Care Quality Commission

Burn Brae Care Limited

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Burn Brae Care Limited is a domiciliary care service based in Prudhoe, Northumberland which provides personal care and support to people within their own homes. Our last inspection of this service took place in March 2016 where the service was rated as Requires Improvement overall and found to be in breach of two of the Health and Social Care Act (Regulated Activities) Regulations 2014, namely Regulation 12 Safe care and treatment and Regulation 17 Good governance. At this inspection we found that improvements had been made in both of these areas and the provider was now compliant with relevant regulations.

This inspection took place between 30 May 2017 and 30 June 2017. On the 30 and 31 May 2017 we visited the provider's office base and also people within their own homes who were in receipt of care. Between 31 May and 30 June 2017 we gathered feedback from people, their relatives and staff. This inspection was announced. We gave the provider 48 hours' notice because it is a domiciliary care service and we needed to make sure that someone would be available in the provider's office to assist us.

A registered manager was in post at the time of our inspection who had been registered with the Commission to manage the carrying on of the regulated activity since October 2010. The registered manager was also the provider and nominated individual of 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.

People were complimentary about the service and the staff who supported them. Staff said that morale was good amongst the wider staff team and they felt supported by the registered manager/provider, who was responsive in their role.

Matters of a safeguarding nature were dealt with appropriately by the service and referred to the relevant local authority safeguarding adults team for investigation and action as necessary. Staff were aware of their own personal responsibility to report matters of a safeguarding nature and to protect the vulnerable people to whom they provided care.

Medicines were safely managed, although records related to the administration of medicines were sometimes not completed accurately by staff to reflect whether people received their medicines as prescribed. We discussed this with the provider to ensure they continued to audit these records and take action where shortfalls were identified in staff practice.

Recruitment processes were robust and appropriate vetting checks were carried out to ensure that new staff employed were suitable to work with vulnerable adults.

Accidents and incidents that occurred during the delivery of care were recorded and monitored. People were supported to remain safe in their own homes and anything of concern that was identified during a care

visit by a staff member was reported to office staff for them to take appropriate action. For example, where any health and safety issues were identified within people's homes, office staff arranged for support to be provided by professionals such as plumbers and electricians.

Risks that people were exposed to in their daily lives had been accessed if this was linked to the care package provided by the service, although some records related to these risks could be improved. We discussed this with the provider who took our feedback on board and said they would continue to improve records within the service.

Staffing levels were determined by people's needs and the care packages in place. Nobody that we spoke with fed back any concerns about staffing levels. Some staff said that at times they were late for care calls as travel time was not included in their rotas, although overall this was not a regular occurrence.

People told us they were happy with the standards of care and support they received. They described how they enjoyed good working relationships with care staff and they were treated with dignity and respect. Staff gave examples of how they protected and promoted people's privacy and dignity during the delivery of care, including, for example, closing people's bedroom curtains when assisting them to get dressed, so they were not exposed. People also received person centred care in line with their individual needs and preferences.

Staff displayed genuine caring attitudes towards the people they supported, when assisting us with our enquiries. Staff said they were appropriately trained and supported within their roles and that all training had been refreshed since our last visit. They said they received supervision regularly in the form of one to one meetings or observations of their practice and that on an annual basis they were appraised by the provider about their performance in their role in the preceding year.

Complaints were dealt with appropriately and records retained about complaints included information about how the complaint had been handled and the outcome.

Feedback from people about the service they received was gathered annually and the results analysed. The provider had not yet developed formal feedback mechanisms to gather the opinions and experiences of staff, relatives and healthcare professionals, although we saw that any feedback given by healthcare professionals throughout the year on an ad hoc basis was retained and noted on people's care records held within the office.

The provider was committed to delivering a good service that was person centred. Since our last inspection they had made improvements to the management of medicines within the service and also introduced new quality assurance and governance systems. However, the provider needs to ensure that these improvements are sustained and there is continued development, particularly in respect of records, about which we have made a recommendation.

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.

Safeguarding policies and procedures were in place and records showed that historically these had been followed.

Staffing was tailored to individual's needs and staff generally worked in small teams linked to one or two people.

Recruitment procedures were robust and disciplinary action was taken where necessary.

Medicines were managed safely although records related to the administration of medicines were sometimes not complete.

Risks that people were exposed to in their daily lives had been considered. Measures had been put in place and actions taken where necessary, to mitigate these risks.

Is the service effective?

Good

The service was effective.

People and their relatives told us they were happy with the standards of care that they received from the service.

Staff training was up to date and competency assessments were carried out. An induction programme was in place and staff received on-going supervision and appraisal.

The provider had a good understanding of their responsibilities in line with the Mental Capacity Act 2005 and best interests decision making.

People were supported to eat and drink in sufficient amounts to remain healthy.

Is the service caring?

Good

The service was caring.

People and staff enjoyed good, relaxed but professional

relationships with one another.

People's privacy, dignity and independence were protected and promoted.

End of life care provision was available to people who may need this support.

People and their relatives were involved and kept informed about any changes in their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records sometimes lacked detail and care monitoring records such as daily notes about care delivered and medicines administered were not complete. We have made a recommendation about the maintenance of people's care records.

The care that people received was person-centred and had considered their likes and dislikes.

People were supported to access the community and protected from social isolation if this was part of their agreed care package.

A structured complaints policy and procedure was in place and people said they would feel comfortable in raising any issues or concerns.

Is the service well-led?

Good

The service was well led.

The provider had a good ethos about providing person-centred care.

They had clear visions and values and had people's best interest at heart.

Staff told us they felt supported by the provider and received appropriate supervision and appraisal to support them to deliver a good service.

New quality assurance processes to review medicines administration records and daily care notes had been introduced since our last visit.

The provider was meeting the registration requirements of the service.

Care Quality Commission

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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 between 30 May and 30 June 2017 and was announced. 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 to assist us with our enquiries. On 30 and 31 May we visited the provider's head office and people in receipt of care within their own homes. Between 31 May and 30 June 2017 we contacted people, relatives and staff by telephone to gather their feedback about the service.

This inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection a Provider Information Return (PIR) was requested from the provider. A PIR provides key information about the service, what it does well and improvements that are planned to be made. We also issued people, staff, relatives and healthcare professionals with questionnaires about the service. We reviewed all of the information that we held about the service internally, including statutory notifications that the provider had sent us. In addition, we obtained feedback from Northumberland safeguarding adults team and Northumberland contracts and commissioning team about the service. We used all of the information we had gathered to inform the planning of our inspection.

As part of our inspection we visited three people within their own homes and spoke with five members of the care staff team. We also spoke with the deputy manager, the provider, who is the registered manager and nominated individual, and administrative staff. A nominated individual is a person who is named as a 'responsible person' in line with Care Quality Commission requirements, and they represent the provider's organisation. We looked at five people's care records and reviewed a range of other records related to the operation of the service, including six staff training and recruitment files and quality assurance documentation.

Good

Is the service safe?

Our findings

People told us they felt safe when they received care from the service. They said care staff made them feel safe and at ease. One person said, "They (care staff) have always been good with me". Another person told us, "They (care staff have never been nasty – none of them".

People's relatives told us they had no concerns about how their family members were treated. One relative commented, "I think what makes my husband feel safe, is knowing that his carers have taken the time to work out with him the best way to use the sling and the hoist each morning and night, so that he doesn't worry about whether he's going to have an accident when they are moving him around the room".

Safeguarding and whistleblowing policies and procedures were in place for staff to follow should they believe that any of the vulnerable people they cared for were at risk of harm or abuse. The provider's records showed that were safeguarding incidents had happened or had been reported or suspected, referrals had been made to the appropriate local authority safeguarding adults team for assessment and potential investigation. The staff that we spoke with were aware of their own personal responsibility to report matters of a safeguarding nature, they were aware of the different types of abuse and they had completed training in this key area.

There was a policy in place linked to the management of people's money and set instructions for staff to follow around handling people's cash, for example, if they were assisting them with shopping or to do their personal banking. Receipts were retained for any items purchased on people's behalf and a corresponding running balance.

At our last inspection we found shortfalls with the management of medicines in the respect that there was a lack of care planning, poor recording around the administration of medicines, a lack of information about the application of topical medicines and some unsafe practice related to the practical aspects of administering medicines. At this inspection we found the provider had taken steps to address these previous identified shortfalls.

People were supported to take their medicines independently where they were able. Medicines support ranged from giving people their medicines and observing them taking them, to opening packets of medicines and leaving them for people to take at a later time. Medicines administration records (MARs) were used to record the medicines that staff had supported people to take and appropriate coding was now used to explain the administration, or not, of any specific medicines. The reasons for people not receiving their medicines were recorded, for example, where people had refused their medicines. We found some issues remained with the completeness of MARs, although overall, these were maintained to an appropriate standard. The provider told us they regularly reminded staff about their responsibility to complete these records in line with best practice guidance and we saw evidence of memos and reminders about this being sent to staff. Some records about care workers involvement in medicines support would benefit from more detail. We found no evidence that people did not receive their medicines safely.

Staffing levels were determined by people's needs and the number of care packages in place. People told us that generally they had continuity of care with the same care workers visiting them. They advised they were able to build relationships with these carers and they appreciated this. People we spoke with told us there were no issues with staffing levels and there were enough staff to meet their needs. An electronic allocation system ensured that where there were any gaps in staffing due to, for example, sickness or annual leave, these were covered by other members of staff who working for the service. Some staff told us that they did not always have travel time built into their working day and this meant that they fell behind in their duties and were sometimes late in reaching their care calls. People confirmed this and said that care staff could sometimes be up to 20 minutes late, although they said this was not common and overall they mostly arrived on time. Staff said that provision in their rotas for travel time would be appreciated and would result in people receiving a better service. We shared this feedback with the provider for them to consider and review.

Recruitment procedures were robust and included checks on prospective staff's identity, character and employment history. Prospective staff were interviewed, given contracts of employment and observed for a probationary period of three months to ensure they were suitable for the role for which they were employed. The provider had measures in place to ensure that staff they employed were of suitable character to work with vulnerable adults and they remained suitable for their roles throughout their employment.

A business continuity plan was in place which gave instruction to management and staff about what to do in the event of a situation such as a reduction in staffing levels or loss of technology systems. Accidents and incident records were maintained within people's care files in their homes to record any such events that may occur during care delivery. These were looked at during care based reviews or reported to the office and brought to the provider's attention should such accidents or incidents be of a more serious nature. We saw that any accidents and incidents that had occurred since our last inspection were dealt with appropriately and people received the care and support they needed in response to these.

Assessments of people's needs were undertaken prior to them receiving care from the service and the provider and office staff told us that people's needs were assessed on an on-going basis. In most cases risk assessments were in place for people with specific needs such as mobility, although some records around the management of risks needed to be improved. The provider was addressing this at the time of our visit. Environmental risk assessments of people's homes were carried out at the point that they started receiving care and staff remained vigilant in reporting health and safety risks and concerns which they came across when visiting people. Where necessary people were supported by staff or the provider to access the services of external organisations, for example, if they needed a plumber or an electrician to fix a fault in their home.

Good

Is the service effective?

Our findings

People told us they were supported by staff in a range of ways depending on what they needed help and assistance with. They said staff were capable in their roles and seemed well trained. One person told us, "My carers don't have to do a lot for me; it's more about being there to give me the confidence to be able to have a shower without worrying that I'm going to topple over. Because I know they are here, I don't always worry about 'what if' and in all honesty, I haven't had even a wobble in the shower for a good few months now, which I think just shows the confidence that the carers have given me over this time". Another person said, "My carer knows I'm not very good at drinking, so she does her best to encourage me by making me plenty of drinks while she is here and also leaving me with some cordial for when she has gone. I try to drink as much as I can, but at my age I just don't feel like it any more". Other comments included, "My carers make all my meals for me these days" and "My carer will usually ask me if I'm ready to get washed when she first comes in, and if I'm not, she will usually make me a cup of tea and start to get my breakfast organised, by which time I'm usually ready to get started".

One relative told us, "We have a hoist now because most of the time, my husband really can't manage to get himself in and out of bed. It has taken a bit of getting used to, but his carers are very good and make sure that he feels safe in it before they lift him".

Feedback from questionnaires included comments from relatives, two of which read, "Burn Brae staff are always very caring and supportive allowing my mum to stay in her own house and allowing my husband and myself to lead our lives" and "The carers usually keep me fully up dated with any concerns about my mum". One person who was in receipt of care from the service commented in their questionnaire, "Care, attention and support is always excellent. Any concerns they have, they speak to my relative" and another person's comment read, "They have a very difficult job to do and they do it well".

At our last inspection we made a recommendation that the provider should refresh staff training in key areas and other areas specific to people's needs, to ensure staff were equipped with the up to date skills and knowledge they needed to carry out their roles effectively. At this visit we found staff training had been reviewed and updated. Staff had undertaken recent training in areas such as safeguarding of vulnerable adults, the safe handling of medicines, moving and repositioning and first aid. The provider had an induction programme in place which involved reviewing the provider's policies and procedures, shadowing staff, as well as completing the care certificate. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and brought into force in April 2015. It is a set of minimum standards that social care and health workers stick to in their daily working life and sets the new minimum standards that should be covered as part of induction training of new care workers.

Care staff told us they were happy working for the service and they felt supported by the provider and other senior care staff who supervised them. One member of staff said, "We are well backed up really. Seniors/co-ordinators come out and assess us every couple of months, sometimes more". Another told us, "We always chat to co-ordinators for help and advice. (Provider's name) has always been there for us. He sends out memos about key things and changes too".

Regular supervisions and annual appraisals took place and records showed that staff were involved in this process and were required to reflect on their performance over the year prior to their annual appraisal. Supervisions and appraisals are important as they are one to one meetings between staff and their line manager in which discussions can take place about performance, other work issues, training and personal matters. In addition, staff competency assessments related to medicines administration and general observations of how staff delivered care, were carried out at intermittent intervals.

Consent to care and treatment had been considered and there was evidence in people's care files that consent had been obtained, for example, for the administration of medicines by staff where this was an agreed task and also consent to share personal information with relevant healthcare professionals and other important persons.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The 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 discussed the Mental Capacity Act (2005) and Court of Protection orders to deprive people of their liberty in a domiciliary setting, with the provider. They told us that people's cognitive abilities were assessed at the point the service commenced and then afterwards, if necessary. The provider was clear about their responsibilities in line with the Mental Capacity Act 2005 and decision making for those people who may lack the capacity to make decisions for themselves. We discussed the needs of people currently supported by the service and the provider informed us that no person lacked the capacity to make their own decisions at the present time. The provider also confirmed that no person currently using the service was subject to a court of protection order to deprive them of their liberty in a domiciliary care setting. The provider informed us that should any concerns or issues arise in the future in respect of a person's capacity levels, they would liaise with their care managers to ensure that capacity assessments were carried out and decisions made in people's best interests.

People were supported to eat and drink in sufficient amounts to remain healthy. They told us that staff encouraged and supported them to eat and drink regularly where this was part of their agreed care plan. Records had been introduced to monitor people's food and fluid intake, where there were concerns about their nutritional needs being met.

Staff also supported people to access the services of healthcare professionals where they could not do this for themselves, or they had no family members to do this for them.

Staff told us that communication within the service was good. Both staff and people who used the service said they had no concerns about approaching the provider to ask questions, raise concerns or find out specific information.

Good

Is the service caring?

Our findings

People reflected that staff were kind, caring and considerate when delivering care. They said they felt comfortable with the relationships they enjoyed with staff, one person describing their staff team as "part of the family". Another person told us, "My carers are just like old family friends now, so we just have a chat and get on with all the jobs that need doing while we're putting the world to rights. A lot of the time, I don't see anybody else all day apart from my carers so it's really important to me that I can have a bit of a chat with them. Just having a normal conversation with somebody really brightens up my day".

One relative commented, "I cannot stress enough how caring they are to my wife. She literally can do nothing for herself, but as far as her carers are concerned, nothing is too much trouble. One in particular takes time to sort her hair for her and give her hands a massage. It's little things like that, that make all the difference".

We reviewed the feedback we received via questionnaires that we sent out prior to our inspection. One person commented, "The care workers are very good indeed". Relatives comments included, "My mother is treated with respect & dignity - the carers often make her day" and "The main carers are excellent and have formed good relationships with my mum to be both a carer and a friend".

We were not able to observe care being delivered by staff during our inspection due to the fact that this was a domiciliary care service. However, people described how they were cared for and said they were treated with dignity and respect at all times. One person told us, "My carer had been looking after me for a long time now and she always makes sure I'm wearing clean clothes every day. With my eyesight, I don't always notice when I've spilled something so I'm grateful for her kindness". Another person said, "I have used other agencies in the past where I've felt that I was being fitted into their schedule at their convenience. Here, I have been made to feel that I am important to them and that they are here to provide me with a service when and how I want it".

Staff described how they protected and promoted people's dignity, for example, by covering them with a towel during personal care, so that they were not exposed. Other examples included ensuring people's curtains were closed when they were being supported with personal care, so that nobody could compromise their privacy and dignity.

People told us they were encouraged to be as independent as possible and do as much as they were able for themselves. One person told us, "I take my pills myself because I can but they watch me take them to be sure". Another person commented, "I'm fortunate that I can still get out and about on my own. That's why it's important that my carer arrives on time, regularly, and she does. If I had to sit here all morning waiting for her, I wouldn't be able to go out with my friends". Staff explained that part of their role was to support people to remain independent and enable them to live at home alone, or with family, for as long as possible, whilst retaining as much of their independence as possible.

The provider promoted equality and diversity throughout the service and staff had been trained in this topic

area. We found no evidence that any person was discriminated against, and nobody told us anything during our inspection which contradicted this.

The provider told us that nobody who currently used the service was supported by an independent advocate. They were aware of how to access advocacy services within different local authority areas, should this be necessary. Relatives and staff advocated on people's behalf about minor issues, to ensure their human rights were protected.

People told us they were involved in planning their care and they were present during regular reviews of their agreed care plans. Records reflected this. One relative said, "We met with (staff member's name) from the agency and they sat with us for a couple of hours talking to us about what care my husband needed. We were asked when we'd like the calls and if he preferred male or female carers. We were also sent his care plan to look at and sign before it went in the folder. We were very pleased with everything". Staff told us they explained elements of people's care to them, as and when needed.

The provider supported some people with end of life care and had ensured that staff were suitably trained to deliver such important care, in the most sensitive, caring and appropriate manner. We saw compliments and thank you cards had been received within the service which highlighted relatives' satisfaction and gratitude, for the way their family members had been cared for at the end of their lives, in a dignified and very personal manner.

Requires Improvement

Is the service responsive?

Our findings

People told us the care they received was individual to them. One person said, "I usually just have my one regular carer. She is a real friend now because she's been coming to me for such a long time and I truly believe she knows my likes and dislikes better than some of my family members do now". Another person told us, "Because I have my regular carers who come all the time, they've been able to get to know me and my likes and dislikes really well".

People said staff and the management of the service were responsive to their needs and any issues that they raised. People also commented that if they needed support to arrange a GP appointment or other specialist healthcare, staff provided the relevant support. Records confirmed this and we found evidence that the provider had referred important matters to relevant parties and shared pertinent information with people's care managers.

Care records were held within people's homes and were reviewed by supervisory staff on a regular basis. A copy of people's care records were also held within the office. Care records were person centred in that they contained information about the individual person they related to. Person-centred care means planning care in line with the person, which fits what that person is ready, willing and able to do, and it looks at their care as a whole. We found that some records would benefit from more detail about the risks that people faced in their lives, which whilst referenced, did not contain a large amount of information about step by step processes to be followed to manage these risks. Staff told us they felt they had enough information within people's care records to provide appropriate care and they were well maintained. We found that people's MAR records were not always as well maintained as they should have been. We discussed this with the provider who said they addressed this with staff where necessary, in response to any issues or errors they identified through their newly embedded sampling quality assurance system.

Staff told us that reviews of people's care were carried out regularly by care co-ordinators. The timescales and completion of these reviews was monitored by office staff. Care monitoring tools were used where relevant to monitor aspects of people's care. For example, food and fluid charts were completed by staff daily where there was a need to monitor people's nutritional intake to ensure they remained healthy. Daily notes were completed by staff to summarise the support that people had received on each care visit. However, these were basic and would benefit from more detail about people's presentation and mood, as opposed to only reporting on tasks that had been completed.

We recommend the provider reviews the content of people's individual care records to ensure they contain sufficient detailed information about each person and their needs, and that records about the care delivered are well maintained and complete.

People were supported with companionship and accessing the community where this was part of their agreed care package. Some people told us they were not able to get out but they looked forward to the visits they received from care staff and passing the time of day with them whilst they were assisted to look after themselves. This showed the provider assisted people to remain socially stimulated and involved in their

community.

People told us that on a daily basis they had choices about whether they accepted the care and support staff came to deliver and other choices, for example, around the food that was prepared for them at mealtimes. This showed staff were respectful of people's right to make their own choices in relation to the care and support they delivered.

The provider had a complaints policy and procedure in place that provided people, their relatives and staff with information about how complaints could be made and how they would be handled. One person told us, "We were told about how to make a complaint when we stated here and there's a leaflet in the folder". Records showed that 16 low level complaints had been made since our last inspection and these complaints had been handled in line with the provider's policy and brought to a satisfactory conclusion.

Good

Is the service well-led?

Our findings

At our last inspection we identified concerns related to a lack of quality assurance and governance systems within the service. At this inspection we found the provider had taken steps to address some of the identified issues and improvements in these areas had been made. For example, daily notes and MARs records were now routinely analysed for any patterns or trends in staff practice that needed to be addressed. The provider showed us where staff had been retrained in medicines in response to shortfalls in their practice being highlighted through the analysis of paperwork, or through observations of their practice. Care reviews were done regularly, where they had previously fallen behind in the past. An up to date matrix was in use to monitor staff training needs and this was kept up to date. This had not been the case at our previous visit.

Staff told us that they reported to a supervisor who gave them appropriate guidance and advice as and when necessary. They told us that supervisors also carried out supervisions with care staff and observations of their practice, in order to measure the quality of care people received. We saw the provider had developed a matrix to monitor that supervisions and observations of care were carried out regularly, so that they did not fall behind as had been the case previously.

The provider had logged and saved information about safeguarding incidents and concerns in order to monitor outcomes and identify any emerging patterns that needed to be addressed. This meant the provider had a better overview of safeguarding within the service although they reported and dealt with safeguarding concerns appropriately at our last inspection and at this one.

Care records maintained in people's homes needed some further development and detail about risk management and the care people received. We have reported on this in the responsive section of this report and made a recommendation about this for the provider to consider and progress.

The provider also gathered people's feedback about the service annually via questionnaires which were sent out. The provider had not yet developed formal feedback mechanisms to gather the opinions and experiences of staff, relatives and healthcare professionals. However, feedback from people, relatives and healthcare professionals was also collated and recorded in people's care records, on an on-going basis through, direct contact with them, throughout the year.

The service had a registered manager in post who had been registered with the Commission to manage the carrying on of the regulated activity and the service since October 2010. The registered manager was also the nominated individual of the organisation. People and staff shared positive feedback about the provider and their leadership of the service. One person said, "I would most definitely recommend the agency, I have been nothing but totally impressed with the service I've been getting" and another person commented, "I have found everyone in the office to be very approachable and when you want to speak to a manager there has never been a problem in the past".

Staff reflected that they felt fully supported and found the registered manager/provider to be approachable and willing to address any concerns or issues they raised. They said the registered manager/provider was

keen to provide a good service and ensure that people's needs were met and they remained safe. Staff comments included; "He (Registered manager/provider) is fab"; "I have the best boss in the world, he is great and he will listen"; "(Registered manager/provider's name) has always been there for us"; and "They (management/office staff) are great and there if we need them (management/office staff)".

In the feedback that we received from people and their relatives via our pre-inspection questionnaires, there were mixed views about communication with office staff. Some people said they did not feel they were kept informed when carers changed or when they were delayed and would arrive later than agreed times. Comments included, "They don't always contact me if they change the care worker or if they change the time" and "The office can seem to be a little bit weak. For example, they don't always tell me if they (care staff) are going to be late".

The vision and values of the organisation were listed as "Our aims and objectives are in providing support to enable our clients to be cared for in their own homes, for as long as possible. In providing this service clients will be able to return home from hospital or other accommodation that will create a real choice in practice between care at home and institutional care. All necessary and appropriate care and support will be provided to achieve this objective. In meeting and with agreement of the client in their environment, the organisation will be successful in attaining the objectives. The physical and emotional needs of the client are paramount. Our aims are to meet and sustain the standards set whilst providing our clients with quality care and support".

The provider was meeting the requirements of their registration in the respect that they reported deaths and other incidents to the Commission in the form of statutory notifications, in line with the Care Quality Commission (Registration) Regulations 2009.