

## A & L Enablement Services LLP

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

A & L Enablement Service is registered as a domiciliary care service which provides personal care support to people in their own homes. At the time of our visit the agency supported 17 people with personal care and employed 17 care workers.

We visited the offices of A & L Enablement on 29 September 2016. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

This service was last inspected in June 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service has 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. The registered manager was also the provider of the service

People felt safe with the staff that provided their care and care workers understood how to protect people from abuse and keep people safe. There were processes to minimise risks to people's safety, these included procedures to manage identified risks with people's care and for managing people's medicines safely. Care workers were properly checked during recruitment to make sure they were suitable to work with people who used the service.

The managers understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People said care workers arrived around the time expected and stayed long enough to complete the care people required. People told us care workers were kind and knew how people liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us they were supported by care workers who they knew and who had the right skills to provide the care and support they required. Care plans and risk assessments contained relevant information for staff to help them provide the care people required.

People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time. There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

## 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.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

### Is the service effective?

Good ●

The service was effective.

Care workers completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers respected decisions people made about their care. People who required support with their nutritional needs had enough to eat and drink during the day and people had access to healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind, who respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the managers dealt promptly with any concerns

or complaints they received.

### **Is the service well-led?**

The service was well-led.

People were satisfied with the service and said they were able to contact the office and speak to management if they needed to. Care workers were supported to carry out their roles and felt able to raise any concerns with the management team. The managers provided good leadership and regularly reviewed the quality of service provided.

**Good** ●

# A&L Enablement Services LLP

## 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. The service does not have a contract to provide care to people funded by the local authority. All the people who used the service either funded their own care or received direct payments so they could decide which agency to use. One person was funded by the health authority.

The office visit took place on 29 September 2016 and was announced. The provider was given three days' notice of our inspection visit so they could ensure they would be available and arrange for us to speak with care workers. The inspection was conducted by 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.

Before the office visit we spoke with seven people who used the service and four relatives by telephone. We sent email surveys to eleven staff, from which we received one response. We also contacted four health and social care professionals who used the service; feedback was received from three professionals. We used this information to help make a judgement about the service.

During our visit we spoke with four care workers, the assistant manager and the registered manager, who was also the provider for the service. We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how

the service operated including the service's quality assurance audits and records of complaints.

## Is the service safe?

### Our findings

All the people we spoke with said they or their relatives felt safe when the care workers were assisting them and that they felt 'at ease' when care workers were there. One person told us, "They have just been this morning and they helped me get ready, they are very nice, I've no complaints and I'm very safe with them." When asked if they felt safe, comments included, "[Relative] is very safe and at ease with them and they respect my space as well." People said they knew what to do if they did not feel safe, "I would ring up the office and speak to the managers."

The provider had a safeguarding policy and procedure to protect people from harm. This included safeguarding training for staff so they knew how to protect people from abuse. The provider also had a whistleblowing policy and procedure which meant staff knew they could share concerns about other staff's practice in confidence. All staff understood their responsibilities to keep people safe and protect people from the risk of harm or abuse. Care workers told us, "I have no concerns about the people I visit but I would report to the managers if I did." One care worker told us, "I have had training in abuse and safeguarding, any concerns at all I would refer them to the office, and they would refer it to social services if it needed to be." People told us care workers helped keep them safe and were observant of marks and bruises, one person told us, "They help to keep me safe. They pointed out a bruise to me and asked for the nurses to have a look at it." Another said, "When they help me wash, I'm dried properly, and they let me know about anything the doctor needs to have a look at." The registered manager understood their responsibility for reporting any allegations of abuse to the local authority safeguarding team and to us.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example some people needed equipment to move around and told us care workers knew how to use this. Relatives told us, "They are very strict about the way to lift or handle [relative] and they take no chances," another said, "[Relatives] ankle swelled and I did some lifting which they [care workers] said was not right. They explained this to me, as how to move people safely is very clear to them. I now know it's important to do this right."

Care workers knew about individual risks to people's health and wellbeing and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to move around and undertook checks of people's skin where they were at risk of skin damage. Care workers knew how to monitor people's skin to make sure it remained healthy. One care worker told us, "I always check during personal care to see if their bottom or any other areas are red. We apply creams if the district nurse has prescribed these. Any concerns I would record it, complete a body map to show where the area of concern was and report it to the office. I would also let the family know and phone the district nurse if one was involved. If not the office would do this." People confirmed this happened, one person told us, "They alert us to any marks and let us know to have it looked at. They help us nip things in the bud. [Relative] is dried properly and they take the time to do creams for his skin. We are both happy with them."

People told us there were enough care workers to deliver the care and support they needed as staff always attended their scheduled calls. People we spoke with said care workers arrived on time, and stayed long enough to complete everything people needed before they left. "Yes they arrive about the same time," "They usually phone if they are running late," and "We have never had a missed call." Care workers told us they always had enough time to deliver the care and support people needed. They said, "I have plenty of time allocated for each call, I have regular calls and this is not changed unless someone is off sick or on holiday." Another said, "I never have to rush. We always stay and do everything we have to before we leave." Care workers told us if they needed to stay with someone in an emergency, they called the office to make sure people were advised they had been delayed, or to advise people that another member of staff would be allocated to their calls. The managers were responsible for scheduling calls, and confirmed there were enough staff to cover all the calls people required.

The provider operated a call monitoring system for care workers to log in when they arrived at people's home, and out when they left. This system alerted the managers when care workers had not arrived at a person's home within a specified time of their agreed call time. The manager was able to monitor where staff were, and arrange alternative care workers to attend people's homes if staff were running late. Care workers were allocated travelling time between calls to minimise the risk of staff arriving later than people expected. Care workers were provided with mobile phones that linked to the call monitoring system. Information on mobile phones was password protected and the network secured to prevent information from being accidentally shared.

The provider had an out of hour's system when the office was closed. Care workers told us this reassured them that someone was always available if they needed support.

The provider's recruitment process ensured risks to people's safety were minimised. Recruitment procedures reviewed the character and values of staff, to ensure they were of a suitable character to work with people in their own homes. Care workers told us and records confirmed, they had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. The provider was reminded to record details of DBS checks; including dates these were returned, to evidence staff had been properly checked before working on their own.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped with this. Where care workers supported people to manage their medicines it was recorded in their care plan. People told us they were satisfied how they were supported to take their medicines, comments included, "They help me do my tablets and make a note in my log book, I get them at the right times" Another said, " I take tablets and I have a patch put on for pain relief. It's all done well."

Care workers told us, and records confirmed; they had received training to administer medicines safely. We found care workers did not have their competency checked before assisting people to take medicines. The registered manager told us an assessment of competency would be implemented to ensure care workers continued to support people safely.

Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. One care worker told us, "I was shown how to give medicines safely during my induction and I completed training before I was allowed to do this. I always check the blister pack (a dosage system that medicines are dispensed into by the pharmacist) against the

MARs before I pop the tablets out." Completed MARs were checked by care workers during visits and by managers during spot checks for any gaps or errors. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

## Is the service effective?

### Our findings

People we spoke with described an effective service, provided by competent staff and which enhanced their health and wellbeing. Typical comments included, "They are better quality than others and they have noticed the difference in me, my family have noticed as well. They look after me and help me look better, they let me know what they are doing as they help me and make sure I'm ok." Another said, "It's a more personal service with A and L, they are very professional and well trained. The staff are polite and have nice manners. They are not clock watchers and don't rush away. I've used them for about a year and it is working ok, it was all discussed and agreed with me when it was set up."

People told us staff had the right skills and knowledge to support them effectively. Comments included, "They are well trained," and, "Yes they know what they are doing",

Care workers told us they completed an induction, which included reading the provider's policies and procedures, shadowing experienced staff and completing training. People we spoke with confirmed new care workers shadowed experienced workers before working on their own. One person told us, "Sometimes they have a trainee shadowing to learn the job."

The managers told us the induction followed the principles in the Care Certificate, in as much as care workers completed modules related to meeting people's care and support and had their competency assessed to ensure they had understood the training. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Care workers told us following their induction and training they felt suitably trained to effectively support people. They told us, "We have regular training and updates. The training is good and supports us to do our job." Another said "I was shown how to use a hoist, how to check to make sure it's safe to use, and how to put the sling on properly. We had training in giving medication so we know how to fill in the MARs properly." Care workers told us the training was relevant to people's needs and gave them confidence in their practice.

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff working in care, this included moving and handling people, safeguarding adults from abuse, and medication awareness. Training records confirmed staff completed training and had their training refreshed in line with the provider's timescales. We found where some staff had completed specialist training in areas such as pressure area care, stoma care and dementia awareness, this was not always recorded on the training record. The managers confirmed they would make sure training records were up to date.

Care workers told us their knowledge and learning was monitored through supervision meetings with a manager and unannounced 'spot checks' on their practice. People recalled care workers having checks during their call, one person told us, "The boss does some shadowing and spot checks." The managers told us during spot checks they looked to see if care workers worked to procedures and training. They checked to see if care workers were dressed appropriately and had their ID badge. They also checked care plans and

made sure care workers recorded what they had done accurately. They said during observations of care workers they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the Act and told us there were people using the service who needed assistance to make decisions. The managers worked with health professionals and people's representatives to make decisions in their 'best interests'. We were told about one person whose capacity to make decisions had recently deteriorated, the managers said they would be referring the person to social services for a capacity assessment.

We asked care workers what the MCA meant, they told us, "It's about people making their own decisions." Another said, "It's about decisions and choices, everyone has the right to make their own decisions unless they lack capacity, then they need a best interest meeting." Care workers we spoke with said most people they visited could make everyday decisions for themselves, although some people required support and prompting to do this. Care workers we spoke told us they asked people for their consent before they provided care. A care worker told us, "I explain clearly and consistently what I'm there to do. I always double check they understand." We asked people if care workers asked for their consent before they provided care, people said they did. Comments from people included, "Yes, they do," and, "Yes they let me know what they are doing as they help me."

Most people told us that they or their relative provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation were satisfied with how this was provided. People told us "They do some breakfast and lunches and they do it as he likes, for instance he really enjoys soup at lunch so they make this. It's all nicely done and they tidy up afterwards and they don't leave a mess. They always ask if they can do anything else before they go." Another said, "They also make my meals. They do my breakfast and they give me a choice from my fridge and they prepare it." Care workers knew how to support people who needed food prepared in specific ways to minimise risks. For example, for one person who had difficulty swallowing, advice had been sought from the speech and language team and staff followed instructions and prepared a soft diet to reduce the risk of choking. Care workers said they always made sure people were left with hot or cold drinks of their choice before they left.

Most people we spoke with managed their own health care appointments, or had relatives who made appointments for them. Some people said care workers would support them to arrange or attend appointments if requested. One person told us, "I had to go to the hospital last Friday and they took me there. They are helpful that way." Care workers said they would phone a GP and district nurse if they needed to. Records confirmed the service involved other health professionals with people's care when required including district nurses, speech and language therapists and GPs. People were supported to manage their health conditions were needed and had access to health professionals when required.

## Is the service caring?

### Our findings

People and their relatives told us care workers were kind and caring, comments included, "They are excellent. They are very professional and well trained and do little things like using her name correctly and showing respect that way. I was trying to do too much myself, so their help is really good for me too." Another told us, "Yes, they are polite. They are respectful and they know the boundaries. He likes the banter. It's all done with dignity and they respect our privacy."

People told us the service was reliable, and their care was provided by regular staff who arrived on time. People said, "We are very pleased. They are very friendly and they are just really nice. We have about six [care workers] three who call less regularly and another three who are the main ones. They are all really pleasant and professional." Another said, "The staff are respectful and polite, they are generally on time and would contact me if they are running late." Another said, "They are really very good; it's a pleasure to see them. I'm easy going anyway but they make me feel very at ease when they call."

Some people told us they received a received a weekly rota which they particularly valued, comments included, "It was all agreed with us. We did not want people before 9 30am which they agreed and they give me a rota so we know who is calling. It's very useful to know this," and, "They send me a rota, that's really good and really useful. It's good as they can tell me early about any problem and how it will be covered."

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. People and their relatives said care workers spent time getting to know them and would often go the 'extra mile' to provide a sensitive, personalised service. Comments included "They are very, very good. They really go the extra mile to help [relative] and make it nice for them. Like when [person] had an incontinence problem, they made sure [person] was looking nice and that the bedroom and house were kept fragrant. They dealt with it all without any embarrassment for [relative]." "The carers know [person] and are all chatty, which helps to motivate him." And, "They do all [person] care with real feeling and they are marvellous, they do over and above the personal care which is lovely. The relative explained that the care workers had recommended a day centre where the person could socialise with others of a similar cultural background. "This has helped her emotionally as well as helping her physical needs. They went with her and got her involved, now she loves going. They have gone the extra mile because they felt she needed some more interest and contact with people, its stuff like that you just can't buy it, it's because they care from the top down."

People said their care was provided in a way that promoted and respected their privacy and dignity. People told us, "They are very good. I have been very pleased. I was a bit apprehensive about having care at first and particularly a woman giving me a shower. They knew from what was said that I thought I would be embarrassed, but I'm not, it's all done well." Another told us, "They are always respectful and polite. They are good at listening it's as if it was part of their training." A relative said, "Yes, they treat [person] with dignity and they are very considerate in the house. They check things with me as well." A care worker told us, "I make sure doors are closed and people are kept covered, never exposed. I put the person first and think of things from their point of view. I ask myself would I like this, if not I don't do it."

People said care workers had the right attitude and values to provide the care and support required. Comments from people included "One good thing is they are very choosy about who they take on, the staff have to really care." "Yes, they take the time to do it right. They all work well together." "I'm a bit lonely so it's nice to have the company when they call. They will chat and always ask if they can do anything else when they are going." "A and L, are very person-centred where the person and their family come first." The managers told us that during recruitment of staff they ensured prospective care workers had the right ethos and attitudes to work for the service. The registered manager told us, "We look for staff with the right values to work with older people."

We asked if people were supported to maintain their independence people told us they were. Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. The registered manager told us, "The service is a do with service rather than a do for. We involve people in every aspect of their care."

## Is the service responsive?

### Our findings

People told us their support needs had been discussed and agreed with them when the service started and the service they received met their needs, choices and preferences. Comments people told us included, "Before it was set up the lady came and assessed mum and set out the care plan. It was all agreed to us." "It's all done to my satisfaction and they know me well." "The family were involved at each stage and we were kept informed of this." "They call 4 times a day. It was all discussed and agreed with me."

Care workers we spoke visited the same people regularly and had good understanding of people's care and support needs. Care workers told us they had an opportunity to read care records and handover records at the start of each visit to a person's home. We were told, "We have time to read care plans and sit and talk with people so you get to know what they need and what they like," and, "We know about customers because we have time to read care plans and they are always up to date." The daily records provided staff with information from the previous member of staff about what had been carried out during the call. The handover records gave care workers additional information about changes in how the person was being supported, for example any recent concerns, or changes to medicines. Staff explained the daily records supported them to provide responsive care for people because the information kept them up to date with any changes to people's health or care needs. One care worker told us, "The handover sheet is a good idea; you no longer have to read through all the care notes to find out important changes. It also tells you what's been done. For example if it says GP contacted as person unwell, it will tell you if there had been changes in medication, like antibiotics." Care workers told us they referred any changes to people's care to the managers, and plans were reviewed and updated quickly so they had the required information to continue to meet people's needs.

People told us the service was reliable and responsive, "I've more confidence in A and L than other firms who helped me." "They phone to log in on arrival and they note their time in the book. They are generally on time; they've not let us down. They are reliable." "Yes their time keeping is good, they are right on time. I'm not left waiting; they will call me if they are going to be late. They also let me know who is calling." "They have fitted in around the early call times for me and it works well now."

Two health and social care professionals who used the service also found the service responsive to people's needs. They told us how the service provided, "a professional, caring, comprehensive and creative service for a number of service users with dementia". They went on to say A&L were different from other agencies, as they were much more pro-active if there were difficulties. They retained their staff which meant there was more consistency for the service users. They were prepared to work harder to gain confidence of their clients to be able to perform caring tasks, and were prepared to take on challenging situations. Another told us, every time they had used A&L they found them to be very accommodating to their clients, and always met their client's needs. When people's needs changed which they said at times could be very rapid due to the clients deteriorating mental health problems they always adhered to their needs and alerted them about changes in the care package.

We looked at the call scheduling system and the schedule of calls for the people whose care we reviewed.

These showed people were allocated regular care workers and calls had been scheduled in line with people's care plans. The provider used an electronic call monitoring system that logged the time care workers arrived and left people's homes. This allowed managers to respond quickly if care workers had not arrived around their allocated time. People said care workers arrived around the times expected and if their care worker was delayed they received a phone call to let them know.

Care workers were issued with mobile phones that linked to the call monitoring system for care workers to log in and out of people's calls. The phones were also used to inform staff about the care people required during the call. Information about people's care could be uploaded directly to phones to keep care workers up to date with the most recent changes in people's care.

We looked at three care records. Care plans provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed. Plans we viewed had been reviewed and updated as needed, so care workers had the information they required to meet people's needs.

People confirmed they were consulted and involved in making decisions about their care and support needs. "The care plan is now all set out and we are agreeable to it, they are very obliging if we want any changes." "They write it up in the book and leave me a note about how it's gone on each visit, their communication is good." "They've not recently gone through the care plan, but we chat on the phone and go through the times. We can change things or if they want to change anything they let us know."

We looked at how complaints were managed by the provider. People and their relatives said they would raise any concerns with the managers in the office. People told us, "I've had no complaints at all." "We've had no need to complain or change anything. We feel in charge of the care." "There have been no complaints, no accidents and no need to change any of the staff."

Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." Several people said they had contacted the office to raise minor concerns and these had been resolved to their satisfaction. Complaints and concerns were fully investigated by the manager to establish whether improvements to their service needed to be made. Records showed there had been no formal complaints received and where people had raised concerns these had been managed in a timely way by the registered manager and efforts made to resolve things to people's satisfaction.

## Is the service well-led?

### Our findings

People were very positive about the service they received, comments included, "They are the best team I've had. They are reliable, professional and very friendly." "They are wonderful; this firm is family run and lovely. It has a real family feel."

Everybody we spoke with said communication with the office and managers worked well. People told us, "It's easy to get in touch with the office; if it's closed there is a mobile number where you can leave a message and they get back to you. You can email them as well." Health and social care professionals told us, communication with agency staff was "excellent, which enabled good care to be put in place appropriately and care plans to be revised as necessary". They also said, "A&L communication is always very good, by this I mean they keep me in the picture and alert me if there are problems."

People thought the service was well managed. Comments from people and their relatives included, "They are wonderful." "I have done personal care work myself and this service is flawless. They do all her care with real feeling for her, they are marvellous." Comments from professionals included, "Of all the care agencies we deal with, in my opinion they are the best to deal with. They really understand dementia, and stick with things rather than giving up at the first hurdle." Another said, "Overall my dealings with A & L have been very positive and I have no concerns about the service they provide."

People were asked about the service they received during reviews of their care, telephone calls and at 'spot checks' on staff. Managers visited people in their homes to ask whether their care plan continued to meet their requirements and to check they were happy with the service. This enabled them to check on staff performance, and keep up to date on people's care and support needs. People were complimentary of the managers, one person told us, "[Provider] has helped us to get things done and she will always stop for a chat. She is really beyond the ordinary."

People said they were satisfied with the service; they could get in touch with the office if they needed to and the managers were available and approachable. "We can get them easily enough. We think they are a well-run firm." "We would certainly recommend them. They are well organised. They are very good, reliable and friendly." "Well comparing them to any of the others I have no complaints at all about these girls. I'm very satisfied."

The provider understood their responsibilities and the requirements of their registration. For example they knew what statutory notifications they needed to send to us. The provider was also the registered manager for the service. There was a clear management structure and the management team had defined roles and responsibilities.

Care workers told us they enjoyed their role. One told us, "Great staff always there for you, best care agency I have worked for in the last 24 years. Another said, "Fantastic agency to work for." The provider's vision and values were understood by staff. These values were to provide consistent, person centred, quality care.

Care workers told us they received regular support, supervision meetings and advice from managers via the telephone and face to face meetings. Staff were able to access support and information from managers at all times as the service operated an open door policy, and out of office hours 'on call' telephone system for advice and support. Care staff told us the 'on call' system worked well and people we spoke with told us there was always someone available if they needed to speak with them.

The provider used the call monitoring system to check that staff arrived within the expected time and had stayed the allocated time at each call. This enabled them to check people received the care they needed and whether there were any changes in people's needs or abilities that would need a care plan review.

The provider used a system of internal audits and checks to ensure the safety and quality of service was maintained. For example, the assistant manager conducted checks on medicines administration and care records. We reviewed a recent audit of care records; these showed records had been checked and care and medicines had been provided in line with people's care plans.

The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. Records confirmed people were asked for their opinions through spot checks, satisfaction visits, surveys and care plan reviews. We viewed a selection of surveys completed in 2016, responses showed people were happy with the service and additional comments from people included, "I would highly recommend this agency. You immediately feel part of a large family, which gives you peace of mind, knowing your loved one is cared for in the best possible way." Another said, "Wonderful service, adaptable to changing needs and very accommodating to our various requests."

Care staff we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Care staff said they were given information about the provider's policies during their induction and in the handbook they had received when they started working for the service. Staff told us the provider's policies supported their practice, for example, all staff said they would not hesitate to raise any concerns about the service under the provider's whistleblowing policy. Staff said the managers sent emails to let them know when policies were updated.

We asked care workers what worked well in the service; they all told us they felt supported and listened to. One care worker told us how their suggestion to introduce a handover sheet in people's homes to record concerns had been taken up and implemented by the managers. Another told us they liked the new phone system, "The new mobile phones we were given works really well, we now have easy access to information when we need it, and it's on the spot regarding the clients." We also asked care workers what could be improved, one care worker told us "Everything works well, but it would be nice to have a 'thank you' from the managers now and again, as we all work really hard."