

Alderson Limited

LIBERTAS

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

LIBERTAS is a domiciliary care agency. It is registered to provide personal care to people living in their own homes in the community, including older people and people with mental health needs. The service also provides care and support to people living in two 'supported living' settings where people's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using LIBERTAS receives the regulated activity 'personal care'. CQC only inspects the service provided to people receiving personal care such as help with tasks related to personal hygiene and eating. For people receiving personal care, we also take into account any wider social care provided.

We inspected the service on 6 and 7 February 2018. The inspection was announced. At the time of our inspection 305 people were receiving a personal care service.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') 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 our last inspection in January 2015 we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us that they were satisfied with every aspect of the service they received. In particular, the provider's careful approach to managing staffing resources which meant staff were rarely late for the start of their care calls.

Staff had established warm, friendly relationships with people and went out of their way to help them in any way they could. Staff worked together in a supportive way and participated in a varied programme of training appropriate to their needs. They were proud to work for the provider and felt listened to by the registered manager and other senior staff. The registered manager had an open and responsive leadership style which set the cultural tone for the service

People were involved in agreeing the type and amount of care they received and their needs and wishes were understood and followed by staff. Staff treated people with dignity and respect and encouraged them to maintain their independence. Staff had the knowledge and skills required to meet people's individual needs effectively and supported them to prepare food and drink of their choice.

People received any support they required to take their medicines and staff worked closely with local

healthcare services to ensure people had access to specialist support when needed. The provider assessed any potential risks to people's safety and welfare and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm.

The provider sought people's opinions through regular customer surveys and people were satisfied that any complaints were handled effectively.

The provider was committed to the continuous improvement of the service and maintained a range of systems to monitor service quality. Action was required to improve the auditing of medicines management. Action was also required to ensure CQC was always notified of any significant incidents or events.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff understood the principles of the MCA and how to support, in the least restrictive way possible, people who lacked capacity to make some decisions for themselves.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains safe.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains effective.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains caring.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains responsive.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not consistently well-led.</p> <p>The provider had failed to notify CQC of some significant issues, as required by the law.</p> <p>The provider's auditing systems required improvement.</p> <p>The registered manager had an open and responsive leadership style which set the cultural tone for the service.</p> <p>Staff were proud to work for the service and worked together in a friendly and supportive way.</p> <p>Internal and external communication systems were effective.</p> <p>The provider sought people's opinions through regular customer surveys and took action in response.</p>	<p>Requires Improvement ●</p>

LIBERTAS

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. The inspection was planned to check whether the provider was 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 was announced. The provider was given notice of our inspection visit because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our inspector visited the administration office of the service on 6 February 2018. On 6 and 7 February our experts by experience telephoned people who used the service to seek their views about how well the service was meeting their needs.

Before the inspection, the provider completed a Provider Information Return (PIR) and we took this into account when we made the judgements in this report. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information shared by other organisations, including the local authority contracting and safeguarding teams.

During our inspection we spoke with 24 people who used the service, four relatives, the registered manager, two care workers and one of the directors of the company that owns the service. We looked at a range of documents and written records including two people's care plans, two staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and secure using the service. For example, one person said, "I do [feel safe]. The main object of them coming here is to make sure I am safe ... check I have had my tablets ... and make sure my place is tidy and secure when they leave. They are all very nice and use the key safe to get in and out, so I am safe in the knowledge that they can get to me."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations of abuse would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to the relevant external organisations. Responding to our feedback, the registered manager agreed to add contact information for these agencies to the information pack that was given to people when they first started using the service.

The provider continued to maintain effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to nutrition and skin care. Each person's care record we looked at outlined the measures put in place to address any risks that had been identified. For example, staff had been provided with detailed guidance on how to help one person manage risks relating to their mobility. Senior staff reviewed and updated people's risk assessments on a regular basis to take account of changes in their needs.

The provider had also implemented a range of measures to help prevent the risk of infection. Care staff received food hygiene and hand-washing training and were provided with disposable aprons and gloves for use when providing intimate personal care. Commenting positively on staff practice in this area, one person said, "They always wear gloves and an apron."

Staff personnel files were extremely well-organised and maintained. We reviewed the provider's recruitment practice and saw that the necessary pre-employment checks had been completed correctly to ensure that any new recruits were suitable to work with the people who used the service.

Staffing levels were determined by the number of people using the service and, in scheduling calls, the provider took care to try to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. The registered manager commented, "[We] have got to remember that [every] name on the [computer] screen is a vulnerable person who needs our care." Reflecting this conscientious approach, almost everyone we spoke with told us they were satisfied with the staffing and call-scheduling arrangements. For example, one person said, "They stay the full half hour. Timings are generally good. They have not missed me and do ... call if they are going to be late." Another person commented, "They take their time and we have a nice natter."

The provider also took care to ensure people received support from the same members of staff, wherever this was possible. Describing some of the positive benefits of staffing continuity, one staff member told us, "I see the same clients every day. We understand each other [and] have a good rapport. When you are going to see the same people you can see [any] deterioration in their health." Commenting positively on the

provider's approach in this area one person said, "I get a rota to say who is coming [although] it does change a little. I normally get the same ones and do get introduced to any new staff." Another person's relative told us, "Yes generally it is the same carers that come to [name]. We do get a weekly rota and also get introduced to new ones who will come with a more experienced carer." Looking ahead, the registered manager told us she was considering providing people with staff profiles to give them some initial background information about the staff coming into their home.

The provider was committed to ensuring the safety of staff, many of whom worked largely on their own, often at night. Discussing the provider's lone worker policy, the registered manager told us, "[A senior member of staff] is on call 24 hours a day. Staff use their phone to check in and out [of people's houses] and we [would] get an alert ... if they [didn't] turn up [so we could take steps to check their safety]."

Where people needed support with their medicines, this continued to be provided in line with their individual needs and preferences. Care staff had received medicines training and senior staff reviewed their practice on a regular basis. Commenting positively on the support they received from staff in this area, one person told us, "I have a blister pack for my tablets and take them myself. [But] they always ensure I have taken them on time when they come in." Another person said, "They get my tablets for me. They give me them with a glass of water and make sure I have swallowed them safely and on time." People who received staff support to take their medicines were provided with a monthly 'medication sheet' which staff used to record any medicines they had administered. On some completed medication sheets we found a small number of occasions when staff had omitted to sign the record, making it harder to determine whether a person had taken their medicine or not. When we discussed this issue with the registered manager she responded positively to our feedback and told us she would initiate a full review of the provider's systems in this area to ensure people's medication sheets were maintained correctly in the future.

Senior staff reviewed most of the significant incidents which had occurred in the service to identify if there were lessons that could be learned for the future. For instance, following a recent incident which had been considered by the local authority under its adult safeguarding procedures, staff had been provided with a summary of the case and additional guidance to reduce the risk of something similar happening again. Going forward, the registered manager agreed to strengthen and extend this process of organisational learning to cover all significant incidents and events in the service.

Is the service effective?

Our findings

Almost everyone with spoke with told us that staff had the right knowledge and skills to meet their needs effectively. For example one person said, "Their skills and knowledge are for all to see when they come. They are obviously all well trained before they are allowed to come out and I have no complaints." Another person told us, "Yes, they are all good. Even the new one who came yesterday."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started delivering care on their own. One staff member told us, "I shadowed a few of the other carers [for] a couple of weeks. After about a week I felt ready but they gave me a few more [shadow] shifts, just to be sure." As part of their initial training, all new care staff completed the National Care Certificate which sets out common induction standards for social care staff.

The provider maintained a record of each staff member's annual training requirements and organised a range of courses to meet their needs. Discussing their personal experience of training provision in the service, one member of staff told us, "I think the training is brilliant. You are kept up to date with what is going on. [It is much better than] what I used to get [with previous employers]." The provider also encouraged staff to study for nationally recognised qualifications in care, including National Vocational Qualifications (NVQ). One member of staff said, "They always ask me [if I want to do my NVQ2] and I always say no. I am too old to start it now! But it is there for the younger ones if they want to do it." Another newly recruited member of staff told us, "We get told we can do NVQs. [Name of a colleague] is half way through hers. I will talk to my team leader [about starting mine]."

The registered manager oversaw the handling of any new enquiries and referrals to the service and attended a variety of meetings and events to ensure she and other staff remained up to date with any changes to good practice guidance and legislative requirements. The provider was a member of a national homecare organisation which the registered manager told us was a further helpful source of advice and guidance.

Staff told us that they felt well supported and supervised by the registered manager and other senior staff. Describing the provider's approach to one-to-one supervision, one member of staff told us, "It's done in the office [and] is quite regular. I had one in October and [another] last week. I can bring up [any issues]. It's a positive process." Senior staff also conducted regular 'spot check' supervisions of each staff member's hands on care practice. Commenting positively on her experience of this system, one staff member said, "I had one ... a month or two [after I started]. The team leader can come in at any time. She was watching what I was doing. I did everything alright!"

Staff at all levels in the service worked closely together to ensure the delivery of effective care and support. For example, describing her relationship with her line manager one staff member said, "[Name] is lovely. Very understanding. I can always go to her and she will sort things out asap. We all help each other out. We are a good team." Talking positively about the office staff responsible for call-scheduling, a part-time member of the care staff team told us, "They work with me. They know the slots I can work and don't [try] to make me work earlier or later. They are flexible for those that need it [which] is good for the mums [like me]."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the importance of obtaining consent before providing care or support. 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. Describing their understanding of the MCA, one staff member said, "I've done online training. It's [there to ensure] clients have choice. We [always] ask people and give them a choice. I wouldn't force anyone to do anything they didn't want to do." Confirming the approach of staff in this area, one person said, "They don't start anything without asking me if it is okay first." The registered manager had a clear understanding of formal best interest decision-making processes and worked closely with other agencies whenever these needed to be considered for someone using the service.

People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "They get me my breakfast. I have cereal or porridge with a cup of tea. For lunch they make me a sandwich with a drink and a microwave meal. On the last call they make sure I have a drink to go to bed with." Staff were aware of each person's particular likes or dislikes and the importance of offering people choice. For example, one person told us, "They make my breakfast, lunch and tea. They are all superb cooks apart from .. one. I have a mixture of a microwave meal ... beans on toast, a prepared and cooked meal ... what I feel like ... they will get it for me." People's care records detailed any risks that been identified in respect of their nutritional requirements and set out preventive measures for staff to follow. For example, one staff member said, "If someone is not drinking enough, it is [written] in [their file] that we have to offer them a drink at every visit."

Staff continued to work proactively with a range of local health and social care services on behalf of the people who used the service, including district nurses, GPs and palliative care specialists. For example, one person told us, "When I was unwell they called the doctor for me straightaway." Describing the assistance they had given to one person who had recently returned home from hospital, a staff member told us, "[Name] was on a certain painkiller but it was changed in hospital. She still has [supplies] of the old one [which she prefers]. This morning I rang the GP to ask if she can go back on the old one. I am waiting for the GP to ring back. I wouldn't just do it [without checking with the GP first] as it is not on the hospital discharge summary." Talking about the provider's close relationship with one GP practice, the registered manager told us, "One lady doesn't always turn up for her doctor's appointments. They phone us and make us aware [of the person's next appointment] so we can remind her."

Is the service caring?

Our findings

Almost everyone we spoke with told us that the staff who worked for the service were caring and kind. For example, one person said, "They are all nice, caring and friendly. I can't fault them at all." Another person told us, "They are all nice and caring. Even the office staff." A relative commented, "They are wonderful carers. All really lovely and so caring towards us. It is a pleasure having them."

Describing her personal philosophy of care, the registered manager told us, "[I tell to staff] to go that extra mile and put a smile on a person's face." This commitment to supporting people in a compassionate, person-centred way was clearly understood by staff and reflected in their practice. For example, one staff member said, "I like looking after people. I find it rewarding ... sitting and talking. Some stories they tell are very interesting. This morning one chap was talking about the Grand National [and] a horse called Devon Loch [in 1956]. I found a video [of the race] on my phone and we watched it together." Describing the staff who supported them, one person said, "They cheer me up with their caring and jovial ways!" Another person commented, "At night before leaving, they make sure that everything is close to hand for me due to my disability, like drinks. They get a hot water bottle for me, close my curtains and lock up securely so I know I have peace of mind."

People told us of other ways in which staff met their individual needs and preferences, sometimes going above and beyond the formal requirements of the homecare contract. For example, one person said, "They will take [a bag of] stuff to a charity shop for me. I ask them to [drop it off] if they are passing one. They are always most happy to oblige [even though] they don't have to." Another person told us, "They get my shopping for me. I give them a list and money and they come back with any change and a receipt. They also take all my prescriptions to the chemist for me and make sure my heating is set at a nice level. I couldn't do without them doing [all] this for me." A staff member said, "We all go above and beyond. If you can, you do it. If a bed needs changing I'll do it. I've hoovered when .. it is not in my list of duties. If I have got five minutes, I'll do it." Talking about one particular person, the same member of staff told us, "One lady had to go into hospital [at very short notice]. I went back in and stripped the bed and did the washing. I wouldn't have wanted it to sit there [until she got back from hospital]." Describing the support staff gave to another person, the registered manager said, "Every day staff go to the shop [on their way to his house] and get his newspaper. A small thing to us but a big thing to him." One person said, "I cannot speak highly enough about them. They are all so caring and cannot do enough for me."

Talking to one of the directors of the company that owns the service, about why he had chosen the name LIBERTAS, he told us, "It means freedom. We try to encourage people to achieve a bit more freedom. A bit more independence." The owner's philosophy was clearly understood by staff, and reflected in the support they provided to the people who used the service. For example, describing how they encouraged people to do as much as they could for themselves and exercise as much control over their lives as possible, one member of staff said, "Some people like to do things for themselves. One lady who is 93 gets up to empty the bins. She is very independent [and] if she wants to carry on emptying the bins, carry on! It's good for her." Another staff member told us, "I don't [just] do things for people. I always ask what they want. One lady has three different nighties and I always ask which one she wants on." Confirming the approach of staff in this

area, one person said, "I do my own personal care washing. That is my choice, although they do offer and would if I asked them to." Another person commented, "They ask what I want and listen. If I want vacuuming doing ... they will. I can choose what I want them to do on the day when they come."

People also told us that staff supported them in ways that maintained their privacy and dignity. For example, one person said, "They close the door and hold a towel up for me when I am getting out of the shower. They are most respectful." Another person told us, "I have male and female carers but only the ladies shower me. If they are doubled with a male, they make sure the door is closed and I am never left with nothing on." The provider was also aware of the need to protect the confidentiality of people's personal information. People's care files were stored securely in the office, computers were password protected and the provider had provided staff with guidance on the use of social media platforms.

The manager was aware of local lay advocacy services. She told us some people using the service had had the support of an advocate in the past and that she would not hesitate to help someone seek similar support, should this ever be necessary in the future. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

The registered manager told us that she oversaw the handling of any new enquiries and referrals to the service. Stressing the importance of managing this process carefully she said, "We get an average of 5 or 6 referrals a week from [the local authority]. But if we haven't got [staffing] capacity, I won't do it. I stand my ground. It would be unsafe [if] we haven't got [staffing] availability." If the service did have the capacity to meet someone's requirements, the registered manager told us that a senior staff member normally met with the person and their family to confirm their requirements and agree an initial care plan. Talking positively of the provider's approach, one person told us, "I [had] full input and have also adjusted [my care plan] a few times with them with regard to call times. I have a copy here [in my home]."

The care plans we reviewed were simple but well-organised and set out clearly the detail of each person's care requirements for staff to follow. For example, one person's plan highlighted that they could be unsteady on their feet and had difficulty swallowing certain foods. Staff told us that they found the care plans helpful when providing people with care and support. For example, one member of staff said, "Everyone has a care plan. It tells you what to do at every call. They are very helpful, particularly on the first call." Another member of staff told us, "You only get the basics but [it helps you to] know what to expect. It's a start. You're not going in blind." Reflecting this comment, the registered manager told us she planned to review the content of the care plans to include more detail on people's life history to further assist staff in providing as responsive and person-centred a service as possible. Senior staff kept people's care plans under very regular review, updating and amending them in consultation with people and their families. Commenting positively one person told us, "[My care plan] was recently reviewed with me and my husband. It is good that they include my husband to make sure he is happy with it as well. We have a copy here with us."

Staff knew and respected people as individuals and used this knowledge to provide support in a responsive way that reflected each person's particular preferences. For example, one member of staff said, "One lady likes a whole tub of cream on her legs [but] others don't like a lot. [Another] lady likes black tea with the teabag straight in and straight out!" Describing another person, the same member of staff told us, "[She] rang the office and asked if they could ask me to pick up some cat food [on my way to her call]. The office rang me and I picked it up." Another staff member said, "Some people like to do jigsaws and I help them with that." This responsive, person-centred approach was clearly appreciated by the people who used the service. For example, one person told us, "They do treat me well. I have only had them a few months but all the ladies have got to know me and my ways very quickly." Another person said, "They are all very, very good. They know I love watching my TV and will ensure it is ... on a channel of my choice. They also know what I like to eat."

People who had a preference for care staff of a particular gender told us the provider took care to respect their wishes in scheduling their care calls. For example, one person told us, "I have a group of four or five ladies that come and I am happy with this. They have asked me if I minded a man and I stated I preferred ladies." Another person said, "I have male and female but am happy with either. I have told them this, as they did ask." All staff received 'equality and diversity' training and everyone we spoke with told us they felt

they were treated fairly and sensitively. For example, one person said, "I think [the staff] are all excellent and I have never encountered any discrimination at all."

The provider's responsive, person-centred approach was also reflected in the way staff worked alongside specialist agencies to support people at the end of their life. For example, following the death of their relative, a family member had written to the registered manager to say, "We are writing to express our gratitude for the care and help you gave to [name] and ourselves during his last illness. Your attention to detail and thoughtfulness has been much appreciated."

Most people told us that they were satisfied with the response they received from office-based staff if they needed to make any changes to their scheduled care calls or discuss any other issue. For example, one person said, "[Communication] is very good. The office staff listen and sort things out." Another person told us, "They were most responsive to my changing of times." The registered manager was unaware of the new national Accessible Information Standard but told us she would ensure the provider embraced it for the future. In the meantime, staff were aware of the importance of communicating with people in ways that met their needs and preferences. For example, talking of one person who had limited verbal communication, a staff member said, "I knew she was in pain. Her feet were tapping on the floor."

Information on how to raise a concern or complaint was given to people when they first started using the service. Most people told us they had no reason to complain. For example, one person said, "I have no complaints about ... how it is run at all." People who had raised a concern told us that they were satisfied with the provider's response. For example, one person said, "They kept sending different carers all the time. But they responded to my request for regular ones and now that's what I have." Another person told us, "I have only ever made one complaint about ... [a] carer who appeared as she couldn't care less. They dealt with it quickly and she has now left." Describing her approach, the registered manager told us, "It's down to communication. Letting people know if [we] are running late or if staffing has changed. I tell the [call schedulers] if you make a change you must ring people and make them aware. [And] if people phone up with concerns we deal with it." Reflecting this proactive approach, there had been no formal complaints in the twelve months preceding our inspection.

Is the service well-led?

Our findings

People told us how highly they thought of the service and the care they received. For example one person said, "They do a good job." Another person commented, "I would definitely recommend them. I do not know what I would do without them. They could not be any better. It's the best." However, despite people's positive feedback, we identified two areas in which the management and administration of the service required improvement.

Firstly, in preparation for our inspection, we reviewed the notifications (events which happened in the service that the provider is required to tell us about) we had received from the provider. We noted that, in the 12 months preceding our inspection there had been four allegations of abuse relating to people using the service which had been considered by the local authority under its adult safeguarding procedures. The provider had investigated and resolved each of these allegations to the satisfaction of the local authority. However, in two of the four cases, the provider had failed to notify CQC, as required by the law. The registered manager apologised for the provider's failure to notify us on these two occasions and took prompt action to prevent this happening again in the future.

Secondly, the provider had systems in place to monitor service quality. This included regular care plan, staff personnel and training audits. However, when we reviewed the provider's approach to the auditing of medicines management we found that senior staff only reviewed 20% of completed medication record sheets each month. This increased the risk that issues relating to the administration of some people's medicines could go undetected. The registered manager was quick to acknowledge this gap in the provider's approach and took immediate steps to review medicines auditing practice for the future.

The registered manager had an open and responsive leadership style which set the cultural tone for the service. Describing her approach the registered manager said, "I am quite hands on [and] wouldn't ask my staff to do anything I wouldn't do myself. I am very approachable and have an open door policy. [I like to] make sure everyone is happy." The supportive, accessible approach of the registered manager and other senior staff was clearly appreciated by everyone connected with the service. For example, talking of the registered manager specifically, one newly recruited member of staff said, "She's lovely. I haven't had to go to her [with an issue] but I would hope she'd listen [if I did]. She seems that kind of person." Talking of the deputy manager, another member of staff told us, "She [is] very helpful. I feel listened to. I don't have many issues but I am taken seriously [when I do]." Describing their own contact with the registered manager, one person commented, "[Name] is very nice when I speak to her." Another person's relative said, "Yes [the registered manager] came and reviewed [name]'s care plan with us. She was very understanding and nice."

The provider took care to promote the welfare and happiness of the staff team. For example, care staff, some of whom travelled by bicycle, were provided with waterproofs and fleeces to help them keep warm whilst out on their calls. At Christmas, staff had each been given a box of chocolates in appreciation of their work throughout the year. Commenting positively on this gesture, one staff member said, "I thought it was a nice touch." The registered manager had also introduced a staff reward scheme. She told us, "We give reward vouchers to staff who go the extra mile. We have a nomination form and [give out] about six

[vouchers] each month."

Reflecting the provider's caring, attentive approach staff told us they enjoyed their work and were proud to work for the service. For example, one member of staff said, "I love my job. There's a great atmosphere in the team. I've not had a problem with this company. I'm quite happy." Another staff member told us, "It's a good company to work for. I have had no issues at all. One lady stopped me in the supermarket. [She had noticed my uniform] and asked me how they were [as an employer]. I recommended then and [encouraged] her to given them a ring." Talking about the support she received personally from the owner, the registered manager said, "[Name] is very, very supportive. He lets me get on with things [but] if I need something he'll get it. You couldn't get a better boss."

Communication logs, team meetings and the call scheduling software programme were all used by the provider to facilitate effective internal and external communication. Talking positively about her experience of attending staff meetings, one staff member said, "We've had a couple recently. One was about sickness management. The times to ring in. Not leaving it till the last minute. It was helpful." Describing one of the features of the call scheduling software, the registered manager told us, "We can put a note on the system which [flags up] when we need to report back to family members who live far away. It gets quite a bit of use." Talking positively of their experience of the provider's approach to communication, a relative said, "It's very good. They do deal with any issues and always get back to me." Describing an improvement in this area since our last inspection, one person commented, "It has got better, their communication. They are in touch regularly now."

Although she had led the service for several years, the registered manager remained energetic and forward-looking and was fully committed to the ongoing development and improvement of the service. Since our last inspection, she had introduced a number of new initiatives, including the purchase of two pool cars which were available for staff to use if they had transport problems that might prevent them undertaking their care calls. The provider also maintained a 'continuous development' log which senior staff used to capture ideas for service improvement. One recent entry described a plan to ensure, in preparing staffing rotas, that care was taken to give staff days to enable them to observe any religious beliefs. Looking ahead, the registered manager told us that the provider was working towards a national quality award and had recently become involved in an initiative introduced by the local authority to trial a new approach to contracting. Describing the potential benefits of this pilot the registered said, "[Name] can cancel her lunch time call and save up the money for a day out instead."

To assist in this process of continuous service improvement, the provider conducted an annual survey of people and their relatives. We reviewed the results of the 2017 survey and saw that 90% of people surveyed had indicated they were satisfied with the support they received, very much in line with the feedback we received during our inspection. Following the survey, the provider had sent people a summary of the results together with a commitment to address the areas for improvement that people had suggested. These included additional staff training to improve recording in people's care plans and changes in call scheduling arrangements to improve staffing continuity.