine and I'm confident [relative] is being given the right ones. I'm happy the right medicines are being given." Another relative said, "They're very careful with medicines. There's been no problem." The director told us that due to the use of the mobile application, any medicine discrepancies were automatically reported to the office, "The office is alerted immediately with the real time information." The registered manager explained, "For example, if there is a medicine refusal or any medication issue we can call the GP or emergency services." This ensured there were no delays in people receiving their medicines as prescribed and any issues could be resolved promptly.

The provider had checks in place to ensure infection control practices were adhered to by carrying out monthly spot checks on each care worker by way of a site visit. The spot check looked at whether protective clothing was worn during care and whether equipment was cleaned after use. Care workers told us about infection control practices whilst in people's homes. One care worker said, "I always wear protective clothing and we will always change gloves and apron according to the task." Records showed infection control practices were robust, for example one spot check record stated, "Care worker changed gloves after

personal care was completed."

Accident and incident policies were in place. Accidents and incidents were recorded and we saw instances of this. Incidents were responded to by updating people's risk assessments and any serious incidents were escalated to external organisations such as the local authority safeguarding teams and the Care Quality Commission. The registered manager told us, "We have our concerns and incidents forms electronically via the mobile application so there is no delay in reporting things. Live monitoring allows safety to be paramount without delay. We are proactive; care workers can raise a concern or incident form straight away via the app. We will all get an alert and then take it from there, even out of hours." A relative of a person who used the service told us, "We've had an emergency situation and the care workers called the ambulance directly. The care worker stayed and waited with [relative] until the ambulance came and then care coordinator attended too." In addition, the relative also told us, "The office have called me if they felt that [relative] wasn't acting herself. Turned out [relative] had a urinary tract infection, they spotted it and we arranged medical attention." This meant that people were being supported in a safe way and any accidents or incidents were dealt with promptly.

The provider demonstrated that lessons were learned when things went wrong. For example, there was an instance whereby a carer was suspended in relation to a food related incident. As a result all staff were given additional food and hydration training to ensure everyone understood the implications of the incident and what lessons could be learned from it.

Is the service effective?

Our findings

People's needs were assessed before the service provided them with care. The care coordinator met with the person and their relatives to carry out an assessment of their needs and to determine if the service was suitable to meet those needs. We saw feedback from a relative of a person who used the service in relation to the initial assessment that stated, "From the initial interview and assessment, I found everyone very professional and caring. All the carers showed an interest in me (and my [relative])." A relative told us, "I was so worried [about initial assessment] but they came over and nothing was forced. They didn't rush anything. They asked about all of [relatives] likes and dislikes and we talked about the past, [relative's] job and they looked around the house."

Records showed if a person who used the service was admitted to hospital, they were reassessed by the provider before being discharged. The registered manager told us, "For anyone that has been in hospital, we will reassess them either in hospital or at home. We'll only accept a discharge if we are happy we can still meet the person's needs." This ensured that people were assessed appropriately prior to receiving care to confirm that the person's needs could be met.

People told us they felt their care workers were qualified and good at their job. One person said, "Yes, they're good. They seem to do a good job and I'm happy." Newly recruited staff undertook an induction which included a mixture of classroom based training, shadowing experienced staff and completing the care certificate. The care certificate is a training programme designed specifically for staff who are new to working in the care sector. The director explained, "We recruited a lot of people who were new to care, for the purposes of building a culture. As part of the process, applicants do a psychometric test and in the interview we will discuss the pros and cons of becoming a care worker. We are very transparent." The quality and monitoring manager explained, "Staff retention is so important, which is why we are transparent at the start. For example, they might not get the rota they want for the first few weeks." The registered manager told us, "We do our training in house, we have a training room. Training has to be completed before our induction and we have mandatory refreshers annually." One care worker told us, "The recruitment process was strict and training was really good. You do shadowing which is really comforting and the support is always there."

During our inspection we were shown the training room which had a hoist and pressure relieving bed for training purposes. Records confirmed that care workers received training relevant to their role, for example basic life support, health and safety, medicines, moving and handling and equality and diversity. The registered manager also told us they provided 'bite-sized' training for staff on topics such as nutrition and catheter care. This meant that training was robust.

The director told us about their systems for supporting care workers in their careers and stated, "There is a care pathway, we can get National Vocation Qualification (NVQ) funding and support care workers in taking on further responsibilities, for example care planning or coordinating. We want to show that there is career progression in this job."

Staff told us they had monthly one to one supervision with a senior member of staff and records confirmed this. Discussions included any concerns or issues, training needs, care plans and feedback from spot checks. The care coordinator told us, "I feel supported, for example I expressed that I needed support with typing so they are supporting me to attend a typing course." A care worker explained, "If you ever need more training they help you." A second care worker told us, "Supervision once a month is useful." This meant that the provider supported staff in their role and to also develop any additional skills.

People were supported to eat and drink enough and were supported by care workers in preparing food. Care plans contained information about people's preferences in relation to food, for example one person's stated, "I would like the care worker to prepare and serve all my meals for me, I like to be given a choice of what there is to eat. My meals need to be served in small portions and brought into me." Care workers told us they offered people choices when preparing meals. One care worker said, "I cook for most of the clients. They tell me what they want and I ask them and give them a choice." A relative of a person told us, "I cook for my [relative] but the carer has made a meal and it was very nice." Another relative told us, "They do [relative's] lunch every day and give her choices. Sometimes she doesn't want to eat but they will sit down with her so she doesn't eat alone." A third relative told us, "[Relative] is quite fussy with food but they make everything how she likes it." This meant that people were supported with eating and drinking in a personalised way.

Records showed the service worked with other agencies to promote people's health. For example, the registered manager told us, "We don't currently look after any one with pressure sores but if we ever notice any redness, we inform the district nurses." The care coordinator explained, "We recently had to get in touch with the district nurse team as one of our service users was hallucinating so they came and took a urine sample and did a wellbeing check." This ensured that people were supported in a holistic way with the involvement of health professionals where relevant.

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.

We found the service had up to date policies and procedures in relation to the MCA so staff were provided with information on how to apply the principles when providing care to people using the service. Care workers demonstrated they understood the principles of the MCA and the importance of seeking consent. One care worker said, "We always ask permission. If someone refuses, for example personal care I'll let the office know and record it and tell the family. You can't force anyone."

Consent to care and treatment forms in care plans were signed by people who used the service .

Is the service caring?

Our findings

People who used the service told us they felt their care workers were caring. One person said, "I do think they care. They enjoy their work, and that makes me happy." Another person told us, "The staff do care. They look after me." A relative of a person who used the service told us, "The carers that come are kind to my [relative]. They help and they're absolutely fine. They're excellent. They take very good care in their own way. No complaints whatsoever."

A relative of a person who used the service told us about a time when their relative was unwell and how the care workers made an extra effort to ensure their relative was ok, "They are caring. When [relative] has been under the weather, the carers really did push the boat out to encourage [relative] to eat and that she was fine. On the whole they're all very caring and they put [relative] first. It's nice to see a smiley face. You don't want miserable people. They're a nice bunch. It's a very very good service." Another relative told us, "I like the way they talk to [relative] and laugh with her; they're empathetic." A third relative also gave an example of how care workers made special effort to provide care in a compassionate way, "The carers sit and spend time with [relative] and talk with her. Sometimes [relative] can get upset so the care workers will listen to music with [relative] and go through a wedding album and the same regular carer will do this. They go the extra mile. They're particularly caring and enjoy their job. They make [relative] happy and that is the best thing."

One person who used the service told us about the positive and caring relationship they had with their care worker, "We chat all the time about life things, the carer's family, holidays and all the things people chat about." A care worker told us, "I feel really passionate about this job. When a client says thank you, it's so rewarding. You are involved in their daily life and they look forward to their care worker coming. A lot of people are alone."

People told us they were treated with dignity and respect. One person said, "I have a bath and they help me. It's dignified." A relative of a person who used the service said, "They do indeed [treat relative with dignity and respect] and they're very good, polite and nice." Another relative said, "By and large they do [treat relative with dignity and respect], ; they cover [relative's] modesty when washing and changing." A third relative told us, "It's just how they talk to [relative] and handle her. They're gentle with her and talk to her in a very nice manner." In addition, the registered manager told us about the provider's passion for providing dignified care and stated, "We recently had a service user who was non-verbal and used a commode. We used hand gestures to communicate but for the purposes of their privacy, we implemented a little bell for the person to use when they were finished to give them dignity when using the commode."

Staff recognised the importance of treating people as individuals. The care coordinator told us, "We do not discriminate against client's or care workers. We are open to caring for people and employing people who identify as LGBT ". Records showed that staff had received training in respecting people's privacy and dignity. The provider had a policy on dignity, privacy and respect. The policy gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil

partnership, and being pregnant or on maternity leave.

Is the service responsive?

Our findings

Care plans were electronically stored and uploaded to a mobile application that was accessible by care workers and records confirmed this. The director told us, "The electronic care plans are 'real-time' information which includes the care plan and previous visit notes. This ensures that care workers have all the information they need to provide care." They also explained, "We are rolling out the mobile app to give access to families as well, from next week families and service users will be able to access their care plan and view it live and also access the rota." One relative told us, "I've put my name down for the app. It'll be empowering and means I won't have to scroll through papers." One person who used the service told us, "The app is helpful. I feel that my family can know what's going on if they use it." This meant that people and their relatives could feel empowered and in control of their care and have access to all of their information.

Care workers told us how they got to know people before working with them. One care worker said, "The care plans are all on the mobile app and it's a modern way of providing care. I feel really comfortable and confident with the clients." A relative told us, "They very much get to know [relative] and talk to her and make an effort to chat to her and she very much enjoys that. They gossip and they try very hard to involve her and talk to her like a friend. We've only been using them for a couple of weeks, but they do seem interested." Another relative told us, "The care plan states what is needed. The care plan is detailed, and carers abide by it." A third relative said, "Staff do abide by the contents of the care plan." This meant that care plans were personalised and records confirmed this.

The care coordinator told us how they matched care workers to people who used the service, "When matching service users to care worker we will try and match them by interests, for example, one service user used to be a florist so we matched her with someone who loves gardening and it has worked out well." They also explained how they supported people with specific language requirements, "We provide care to someone who speaks [specific language]. We asked them and their family if they had a preference for someone who spoke their language but they said no." The care worker for this person told us, "I have a way of communicating with this person for example giving choices I will show the person the item of clothing or the food and they will choose. There is no issue with the language barrier as I have known her long enough." A relative of a person told us, "They tend to match you well with a carer."

Care plans contained personalised information such as details about their background, medical needs, living arrangements and care needs. Care plans were subject to regular review which meant they were able to reflect people's needs as they changed over time. Daily logs were maintained so the service was able to monitor the care people received on an on-going basis.

The service monitored outcomes and achievements of people who used the service and created documents to highlight successes as a result of being supported by the provider. For example, one person was documented as being "withdrawn from the community" prior to receiving support. Their progress report stated, "[Person] has a passion for reading and cooking and hadn't been able to do either of these tasks for some while but slowly with the support of the care worker, [person] now shares a book with the care workers who will read to [person] on their visits and have recently introduced baking with [person]." Their

report had photographs of the person baking cakes. Another person's progress report stated that since receiving care, they have been able to access the community and they were also supported to visit their old work place where the person met with fellow employees and took photographs. This ensured the people's goals were recognised and milestones were recorded to motivate people and their care workers to continue providing person centred care .

The registered manager also told us about one person who used the service and a significant goal that they had reached, "We have one service user where one of our care workers has worked with them using a [computer device]. We've had this client a long time and there wasn't much interaction so the care worker started playing Sudoku with them and they started to interact. This service user is non-verbal but now interacts very well with applications on their [computer device]. Their wife was amazed by this." The director told us, "We rewarded this carer for making the biggest change to a client." This meant that people were being supported in a personalised way to achieve goals and care workers were also supported in maintaining positive relationships with people.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. One person who used the service told us, "I would complain directly to carer; if nothing happens, I would complain directly to staff at office." They also said, "I once complained, I think that it was dealt with, it was a sensitive matter. I don't know what went on behind the scenes, but things did change." A relative told us, "I do know how to make a complaint, but on occasion I've had 'niggles'; they're keen to listen and they remedy things straight away." Records confirmed that complaints were responded to and resolved within time frames.

The provider had systems and processes in place for people who received end of life care. The care coordinator told us, "I specialise in end of life and the registered manager specialises in dementia, that's our expertise. I worked in a hospice as a support worker and this gives service user's and their families confidence and I also support the care workers as well to provide emotional support in end of life situations. We have someone who was recently classified as palliative and we are working with the palliative team to support them." This meant that people could be supported at the end of life in line with their wishes by a multi-disciplinary team.

Is the service well-led?

Our findings

The provider embedded the ethos of supporting people who used the service, their relatives and all levels of staff in a caring and creative way. During our inspection we received consistently positive feedback on the culture of the service and the support systems in place, which resulted in a highly motivated workforce and satisfied client group.

The registered manager told us about their management style and said, "I am quite hands on, I look at the rotas, I speak to customers. We have an open door here for everyone." The registered manager told us about the support they received and said, "The director is fantastic, he supports me, even with personal issues. I have formal supervision and we have manager meetings once a month." They also explained, "I'm like the counsellor at the office. People feel comfortable to come in here and talk." A relative of a person who used the service told us, "You can always pop in. The manager is very supportive and the care coordinator has a great personality." A care worker explained their positive relationship with the registered manager and stated, "The registered manager is very fine. If I ever have a problem I can always go in and talk to her."

People who used the service told us they knew who the registered manager was and that they were approachable. One person said, "Yes [I know who they are]. They've always dealt with my concerns and comments." A relative told us, "I speak to managers reasonably frequently. They try very hard to make sure that my [relative] has the right carer; there has been the odd occasion where [relative's] not been happy with carer, and the agency have done their best to make it right. They all try very hard to keep us satisfied." In addition, people told us they felt listened to by management. One relative said, "Yes, whenever I've spoken to management they've been responsive." Another relative said, "Yes, they do [listen]. They always ask me if there's anything else they can do. They're very obliging." This meant there was a culture of on-going support for people and their relatives in an open and caring way.

The director told us about how the provider supported care workers in their role and how they strove to keep care workers motivated, "We're trying to reduce the 'us' and 'them' gap with care workers. We have an open door policy. We have a WhatsApp group with all our care workers which helps with things like traffic updates and supporting each other, this helps them feel part of a community and part of the company. We award our care workers, for example, with vouchers or with a day out. The more motivated the staff, the better the care." In addition, the director told us how they supported care workers with their travel needs so they had the resources available to get to visits on time. The director explained, "We've started introducing a car that care workers can lease off of us. We provide the insurance and we pay fifty per cent of the cost. It's a brand new car and we've had a lot of interest in it. It will help to reduce the stress levels for staff, for example if their own car breaks down or they are having trouble with public transport."

The service carried out on-going quality checks to ensure that a high standard of care was being delivered to people who used the service and records confirmed this. For example, the registered manager and team leaders completed regular spot checks on staff practice. Records showed spot checks had been completed recently and looked at aspects of care delivery such as the punctuality of the care worker, whether the care plan had been read prior to the visit, personal hygiene, interaction with people, and whether the person's

home was left secure after the visit.

In addition, the registered manager and care coordinator carried out quality assurance checks at people's homes and also sent out survey's to monitor customer satisfaction. We saw recent examples of site visits carried out at people's homes and questions included whether or not the person was happy with their care workers, whether there were any issues with punctuality and whether they were happy with their care plan. A relative of a person told us, "They come for site visit every now and then and we've done surveys. They also check the care plan to make sure all is in check . Sometimes people come in from the office; we talk about how things are going and if I'm satisfied. I filled in a survey and sent it off." Another relative stated, "They do have meetings with [relative] from time-to-time; they tell me when it's happening and there are periodic surveys which I complete. They do site visits with a senior member." A third relative told us, "They do site visits and we keep in contact a lot. We have a good rapport." One person who used the service explained, "They come round and ask me questions and make sure I'm happy. It's lovely, I'd recommend them." This meant the service was proactive in monitoring the quality of care that was being provided and people and their relatives felt consulted about the delivery of care.

The provider showed us a catalogue of compliments and thank you letters they had received from people who used the service and their relatives. For example, a recent thank you card said, "Thank you so much for all your help, compassion and understanding." Another card said, "Thank you for all your help during my post-operative surgery. The girls were brilliant, reliable and friendly. I can certainly recommend your service." A thank you letter from a relative stated, "Thank you so much for the care you have given [relative] during the time we have been with you. I am so grateful to you all for showing respect and compassion whilst [relative's] health was deteriorating. [Relative] and I were all aware that several carers went way beyond what was expected of them and for this I will be forever grateful." The positive feedback and gratitude expressed by people and their relatives reinforced the supportive values and ethics of the provider and their affirmative role in people's lives.

The provider also sent out an annual staff survey, the most recent in June 2017 whereby they received 12 responses. Records showed that responses were positive and that care workers voted highly in relation to questions asked about how likely they were to recommend the provider, the quality of training and whether they were proud to work for the provider. The data from the staff survey was turned into a pictorial poster and the results were share with people who used the service and their relatives in order to show the positive results. In addition, the provider told us about an independent review website that had gathered positive feedback about the quality of care. Examples of feedback included, "The service we have received has been excellent. The carers have been both friendly, respectful and courteous. Their work has been thoroughly done. Very pleased all round." Another review stated, "Wonderful care provided by all the carers who helped look after my [relative] up until his death. Great support given to my [relative]. Many thanks." The website reviews had generated an overall score of 9.9 out of 10 for the quality of care provided.

The director and registered manager reflected upon the data of their quality assurance practices on a monthly basis and records confirmed this. The director told us, "On a monthly basis me and [registered manager] look through our audits and reflect and act upon it. We create a theme each month to strive for improvements for the service, which means we are on top of what's going on everywhere." This meant that the provider was learning from the information gathered and strove to make changes accordingly to ensure continuous improvement within the service .

Team meetings took place once a month and the registered manager told us that every alternate month the team meeting was "informal" whereby the provider would take staff out for team building and bonding. Day's out included bowling, walks in the forest and lunch. The director explained the purpose of the informal

team meetings and stated, "In 2017 we really focused on staff engagement. Every other month we do a staff event, going out, movie nights. Staff retention is key, we value our staff, they provide the care." The care coordinator told about the informal team meeting days and stated, "We all enjoy the formal and informal team meetings. The last informal we had was a movie night in the office with popcorn and pizza. We have a good chat and it's a chance for new care workers to meet everyone. This is one of the best companies I have ever worked for, we're like a big family." Another care worker told us, "You get to meet with the other carers and interact, the company have created a community environment with the carers. It's like a family." This ensured that staff across all levels were motivated and encouraged, which resulted in providing good quality care.

Formal team meetings were minuted and records showed discussions included spot checks, care plans, mobile application roll out, care worker engagement, recruitment, newsletter and rewarding care workers. A care worker told us, "The team meetings are useful. You get to learn from other's experiences."

In addition, the registered manager told us about events that were held at the office for people who used the service and their relatives. For example, people were recently invited to the office for fish and chips, which gave people the opportunity to meet with others in the community and socialise. One relative told us, "I've been down here for social events such as a fish and chips lunch. They're very supportive of families." The care coordinator told us about their hamper delivery scheme over Christmas and said, "At Christmas we delivered hampers to service users and wore Christmas jumpers. It's nice to give something back. I also went to one service user on Christmas Day because I knew the person would be alone apart from their care visits." One person who used the service told us, "At Christmas they came dressed up and gave me a hamper. It was so lovely." This meant the provider went the extra mile to provide personalised care and support to people who used the service and their relatives.

During our inspection we observed a person who used the service come into the office for a cup of tea with staff. They told us they did this once a week before going to the local supermarket and that they were always made to feel very welcome, "I go to [supermarket] with carer once a week and we pop in here and they make me a cup of tea, they've made a difference to my life." In addition, a relative also came to the office during our inspection and told us they did this regularly to speak to staff and that it was a hub of support for them. They explained, "I am local and I can always pop in. They're very welcoming." This meant that the supportive culture of the provider made people feel comfortable and supported within their community.

The provider was involved in a government apprenticeship scheme and the registered manager explained the benefits of having an apprentice at the service, "Our current apprentice is an administrative assistant and she's really dedicated. She speaks to service users and is also in charge of our social media. We use Facebook, Twitter and Instagram to put out updates once a week, where the apprentice will put useful information on our social media outlets for people to read." The apprentice told us, "Our social media is followed by the clients, their families and different people from the community who have an interest in our service. Each Monday I'll post articles about any outings we do, poems and inspirational quotes in relation to care and people who follow interact and comment. I also put pictures up of care workers, for example at Christmas we had an awards ceremony for care workers and awarded those who had received the most compliments from service users throughout the year or for those who went the extra mile." They also explained, "I don't post any pictures of service users, just the care workers mainly. The benefit of social media is to bring us together internally and to share our hard work." The director explained that having an apprentice has, "Increased communication massively, internally and externally."

The director told us about their involvement with other agencies and stated, "We are part of Dementia Friends and I am a Dementia Friends Champion. We want staff to understand dementia, it's not just about

memory loss, it's about caring for everyone as an individual. We also have contact with the Alzheimer's society and Age UK to see what they are doing in the local authority." The registered manager told us about the positive impact this involvement had on people who used the service and their relatives, "We currently have two care packages at the moment where the clients have late stage dementia. The relatives come here and we support them so they know they are not alone and we give them advice." This meant that involvement in these organisations was having a positive effect on people who used the service and their relatives.

The provider had recently been a regional finalist for innovation as part of the British Care Awards which they expressed great pride for and shared the nomination with care workers which the director told us was a great motivation for everyone working at the service.