

Empathy Care East Anglia Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit to the office took place on 21 June 2017 and was announced. This was the first comprehensive inspection of the service since it was registered in May 2015.

Empathy Care offers support with personal care to people living in their own homes. Social support and assistance with domestic tasks was available in some cases but is outside the scope of this inspection. We reviewed the support people received in areas such as getting into and out of bed, with washing and dressing, and with eating and drinking. At the time of this inspection, there were 11 people receiving this sort of support from the agency.

There was a registered manager in post, who had been managing the service since it was set up. The registered manager was also a director of the company which provided the service. 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.

Improvements were required in relation to the safety of the service, particularly in how recruitment processes contributed towards protecting people. The registered manager completed checks to see if applicants had a criminal record that might make them unsuitable for care work, and to ensure they were not barred from working in care services. However, checks on applicants' employment histories were not robust enough. There were also potential risks to people's safety in the event of an accident or emergency occurring while staff were supporting people. This was because staff were not trained in first aid so they could deliver it while they waited for support from emergency services.

There were enough staff to meet people's needs effectively and safely. Staff were aware of the importance of reporting any suspicions that people were at risk of harm or abuse so people's safety was promoted. Staff also knew how to report and share information about any changes in people's wellbeing or health. This included reporting anything which might mean the registered manager needed to review people's care with them.

The registered manager involved people in reviews of their care so that the service was responsive to their wishes. Where people also wished their family members to be involved, the registered manager ensured this happened.

If it was a part of people's care packages, staff supported them with preparation of meals and drinks of their choice. They offered support and assistance to eat or drink if people needed it.

When people expressed views and preferences about their care, the registered manager adjusted their care plans and ensured he made staff aware of the changes. Staff were aware of the importance of asking people

for their consent before they delivered care and of acting in people's best interests. They also understood people's interests so that they could engage well with people when they delivered care.

Staff had developed warm and compassionate relationships with the people they supported. They supported people in a way that promoted people's dignity and privacy, as well as encouraging their independence. If people had any concerns about the way staff treated them, or about their care in general, they were confident that the registered manager would deal with them.

People were confident in the leadership and management of the service, and the approachable nature of the registered manager. They were satisfied they received a good quality service and could express their views openly about it.

The registered manager had identified where they needed to make improvements in the organisation of the service, in particular around recording systems for staff competence and checks. They had already implemented systems that were leading to improvement.

Staff had a clear understanding of their roles and responsibilities. People felt that staff worked well as a team to deliver their care. Staff also understood the importance of treating people as individuals and in the way they would want one of their own family to be cared for.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There were enough staff to meet people's needs safely but recruitment practices were not always applied robustly to contribute to protecting people.

Risks to people's safety were assessed with guidance for staff about meeting them. However, staff were not trained in first aid to deal with an accident or health emergency taking place during a visit, pending the arrival of medical assistance.

Staff understood their obligations to report any suspicions that people were at risk of harm or abuse.

Staff had limited involvement in supporting people with their medicines but had training to do so safely, should this be needed.

Is the service effective?

Good 

The service was effective.

Staff were competent to meet people's needs.

Staff understood the importance of seeking people's consent to deliver care and of acting in their best interests should there be any concerns about their capacity to make an informed decision.

Where people needed support to eat and drink, staff ensured they gave people a choice and had enough food and fluids to meet their needs.

Staff were not normally involved in seeking routine advice about people's health, but would follow up any concerns about people's welfare.

Is the service caring?

Good 

The service was caring.

People were supported by staff who had developed warm and

compassionate relationships with them.

People were involved in deciding how they wanted their care to be delivered.

Staff supported people in a way that respected their privacy dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in a way that took into account their individual needs and preferences.

People were confident that staff and the registered manager would listen to and address any concerns or complaints they made.

Is the service well-led?

Good ●

The service was well-led.

People were confident in the leadership of the service and the abilities of the registered manager.

People and staff found the registered manager accessible and were empowered to express their views.

Staff were well motivated and worked well together as a team to deliver good quality care.

Most systems were working well in identifying improvements. The registered manager was taking action to deliver these improvements.

Empathy Care East Anglia Limited

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 21 June 2017 and was announced. The provider was given 48 hours' notice because a domiciliary care service was provided from the location. We needed to be sure someone would be available to assist us at the agency office. It was completed by one inspector. We gathered further information about the service during the following week. This was the first inspection of the service since it was registered.

Before 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. The registered manager completed this and returned it when they needed to. We reviewed the content of this and the responses to the questionnaires we sent out, submitted by three people using the service, one relative and two members of staff.

We also looked at all the information we held about the service. This included our registration team's assessment of the service and information about events happening within the service and which the provider or registered manager must tell us about by law. We contacted the local authority's quality assurance team to seek their views and checked comments that people or their relatives had submitted to an 'on line' review service.

During our inspection visit to the office, we spoke with the registered manager and reviewed care records for four of the 11 people who received personal care from the agency. We checked staff training records, competence assessments and recruitment records for three staff. We also reviewed a sample of records

associated with the quality and safety of the service, including the agency's own questionnaires and actions taken in response to findings.

Following our office visit, we requested a copy of the agency's care worker's handbook and client user guide, both of which the registered manager supplied promptly when we asked. We reviewed these documents. We looked at the content of a concern raised with us, spoke with four of the people using the service and one family member. We also spoke with two of the five staff who delivered care and the agency's training consultant.

Is the service safe?

Our findings

People were satisfied that the registered manager took care to recruit staff with the right attitudes and values. For example, one person told us, "It's so hard to explain but [registered manager] is so careful about who he employs." However, we found that recruitment processes needed to be more robust and consistent to ensure they contributed to protecting people.

There were shortfalls in all three recruitment files we checked. One staff member had not completed their declaration of any health conditions that might require adjustments to working patterns or adversely affect them at work. One staff reference on file was from a close relative without indication of why it was impracticable to obtain one from elsewhere. There was variable practice in obtaining employment histories with dates and reasons for leaving previous posts, as well as explaining reasons for gaps.

The application form in use did not ask staff to provide the full information as required by law. Where a staff member had supplied a CV, it did not contain relevant dates. The registered manager was able to explain to us how he addressed applicants' backgrounds and histories at interview. However, he had not consistently recorded the discussion to show he obtained information verbally if it had not been included in the application.

Within 24 hours of our inspection visit to the agency office, the registered manager supplied us with an amended application form. This prompted future applicants to supply all the necessary information and showed he had familiarised himself with the legal requirements.

We noted that the registered manager had ensured he completed enhanced Disclosure and Barring Service (DBS) checks. He showed us how he would explore information and evaluate risks if these checks identified potential concerns. This helped to protect people from the employment of staff who were either unsuitable for, or barred from, work in care services.

There were enough staff to meet people's needs safely and to cover expected calls. One person told us, "Staff never cut corners and always check if there is anything else I want done." A relative said, "They are all very committed. If they have to swap a rota they cover really well." People responding to the questionnaires we sent before our inspection visit, also confirmed that staff came when they were expected, stayed for the right amount of time and were always able to do what the person needed.

There were contingency plans for emergencies such as severe weather that could make it difficult for staff to get to people who were living in remote locations. These took account of the availability of family members and the level of support they needed. This enabled the registered manager to prioritise calls and ensure that risks to people's safety were minimised. With very few exceptions, staff worked with all of the people using the service, so they could cover calls safely in an emergency. The registered manager also participated in delivering care on a regular basis.

The registered manager had assessed risks to people's safety and welfare. This included risks associated

with people's mobility, falls, medicines management and choking. In the main, these assessments contained guidance for staff about what they needed to do to minimise risks. For example, two people who were at risk of choking had specific information about contributing factors, the level of supervision they needed and the action staff needed to take to support them safely. We discussed with the registered manager that one person's guidance about falls and how to respond, did lack some detail about staff intervention if they were present when the person fell. He undertook to ensure the information was clarified, although the risk of staff intervening inappropriately was minimised by the shadowing and introduction they had received and the small size of the agency.

The registered manager recognised that one person's mobility required additional aids to ensure their safety and that of staff working with the person. He had worked with the person's family on this. He told us they were awaiting the fitting of a specific piece of equipment and would arrange for staff to have specific training to use it to support the person safely.

The registered manager assessed risks associated with people's home environments to ensure it was safe for staff to enter their homes and deliver care. Staff completed training in lone working and in health and safety so they could be aware of risks.

The agency's staff handbook directed staff to act on advice from emergency services, pending their arrival, should an accident or medical emergency occur. We noted that none of the care staff had completed training in first aid including resuscitation techniques, so that they could respond quickly and confidently to an injury, choking incident or other medical emergency. This presented a potential risk to people, as staff may not be able to respond immediately to an emergency taking place while they were delivering care. The registered manager had employed a training consultant who had recently started providing regular weekly support, so that this could be addressed with the staff team.

People were protected from the risk of abuse or harm as far as practicable. People told us that they felt comfortable and safe with the staff. For example, one person said, "I feel very safe with them." Another commented, "I know I can trust them ... It's really good." A third person told us, "I feel safe. I've got no concerns – they are always very good." People's responses to surveys we sent to them before our inspection visit, also confirmed they felt safe from harm or abuse from their care staff.

We found there was clear guidance about safeguarding vulnerable people in the staff handbook. This set out the types of abuse that people might experience and the obligation of staff to report it. Staff spoken with told us they had completed training to help them recognise and respond to abuse, confirming what we saw on the agency's training schedule. They described what would lead them to be concerned and said they were confident that the registered manager would deal with any concerns they raised. They also told us that the telephone number for the local authority safeguarding team was in front of each person's care file. We confirmed this from copies of information sheets held within the office.

Where support was required, there were systems in place to ensure medicines were managed safely. Staff had training in safe medicines administration. However, their involvement in supporting people to take their medicines was minimal at the time of our inspection. People using the service did not need staff to administer their medicines for them, with the exception of one person for whom they managed their eye drops. One person needed staff to support them to prepare their medicines during the evening, so that they were ready for them to take first thing the next morning. Their relative told us, "Staff sit and go through medicines with [family member]. It takes them longer but he can be with them and check what's there, so it is ready in the morning when he needs to take them. They are competent to do that given the complicated regime."

Is the service effective?

Our findings

With the one exception of first aid training, staff were competent to meet people's needs effectively. People told us that they felt the staff who supported them knew how to deliver their care. One person said, "I must say in all that time [using the agency] as far as I can remember there's only twice been a hiccup when someone was not able to do things as they should do." Another person explained, "Yes I do [think staff are well trained]. I know how it should be done and that's how they do it." A relative told us, "The manager always comes with new staff and explains where things are and what they need to do. He's made a list of what we like and new staff have gone through the list so they know what to do. It's very thorough."

Staff described their training as very good. They confirmed that the trainer went through everything with them to make sure they understood. They also said that they completed shadowing shifts until they were both competent and confident to deliver care as expected. One staff member explained to us that they had additional shadowing shifts with some clients where they felt they needed to. They felt that their training enabled them to understand what was expected of them and to support people well.

Training records showed that staff had completed training in equality and diversity, dignity and compassion in care to contribute to their awareness of people's rights. This helped to show how staff were trained in the expected standards of conduct and the agency's values, as set out in the staff handbook. The registered manager explained that they had recently been in touch with a training provider, so that established staff could obtain further qualifications in care if they wished to do so.

The registered manager was not able to show us that supervision happened as frequently as the staff handbook or agency policy stated it should. However, he had recognised this was an area that needed to improve in the Provider Information Return (PIR) sent to us. The PIR identified the registered manager's intention to improve in the next 12 months by introducing more regular personal development meetings between staff and the agency's training consultant. This had already started. One staff member had only started work about a month before our inspection visit, and so had not yet received supervision. The remainder of the staff team had received supervision in either April or May 2017. The registered manager told us they felt this was working well.

Despite the previous lack of regular and formal supervisions, staff spoken with said that they felt well supported in their roles. They told us that the registered manager was available to them for advice, support or guidance when they needed it.

We noted that the training consultant was completing monitoring visits to clients with staff so they could check whether people were happy with the competence of staff. However, we found that recorded information about shadowing shifts, competence checks and spot checks, was sketchy. This compromised the way the registered manager could show how they monitored that staff continued to work effectively. Within 24 hours of our inspection visit to the office, the registered manager ensured they checked their policy guidance and compiled a checklist. Using this during spot checks and practical supervisions would support a better organised and more robust process.

Staff sought people's consent before they provided care. The people and relative we spoke with confirmed this. For example, one person told us, "They always ask me for my permission before they do things."

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.

We found that staff understood, and were working within, the principles of the MCA. They confirmed they had access to training to help them in this area. Training records supported this but suggested that one staff member we spoke with still needed to complete it. However, they told us how they had covered principles about seeking consent during their induction and described the importance of seeking people's agreement to deliver care.

Staff told us that people currently using the service had capacity to make their own decisions about their care and that they would respect people's views. They recognised that sometimes people's abilities to do that could fluctuate. They understood the importance of encouraging people to make decisions and seeking to persuade them when they considered support with a person's care was essential in their best interests.

Some people using the agency needed support with their meals as part of their care packages. Staff ensured that people had a choice of enough to eat and drink to meet their needs. One person told us, "Staff do my lunch for me as I like and they do offer choice." We heard, while we were talking to this person, the staff member arrive for their lunchtime call. They excused themselves for interrupting the person's telephone conversation and checked with the person what they would like to eat and drink.

A relative told us how they prepared menu suggestions with their family member but was pleased that staff, "...do work through things and check what [family member] would like." They explained that they did prepare a menu with their family member in advance. However, they said that staff knew the person might not feel like eating what they had originally planned. They said that staff would always offer an alternative. They also said that they would always ensure that their family member had a drink within reach.

Staff were not normally required to support people with access to advice about their health and wellbeing. However, we noted that the registered manager did incorporate advice given into people's plans of care when specific advice was given or where he needed to work with families, for example to gain advice from an occupational therapist. There was information for staff about people's health and underlying medical conditions. This included information about catheter care and, where one person was prone to urine infections, the signs staff should look for that meant they should ensure the person sought medical advice.

Is the service caring?

Our findings

People experienced a service that was caring and had built up warm and caring relationships with the staff supporting them. One person told us, "I'm really very, very happy with the service. I have regular staff and I know who is coming."

Another person told us, "It is really good. I haven't had a lot of different staff. They are all wonderful and I feel they are my friends now. I love them to bits. They have really made a difference. They are amazing, all of them. They don't preach, they are just there. It's perfect. I can't tick enough boxes for them." They told us that they stood by the content of an on line review of the service they had submitted and were happy for us to use their view. This was, "A company that proves small is beautiful. Every member of the Empathy team, are dedicated, compassionate and kind. I look forward to their visits and can honestly say they have changed my life."

A relative said, "They [staff] are all very conscientious. They always check if there is something else they can do and they tell us who is coming on the next call. They spend time with [family member] chatting. I've met all of them and they are all personable." They went on to explain, "Empathy is in the business for the right reasons. I would buy a second hand car from all of them!"

We asked whether people felt that staff were professional and respected the confidentiality of other clients and their colleagues. The relative went on to explain, "No, they are all very professional. They talk about their own plans and the weather. They might top it up with whatever is going on in the world. There have been no incidents of them talking about other people. Everyone who has come has been a pleasure. There's not an ounce of bickering." Their family member using the service told us they agreed. However, one person we spoke with told us this had not always been the case and it had caused them concern. They said, "One carer was very over-critical about the others and criticised them to me. That's not on, and it's a shame." They confirmed that care staff member no longer visited them and we found they were no longer working for the agency.

People told us that they did not receive a duty roster to inform them which staff would be visiting them. However, they said that staff always knew who was on the next shift and would tell them who was coming for their calls. They were satisfied with the arrangements and that they received consistent support unless there was an emergency at short notice.

People were involved in making decisions and choices about how they wanted their care to be delivered. This included being introduced to new members of staff before they started work on their care packages. For example, one person told us, "I'm not that keen on having different people, although I knew it was going to have to happen [when my regular carer was not available]. That's not a criticism. The manager was here this morning and introduced a new carer. He does it properly. They never come without me seeing them first."

People told us that staff spoke with them about their care. For example, one person told us, "They do listen

and do talk to me about my care and what I need. They check up what I want doing." A relative told us, "They work with [family member] so he's involved." They went on to tell us, "They take their views into account and what they like, even down to their preferred cups and cutlery!"

A staff member told us how one person did not wish to receive support from young male care staff. They said that the person's visits had been adjusted so that their wishes with regard to their personal care were be respected. We found that their wishes were also recorded within the care file. Staff told us about the choices they offered people on a routine basis when they delivered care, such as what they ate and drank and how they wanted to dress. Our discussions with staff showed they understood people's histories and interests so they could engage with them appropriately during their visits.

Staff supported people in a way that promoted their privacy, dignity and independence. Everyone told us they felt they were treated with respect. For example, one person said, "They are respectful of my dignity. I'm not that keen on being naked [in the shower] and having extra help, but they do respect me."

Both staff we spoke with were in their first caring posts but able to explain in detail how they promoted people's dignity when they were assisting people with their care. They could give us examples of how they went about this and one said, "People are entitled to their privacy."

People felt that staff respected their independence. For example, one person said, "Staff are here to support and they talk to me and help me with some stuff I can't do." They were satisfied that staff did not "...take over..." when they visited to give them support. Staff were aware of the importance of encouraging people to do what they could for themselves and able to give us examples of how they did this. One staff member said, "I don't want to take that [independence] away from people."

We noted that the staff handbook provided guidance for staff to underpin their roles and highlight their professional boundaries so that they were aware not to infringe these by being over familiar with clients.

Is the service responsive?

Our findings

People received a service that was responsive to their needs. Staff delivered care and support focused on people's individual needs and preferences. People felt that the service was flexible in how they responded to their wishes.

One person told us, "They do things the way I prefer." A relative commented that, "They have been more than helpful in organising a routine...they have changed [person's] routine to make it easier for things in the morning."

Staff spoken with were able to tell us about people's preferences and the care they needed. The information they gave us was largely consistent with what we found within people's care records held at the agency office. However, there were minor inconsistencies within records where guidance about meeting needs did not match the records of the care that staff delivered. At present, this had not resulted in a lack of person-centred care because there was a small and consistent staff team, and only a small client group. It could present concerns should the size of the service increase. We discussed with the registered manager about the need to tighten up guidance within people's care records to ensure it fully matched the intervention staff needed to make.

For example, one person's care records showed that they needed assistance from staff to shower three times each week. We reviewed the person's daily records for March 2017, and found these did not show staff supported the person in the way their care plan said they should. There was no record of the person having had a shower between 1 March and 16 March. On 16 March a staff member had written that the person was in their bedroom when the staff member arrived, having just had a shower. This indicated that the person attend to their own showers when they wished.

We spoke with the registered manager about the care plan and daily records. He told us that the person needed encouragement and not assistance. A staff member we spoke with was aware of the person's support needs and of the importance of encouraging them with their personal care, where at all possible. They told us that they felt their colleagues were aware of this as well.

We noted that one person, supported by their family, had raised an issue about their preferences for how they wanted staff to respond and engage with them when they visited first thing in the morning. There were records of the discussions about this. We found that the registered manager had amended their care plan in line with their suggestions to include clear details about their wishes. The daily notes staff had completed showed that they acted upon the change to ensure the way they delivered care met the person's preferences.

The registered manager told us how changes in people's care, or concerns, were shared across the care team, using a mobile phone 'app'. They showed us a sample of the communication staff had. This showed due regard for confidentiality, but also ensured staff were aware of any changes and issues they needed to be aware of or follow up. Staff told us that they felt they were kept up to date and able to raise issues about

people's care that they felt the registered manager needed to address.

People spoken with told us that they were confident they could raise concerns or complaints with the registered manager for investigation. They said that any issues would be sorted out, or staff would resolve things straight away if they could. For example, one person told us, "I haven't needed to complain. They listen to the way I want care delivered." Another person said, "If there is a problem, [registered manager] always sorts it out. I have got phone numbers and he does check how things are going anyway."

In the questionnaires that we sent to people before our inspection, all of the respondents confirmed that care staff responded well to any concerns or complaints they raised. One person had expressed views in the provider's own questionnaire, that some staff were not as good as others. We could see from records that the registered manager had visited to talk to them and their family member about issues so they could be resolved. The registered manager was not able to locate records about one other complaint but was able to tell us what they had done to resolve issues.

Is the service well-led?

Our findings

People experienced a service that was well-led, where the registered manager was visible and accessible, and where they were empowered to express their views. Most systems for monitoring the service worked well to check the service quality, such as the registered manager's checks on daily records and staff competence. He had identified that some information could be better recorded to demonstrate what was in place, such as spot checks on staff.

The registered manager's Provider Information Return (PIR) highlighted that they had identified areas they needed to work on and improve. This included the introduction of additional staff training, including in dementia awareness. It also identified that staff supervision and spot checks needed to improve to accord with their policy guidance. This matched the improvements we identified and the need to make processes better organised and more structured.

The registered manager had employed their training consultant on a regular basis to help drive the improvements he considered necessary. He recognised that monitoring systems had been difficult to sustain, that this might be more difficult in future due to his own proposed training and because of efforts to grow the business. The consultant had already started completing visits to people in their homes. At present, the records of these visits were brief but they did show who they had visited and discussion with them about whether they were satisfied with the service.

The registered manager was also receptive to other issues we identified, such as recording complaints and around recruitment processes. He took action straight away so that, in future, the recruitment process would be more robust. They said they knew, given it was the first inspection since registration, it was likely there would be things they needed to improve and accepted the feedback we gave at the end of our inspection visit.

The registered manager explained why he had not been able to progress with a management qualification, as intended. However, he was able to show us that he had approached a training provider with a view to re-commencing this. He recognised that, to complete the training and to drive the improvements he knew were needed, required additional support from the consultant he had employed.

People and staff were encouraged to express their views about the agency. They were confident their opinions were taken into account in the way the service was delivered. People and staff completing our questionnaires, felt the registered manager ran the service well. They told us they knew how to contact the agency and were asked for their views. People and staff spoken with after our inspection visit, confirmed that this was the case. They told us that they could always contact the registered manager who they described as approachable, and felt they were listened to. We also noted that, in addition to informal visits to people, the registered manager issued them with his own questionnaires to establish their views.

People using the service told us that the registered manager visited them regularly so they could raise anything they wanted to with him face-to-face. For example, one person told us, "I honestly can't fault it. I

can contact the manager at any time." Another person said, "[Manager] does a very good job. I have no criticism in that direction." We asked a third person whether they felt anything needed changing. They told us, "No, I'm quite satisfied. I'm really pleased with them and I don't think they can improve."

A relative also expressed satisfaction with the management and leadership of the agency. "I'm happy and delighted with [manager]. He keeps in touch with me and is more than helpful. He does follow things up and always comes back to me."

Staff said that they felt morale was good and they were enthusiastic in their discussion with us about their roles. One told us how much they looked forward to going to work and went on to describe their colleagues as being passionate about their work. Both of them told us that they would be happy for a relative of theirs to be supported by the agency

Staff spoken with showed a sound understanding of the values of the agency, as set out within the staff handbook. Although both were relatively new in their posts and to care work, they understood the importance of supporting people as they would want to be supported themselves. One described the decision to go and work for the agency as, "...the best one I've ever made." Another said, "I think this agency is a good place for me. It's a small company and the manager is very accessible to us. I'm very pleased. You do hear such awful stories."

A person using the service and their relative commented how well they felt staff worked together as a team. "There can be awful problems [in shift work] but they are all pulling in the same direction. It all works out."

We checked the information available on the independent website for reviewing home care services. We were able to establish from their reviewing policy, who could submit reviews about the quality of services. We were also able to ascertain, who the people were who had submitted reviews.

One of the people using the service told us that these reviews had meant the service was listed as one of the top ten homecare providers for the Eastern Counties. The registered manager had not told us this but we verified the information from local press coverage. The person who told us about the award said, "I do really agree with that." Another person told us, "They are absolutely incredible. I can't praise them enough.... Anyone who has them come in is very, very lucky. Empathy – they live up to their name. It's magical." They confirmed the content of their review that, "They deserve every award going. God bless and thank you all from the bottom of my heart."