

Diamond Resourcing Plc

Better Healthcare Services (Brighton)

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Better Healthcare Services (Brighton) is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. At the time of our inspection approximately 77 people were receiving a service.

The service had a registered manager. 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.

At the last inspection in November 2015 we identified areas of practice that needed to improve these included, medication administration records (MAR) had not always been completed accurately, procedures in relation to disclosure and barring (DBS) checks had not always been followed, concerns were raised in relation to communication between staff, records of spot checks had not routinely been completed, results and analysis of feedback questionnaires had not taken place and staff meetings were held irregularly. At this inspection on 10 January 2017 we found that improvements had been made and the overall rating for this service has been revised to good.

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us, "They are absolutely excellent. They are brilliant and I feel very safe with them". A relative added, "They are just marvellous. I know [my relative] is in safe hands with these people".

The service was very flexible and responsive to people's individual needs and preferences. Staff found innovative and creative ways to enable people to have an enhanced sense of wellbeing and exceptional quality of life. People told us that staff had outstanding skills, and had an excellent understanding of their needs. Healthcare professionals told us that the service was focused on providing person centred care and that it achieved exceptional results. One healthcare professional told us, "They have given [person] a level of care and quality of life that is exceptional. They have allowed them to access a normal life".

People told us that staff were friendly and caring. One relative told us, "They are really brilliant. My relative really looks forward to them [the care workers] coming, because he has such a good rapport with them". People were happy with the care they received, and said they saw regular consistent staff that knew them well and treated them with kindness. One person told us, "I'm very happy, it's usually the same group of people who come all the time and they're so cheerful that I look forward to seeing them".

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff were skilled and felt fully supported by the provider to undertake their roles. They were given training updates, supervision and development opportunities. One member of staff told us "The induction I had gave me the experience and the training gave me the knowledge".

People and their relatives were given information on how to make a complaint. Feedback from people was asked for and responded to. One person told "I think there is something in there about how to complain, but to be honest, I'm not interested, because I have no complaints".

The service was well led and had good leadership and direction from the provider. People, relatives and health professionals were complimentary of the management of the service. A relative said, "I certainly wouldn't want another company, because overall they are excellent". Staff felt fully supported by the provider to undertake their roles. There were quality assurance systems in place to ensure a high quality of care and support was provided.

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 processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely. Assessments were undertaken of risks to people and staff.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

Staff understood and recognised changes in people's health and supported them to access health care services and to receive ongoing healthcare support.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with the people they supported and knew them well.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

People were encouraged to express their views about how care was delivered and staff responded proactively.

Is the service responsive?

The service was very responsive.

The service was flexible and responsive to people's individual needs and preferences, and found innovative and creative ways to enable people to live as full a life as possible. The support received promoted positive care experiences and enhanced people's health and wellbeing.

People and their relatives were consulted about their care and involved in developing their care plans. Detailed care plans outlined people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People told us that they knew how to make a complaint if they were unhappy with the service. Where complaints or concerns had arisen, a detailed investigation had taken place and action had been taken.

Outstanding 

Is the service well-led?

The service was well- led

The values of the service were well embedded and staff were committed to providing good quality care.

The service was well managed and staff felt supported. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

Good 

Better Healthcare Services (Brighton)

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 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

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 care service.

The provider was not requested to complete 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.

Before the inspection we checked the information that we held about the service and the service provider. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 10 people who use the service, seven relatives and three healthcare professionals on the telephone, five care staff, a care co-ordinator, the care manager and the registered manager. We observed the provider and staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in November 2015 we found that medication administration records (MAR) had not always been completed accurately, and procedures in relation to disclosure and barring (DBS) checks had not always been followed. We saw that the required improvements had been made.

People and relatives told us they felt safe with the service that was being provided by Better Healthcare Services (Brighton). People told us they felt safe due to their confidence in the skills of the staff. One person told us, "They are absolutely excellent. They are brilliant and I feel very safe with them". A relative added, "They are just marvellous. I know [my relative] is in safe hands with these people".

People and their relatives told us that medicines were administered by staff and the system worked well. One person told us, "The carers administer medication. I'm content this is done properly". Assessments of need in this area were carried out which described the support a person needed, whether someone needed prompting to take their medicines or support with administering them. The provider had detailed policies and procedures in place for staff to ensure they were administering safely. Medication administration records (MAR) sheets were completed by staff. Staff received training to be able to carry out supporting people with medicine management. The medicine administration records (MAR) were audited on a monthly basis. The registered manager told us any errors were investigated and the member of staff spoken with to discuss the error and then invited to attend medication refresher training if required.

Staff had been recruited through a recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Records also showed staff had completed an application form and interview and the provider had obtained written references from previous employers.

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. All the staff we spoke with told us that because they knew people and their needs in detail they would be able to identify any changes in behaviour or physical symptoms they might see that may indicate that a person was experiencing abuse which would enable them to gain support for the person as quickly as possible. Staff knew the process for referring safeguarding concerns to the local authority. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Details of safeguarding and whistleblowing procedures to follow were also displayed in the office as a reminder for staff.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to

minimise risk. These covered a range of possible risks such as environment nutrition, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place to ensure risks were minimized and for staff to maintain a clear environment in a person's home and raise any concerns they may have.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. One member of staff told us, "We have the carers to cover the calls. There are enough staff". Another member of staff said, "It's ok with staffing. I get my rota and I am on time". Staffing levels were determined by the number of people using the service and their needs. The care manager added, "We have ongoing recruitment and have a specific recruitment team. We liaise with the recruitment team to forward plan the rotas". People and relatives we spoke with told us the staff were competent and had the skills required to support them safely. Staff told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control and first aid.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff and told us that they received effective care that met their needs. A relative told us, "The people who come are so gentle with [my relative] and I feel he is completely safe with them. They watch out for even the slightest thing. If they think he's not well they alert me straight away". Another relative added, "They are really well trained. My relative can mobilise using a frame and they are very careful about supporting him and making sure he doesn't fall".

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. Staff had knowledge and understanding of the (MCA) because they had received training in this area as part of their induction. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how they ensured people had choices on how they would like to be cared for and that they always asked permission before starting a task.

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and dementia. Staff completed most of their training on induction and also trained alongside more experienced staff on care calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one member of staff told us, "The induction I had gave me the experience and the training gave me the knowledge". Another said, "We have very good courses and training. I did the care certificate. They are always open to us doing training, if we want it, we get it". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider's training plan documented when training had been completed and when it would expire to ensure staff attended refresher training courses. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff told us that they received supervision from their manager on a regular basis. During this they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. Records we saw confirmed this. One member of staff told us "I've just had an appraisal and we get supervision regularly. We are always encouraged to give feedback".

We were told by people and their relatives that most of their healthcare appointments were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if required. If needed they liaised with health and social care professionals involved in

people's care if their health or support needs changed. One person told us, "I have a lot of different health problems, but they really keep an eye on me". Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being, and were confident about how to respond to a medical emergency. One member of staff told us, "One person I visit was really unsteady on their feet, so I contacted the GP. I know the emergency procedures and if I was really worried I'd call an ambulance". Another added, "I would always recognise illness".

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals and drinks were accessible to people. One person told us "They come in to get my meals ready. I only have coffee in the morning, because I never fancy any breakfast, but I do love bacon and eggs at lunchtime and they cook it for me". In one person's care plan it detailed what the person liked and disliked and what they liked for breakfast each morning and how they would like it prepared. A member of staff told us, "One person always wants a boiled egg with toast in the morning. It makes him happy when we make it". The care manager told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from health professionals.

Is the service caring?

Our findings

People receiving care and support from the service told us that staff were kind and caring. One person told us, "It's so nice to have a chat with somebody. I'm sure I tell them the same stories over and over, but they never pull me up on it". A relative said, "They are really brilliant. My relative really looks forward to them [the care workers] coming, because he has such a good rapport with them". A further relative added, "[My relative] is pretty much non-verbal, but I can tell how her face lights up when they come that she really likes them. It really takes a weight off my mind".

People were happy with the care they received, and said they saw regular consistent staff that knew them well and treated them with kindness. A relative told us "I'm really pleased with the people who come. My relative doesn't speak very well, but they take time to understand what she needs. For example, they know how she likes a pillow under her legs and they always position it right". Another person said, "I'm very happy, it's usually the same group of people who come all the time and they're so cheerful that I look forward to seeing them". A further person added, "We have regular staff unless they are on holiday or off sick". A member of staff told us how they did their best to ensure that people saw the same member of staff and had continuity of care. They said, "When we schedule the care, we have templated areas and care runs to give continuity to people. We set up calls to be near care workers homes and offer incentives for staff to travel. We don't mix up single and double handed calls, so people see the same carers". A further member of staff added, "I have worked consistently with the same person ever since they needed care. We get on well. We are both very happy with the arrangement".

People confirmed their dignity and privacy was always upheld and respected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. One member of staff told us, "I always make sure that doors are shut. Dignity and respect are very important". Another member of staff said, "I always make sure that people are covered when I'm doing personal care".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One person told us, "They have really helped me with cooking and understanding good food. I wasn't eating healthy things, but they've encouraged me and now I am". Care plans provided details on how staff could promote independence. Staff told us how they promoted people's independence and let the person do as much as they can for themselves. One member of staff told us, "I encourage people to brush their own teeth and hold their own cup. I try to involve them in their care. One client is unsteady on his feet, but I encourage him to stand up". Another member of staff said, "We have one client who I encouraged to move and stand up every day for two weeks. He can now walk to the kitchen".

People said they could express their views and were involved in making decisions about their care and treatment. People's care plans included information that demonstrated how they were supported with making day to day decisions and choices about their care. Staff promoted people choices and respected

their decisions. One member of staff told us, "The clients are very happy. You must give them all the choices that they want. You can't force them. I always ask them what do you want to do today". Another member of staff said, "There is a certain routine, but we always give the client a choice and do what they want".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The staff's rotas were securely sent to them with details of their visits to undertake. Information on confidentiality was covered during staff induction and training.

Is the service responsive?

Our findings

We found examples of outstanding practice in person centred care provided by Better Healthcare Services (Brighton). People received care that promoted their health and wellbeing, and told us that staff had an excellent understanding of their needs, which influenced their decisions on how they received their care. The service was flexible and responsive to people's individual needs and preferences, and found innovative and creative ways to enable people to live as full a life as possible.

Staff knew how to meet people's preferences and were innovative in suggesting additional ideas that they themselves might not have considered. This meant that people had an enhanced sense of wellbeing and exceptional quality of life. A relative told us how bowel care was very important to their loved one, as this had been a complex issue. They told us how a member of staff had developed a technique of distraction and relaxation that had been extremely effective in enabling their relative to use the toilet more effectively. The member of staff had succinctly understood the psychological link between this person's anxiety and their bowel care. This technique had subsequently been introduced into the person's care plan for other staff to follow. This technique had reduced the time the person spent on the toilet considerably and had improved their physical and mental wellbeing. The relative told us, "The care worker has a background in meditation and relaxation. This technique has worked and become so important. It has created more time in the day that can be used more productively for rehabilitation". In relation to this specific person, a healthcare professional told us, "They have given [person] a level of care and quality of life that is exceptional. They have allowed them to access a normal life".

Healthcare professionals told us that the service was focused on providing person centred care and that it achieved exceptional results. One healthcare professional told us, "They [Better Healthcare Services (Brighton)] have provided staff that work at a very high level and in close proximity with us to follow and implement multidisciplinary treatment plans". Another healthcare professional said, "They have worked alongside us to develop joint care plans and arrangements to meet the needs of very complex people". We were given an example by a healthcare professional whereby a person was extremely anxious about their care and had specific and complex needs due to their condition. We were told the service has worked extremely closely with the healthcare professionals to develop and implement this complex package of care to this individual. A healthcare professional told us, "We were worried that this person would not be able to have a care package at all. I don't think any other agency could have taken on that level of care and got it right". The care manager informed us, "We often pick up the more complex care packages". Care plans we saw and feedback we received from people and staff supported this.

People told us that staff had outstanding skills, and had an excellent understanding of their needs. We were given examples whereby staff had provided a service beyond standard care delivery that had significantly improved people's conditions and wellbeing. One relative told us, "There are elements of standard care in [my relative's] package, but I wanted staff who could assist with rehabilitation. It has worked very well. They assist with basic physiotherapy and encourage strengthening exercises such as walking and sit ups. They use stimulation like writing exercises and clenching play dough to aid the rehabilitation". The service had specifically matched staff with relevant skills and interests in order to facilitate this person's care package.

The relative added, "They have supplied care workers with backgrounds in yoga and meditation and they understand how the body and bones work. We are very lucky to have them. Their care is now being used to train others". We were given another example whereby a person had been bedbound for a considerable period of time. Staff had encouraged the person and developed their care plan with their family over time, so that they now were able to leave their bed and access the bathroom and kitchen which had significantly improved their wellbeing and quality of life.

People's preferences around activities and interests were also detailed in their care plan. This included people who enjoyed going out for walks and going shopping. One care plan detailed that a person, 'Has an interest in TV, tennis, golf and to ensure that staff encourage them to talk about these subjects with them'. Staff told us how they enjoyed the time they spent with people and being involved in their activities of choice. A healthcare professional told us, "Better Healthcare Services (Brighton) have facilitated for some service users to have holidays abroad. We have funded the care and they have provided appropriate staff. For people to have a holiday and get away, or to just have activities outside of the home, it makes such a difference to them and their family".

The staff proactively looked for ways to ensure that people received care that was personalised to reflect their needs and preferences. One person told us, "I couldn't manage without them. They helped with my Christmas shopping and helped me to do the wrapping. I've just lost a relative and they've been brilliant about helping me get sorted for the funeral". A relative said, "They are fantastic. My relative likes them and they understand her and what she likes and dislikes". Another person added, "I started off having my morning call at 7:00am, but then I realised it was a bit too early for me, so I asked for 8:00am. They were very good and did it as soon as they could". We were given further examples of staff providing flexible care in line with people's requests. One person told us, "They do my shopping for me and they always bring the receipts and the change and count it out for me. They are really sensible as well. If I've asked for something the shop hasn't got, then they bring an alternative for me. They can do that because they know me so well". A further person added, "If the carer has time after she's done everything she should do, she'll do a few extras like washing the pots or putting the Hoover on". A member of staff told us, "We had a client who was moving to a new property, so they wanted an earlier call to be ready to move, so we put this in place for them. We regularly have changing care packages for example if somebody goes to end of life. We may need to put in double up care, or 12 hour care".

The delivery of care was personal to each person and responsive to their changing needs. Care was planned proactively in partnership with them. A relative told us, "I've struck up an excellent rapport with [registered manager]. We were on the same wavelength and he knew immediately what kind of care package we needed, which was around rehabilitation". Another relative said, "They did a full assessment of my relatives needs at the beginning". A further relative added, "They have been really good. We had a thorough meeting when we organised the care plan and everything was taken into account. They come out from time to time to review things, and there is always a good response from the office if I have to contact them". It was clear by the level of detail and personal information contained in people's care plans that people, their families and healthcare professionals were involved in developing their plans and subsequently reviewing them.

Care plans contained information about all aspects of people's daily care needs as well as any risks to their health or wellbeing. Care plans were very detailed and people's views and thoughts were clearly taken into consideration when devising the care plans. People and staff felt care plans were personal and contained the level of detail required to provide safe, effective and responsive care. They contained comprehensive details around people's likes, dislikes, preferences and what was important to them. For example, one care plan stated how somebody, 'Likes sandwiches with crusts cut off'. Another explained to staff that, 'Tea should be served in a china cup, with a saucer. It should be strong, with a little milk and sugar'. Daily

recording logs and feedback from people, staff and the registered manager showed that these plans of care were being followed. Staff we spoke with found the care plans to be detailed and informative. A member of staff told us, "I read the care plans, as we need to know all about that person and they have all the information in them that we need".

Staff told us that they had enough time to support people and never felt rushed when providing care and support. One member of staff told us, "We get time to chat and socialise with people. We are always checking care plans. We give feedback to the office for people to get extra time or extra calls". All staff we spoke with told us they were able to build relationships and good rapport with people which increased an understanding of the person's needs. Staff were committed to arriving on time and told us that they always notified people or the office if they were going to be late. A member of staff told us, "Travel time and the time we get to help people is fine. They are doing the rotas very well".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people and relatives we spoke with all confirmed they had never had a reason to make a complaint. One person told "I think there is something in there about how to complain, but to be honest, I'm not interested, because I have no complaints".

Is the service well-led?

Our findings

At the last inspection in November 2015 we found that improvements were needed in relation to communication between staff, records of spot checks had not routinely been completed, results and analysis of feedback questionnaires had not taken place and staff meetings were held irregularly and were not well attended. We saw that the required improvements had been made.

People and staff were listened to and actively involved in developing the service. One person told us, "The office staff are responsive as well. If we phone through for anything at all, we know they are listening to us and if they can help they will". Another person added, "Somebody comes out from time to time to go through things and we can always call them and ask if anything changes and we need a bit more help". There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the management of the service with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was analysed and suggestions were acted upon.

There was a strong emphasis on team work and communication sharing. Information sharing was thorough and staff were encouraged and had time to discuss matters relating to the delivery of care. One member of staff said, "The office listens to me. If I'm concerned about anything I call them. They are very good. The office will call me with any changes or updates". Staff told us that meetings took place regularly and they were confident to discuss ideas and raise issues. One member of staff told us, "We have staff meetings and if we raise any ideas they listen". Another member of staff said, "The managers are giving us good training and always sharing information with us. They encourage us to work well with the clients". The care manager added, "Our opinions and ideas matter, we always try to improve and to provide flexibility to people".

There was a range of quality assurance audits to help ensure a good level of quality was maintained. We saw audit activity which included medication, the analysis of accidents and incidents and missed/late visits. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to improve the quality of the care delivered. We were given examples of improvements made since the previous inspection, such as improvements to the systems of managing medicines, and improvements to care practice in light of people's feedback. Spot checks took place to ensure that staff provided safe and appropriate care, and records of these checks were completed in order to drive improvement. One member of staff told us, "I've had spot checks carried out with the team leaders".

People and staff spoke highly of the management and felt the service was well-led. One person told us, "I'm very happy with the service. They are all good people". A relative said, "I certainly wouldn't want another company, because overall they are excellent". We discussed the culture and ethos of the service with staff. One member of staff told us, "We work for the client, we need to make them the priority and that is what we do". Another member of staff added, "I've had a few clients say this is the best company they've had".

Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I'm always supported and never left on my own. [Care manager] has to be one of the most

supportive managers I've ever had". Another member of staff said, "The managers and office staff are very friendly. They always give you help and support if you call them". Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "Everyone is really friendly here. I get on well with all the staff. If there are any issues, I raise it with the office". Another member of staff said, "I love working here, I get on so well with the office staff". The care manager added, "We are all very supportive and work well as a team. Not just in delivering care, but through all departments".

Mechanisms were in place for the management of the service to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff. We saw that the service also liaised with the Local Authority in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. The service looked to innovate in their care delivery and improve systems of work through investing in new technology. The registered manager showed us a system that is currently being implemented that will place a care scheduling application onto care workers mobile phones. This system will enable staff to access up to date and 'real time' information and prompts in relation to specific peoples care delivery via their mobile phones whilst they are in the community.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The care manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.