Infinity Care Limited

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Inspection report

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Ratings

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

Overall summary

This inspection was announced and took place on the 18 and 20 August 2015.

Infinity Care is an agency which provides personal care and support to people who live in their own homes in Andover and the immediate surrounding areas. People who receive this service include those living with dementia and people with disabilities such as multiple sclerosis. At the time of the inspection the agency was providing personal care to 46 people. Care was provided by both carers who lived with people in their own homes when providing their care and domiciliary care workers. Domiciliary care is where care workers visit people in their homes to provide them with personal care.

Infinity Care has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe. Care workers understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm in their home had been identified and managed. People were supported by care workers who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Robust recruitment procedures were in place to protect people from unsuitable staff. New support worker induction training was followed by staff spending a period of time working with experienced colleagues to ensure they had the skills required to support people safely.

Contingency plans were in place to ensure the safe delivery of care in the event of adverse weather conditions and to protect the loss of people's information if a fire or flood effected the main office. Office staff were trained care workers and were able to be deployed to deliver care if care workers reported sick.

People were protected from unsafe administration of their medicines because care workers were trained effectively. Care workers had completed mandatory training to ensure people's medicines were being administered, stored and disposed of correctly. Staff skills in medicines management were reviewed on a regular basis by appropriately trained senior staff to ensure care workers were competent.

People were supported by care workers to make their own decisions. Care workers were knowledgeable about the requirements of the Mental Capacity Act (MCA 2005). The service worked with people, relatives and social care professionals when required to assess people's capacity to make specific decisions for themselves. Care workers sought people's consent before delivering care and support.

People were supported to eat and drink enough to maintain a balanced diet. People told us they were able to choose their meals and they enjoyed what was provided. Records showed people's food and drink preferences were documented in their care plans and were understood by care workers.

People's health needs were met as the care workers and registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain people's safety and welfare.

Care workers demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. The registered manager and care workers were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by care workers to make choices about their care including how they spent their day.

People had care plans which were personalised to their needs and wishes. They contained detailed information to assist care workers to provide care in a manner that respected each person's individual requirements. Relatives told us and records showed that they were encouraged to be involved at the care planning stage, during regular reviews and when their family members' health needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and care workers were encouraged to provide feedback on the quality of the service during regular care plan reviews, care worker spot checks or telephone calls to the office staff.

The provider's values were communicated to people and care workers. Care workers understood these and people told us these standards were evidenced in the way that care was delivered.

The registered manager, office staff and care workers promoted a culture which focused on providing individual person centred care. People were assisted by care workers who were encouraged to raise concerns with

Summary of findings

the registered manager and office staff. The provider had a routine and regular monitoring quality monitoring process in place to assess the quality of the service being provided.

Care workers told us they felt supported by the registered manager and office staff.

Summary of findings

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.

People were safeguarded from the risk of abuse. Care workers were trained to protect people from abuse and knew how to report any concerns.

There was a robust recruitment process in place. Care workers had undergone thorough and relevant pre-employment checks to ensure their suitability to deliver people's care.

Contingency plans were in place to cover unforeseen events such as fire or power loss at the office where personal information was stored.

Medicines were administered by trained care workers whose competency was regularly assessed by senior staff.

Is the service effective?

Good

The service was effective.

People were supported by care workers who had the most up to date knowledge available to best support their needs and wishes.

People were supported by care workers who demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA 2005). People were supported to make their own decisions and where they lacked the capacity to do so care workers ensured the legal requirements of the MCA 2005 were met.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. Care workers knew people's preferences regarding food and drink.

People were supported by care workers who sought healthcare advice and support for them whenever required.

Is the service caring?

Good

The service was caring.

People told us that care workers were caring. Care workers were motivated to develop positive relationships with people.

People were encouraged to participate in creating their personal care plans.

Relatives and those with legal authority to represent people were involved in planning and documenting people's care. This ensured that peoples needs and preferences were taken into account when developing their care plans.

People received care which was respectful of their right to privacy whilst maintaining their safety.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People's needs had been appropriately assessed. Care workers reviewed and updated their risk assessments on a regular basis with additional reviews held when people's needs changed. People were encouraged to make choices about their care and activities.

There were processes in place to enable people to raise any issues or concerns they had about the service. Any issues, when raised, had been responded to in an appropriate and timely manner.

Learning took place following complaints in order to reduce the risk of repetition.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a person centred culture which placed the emphasis on care delivery that was individualised and of high quality.

Care workers were aware of their role and felt supported by the registered manager. Care workers told us they were able to raise concerns and felt the registered manager provided good leadership.

The registered manager regularly monitored the service provided to assure quality and identify where any potential improvements could be made to improve the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on the 18 and 20 August 2015 and was announced. The provider was given 48 hours notice because the agency provides a live in and domiciliary care service and we needed to be sure that people and staff would be available to be spoken with.

This inspection was conducted by an inspector and an Expert by Experience who spoke with people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service; on this occasion they had experience of caring for someone using domiciliary care services.

Before this inspection we looked at the previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law.

The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the agency, what the agency does well and any improvements they plan to make.

During the inspection we spoke with two people, two relatives, the senior care coordinator, care coordinator and the registered manager. We looked at four care plans, two sets of daily care notes and five care worker recruitment files which included supervision and training records. We also looked at the care workers rotas for the dates 20 July to 16 August, quality assurance audits, four people's medicine administration records (MARS), the providers policies and procedures, complaints and compliments.

Following the inspection we spoke with a further six people, four relatives and four care workers.

The agency was previously inspected on the 23rd December 2013 where no concerns were raised.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe with the care workers who provided their care. One person told us,"I have live in carers and I feel very safe with them, I know who they are and I know which one I will get next". Another person said, "I get the same group of carers and feel very safe with every one of them". Relatives we spoke with also said they felt their family members were safe, one relative told us, "My father feels absolutely safe with his carers, he knows them all and loves to see them". Another relative told us, "She and I feel that she is 100% safe".

Care workers were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Care workers were knowledgeable about their responsibilities when reporting safeguarding concerns. The provider's code of conduct policy and employee handbook provided guidance for care workers on how and where to raise a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. Care workers received training in safeguarding vulnerable adults and were required to refresh this on a three yearly basis. People were protected from the risks of abuse because care workers understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. All people's care plans included their assessed areas of risk for example, mobility, environmental risks and people's moving and handling needs. Risk assessments included information about action to be taken by care workers to minimise the possibility of harm occurring to people. For example, some people using the service had restricted mobility due to their physical health needs. Information was provided in these people's care plans which provided guidance to care workers about how to support them to mobilise safely around their home and when transferred.

The provider's code of conduct also detailed the actions taken by care workers to mitigate the risk of people suffering from financial abuse. This guidance included that all financial transactions completed at the request of people would be documented within their service user notes books. All receipts and transactions would be signed by the person who had requested this additional support. Online shopping transactions, if requested by people, were completed by the office to be delivered to people's home addresses. We saw this was supported by an administrative assistant within the office. They would monitor how much people were spending, seeking to find cheaper alternatives where possible, liaising with care workers and people to see if alternatives were acceptable and maintained invoices of how much people were spending each week. When receipts were obtained as a result of financial support these were signed by the person to whom they related. This documentation process enabled scrutiny by the person's family and friends to minimise the potential risk of financial abuse. Care plans and associated risk assessments were stored within people's homes. This was to ensure care workers had access to all the information they required to support people safely. Care workers knew the particular risks associated with the people they supported and were able to discuss how they would care for people safely.

Robust recruitment procedures ensured people were assisted by care workers with appropriate experience and who were of suitable character. Care workers had undergone detailed recruitment checks as part of their application and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of support workers who may be unsuitable to work with people who use care services. People were kept safe as they were supported by care workers who had been assessed as suitable for the role.

There were robust contingency plans in place in the event of an untoward event such as a fire or power loss in the main office. People's personal records were electronically and securely stored in the office and at an external site. This meant that in the event of an adverse situation affecting the office the registered manager and office staff were able to access this information remotely. These processes ensured people's information was readily available if required. Care workers always had access to the most current information on how to best support people to stay safe. In the event of adverse weather this would only potentially affect care workers who provided domiciliary care. In the event of widespread staff sickness office staff

Good

Is the service safe?

were suitably trained in the delivery of people's care and were able to be deployed in order to meet people's needs. This plan allowed for people to continue receiving the care that they required at the time it was needed.

There were sufficient numbers of care workers available to keep people safe. Records showed rotas were created for people receiving domiciliary care on a four weekly basis. Where shortfalls were identified, due to care worker annual leave or sickness, other care workers were able to provide cover to make sure people received their care. The registered manager also provided personal care if required. People receiving live in care were supported by a minimum of three care workers. This allowed care workers to take regular breaks when required. In the event of a live in carer emergency there were sufficient available care workers on standby available to provide consistency of care.

People were happy with the support they received with their medicines. Where people were able to take their own medicine care workers ensured that this was done correctly. One person told us, "I look after my own medication and they (care workers) keep a check that I have done it properly". This was agreed by other people we spoke with. One said "They make sure that I take all my tablets and they write it down in my record book". A relative told us their family member needed help with their medicines, "They help him take his medication for pain relief and record it…they (care workers) are very meticulous". Care workers involved in administering medicine received additional training from external agencies to ensure they did so safely. Care workers were also subject to annual competency assessments to ensure medicines were administered safely. Before receiving care people had a medicine risk assessment completed. This identified the possible risks to people determining whether they could safely store and administer their medicines independently or required additional support. There were policies and procedures in place to support care workers and to ensure medicines were managed in accordance with current regulations and guidance. Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these medicines are known as controlled drugs or medicines. If required only senior care workers would administer and document accordingly. Care workers were aware of the risks of people administering their own medicine and ensured when inconsistences were identified action was taken to address them. It was noted by a care worker that the level of someone's controlled oral medicine was lower than anticipated. They reported this to the office and action was taken to identify when the additional medicine was being taken and appropriate healthcare professional advice sought. Records and discussions with care workers evidenced care workers had received training in the administration of medicines and their competency was assessed by office staff on a regular basis.

Good

Is the service effective?

Our findings

People we spoke with were positive about care workers ability to meet their care needs. Relatives and people said that they felt care workers were well trained and had sufficient knowledge and skills to deliver care. One person we spoke with said, "My carers know exactly what to do, they are very polite and courteous and always put me first". Another person told us, "My live in carers are well trained; they know how to do everything I need". A relative told us, "The carers have to be well trained and are".

New care workers received an effective induction into their role with Infinity Care. This induction included a period of shadowing to ensure they were competent and confidence before supporting people. Shadowing is where new care workers are partnered with an experienced care worker as they perform their job. This allows new care workers to see what is expected of them. Live in care workers were employed who had previous live in care experience. The registered manager and the office staff would speak with people who requested live in care to identify what skills and experience they wanted from their care workers. This information was then used to identify care workers with the particular skills and experience requested. Care workers were introduced to people on a trial basis which meant people were in control of who they wanted to live with them in order to provide their care. People told us they were well matched with care workers who had the necessary skills, knowledge and experience to effectively meet their needs.

All care workers had received training in areas such as moving and handling, medicines, food hygiene and First Aid to enable them to carry out their role. Care workers were also encouraged and able to ask for additional training in areas that interested them. During the inspection one care worker was receiving additional training to become a trainer in particular aspects of personal care. This had been encouraged and the training was in an area of work this care worker had enjoyed working within using previously acquired skills. All care workers were provided with an 'Employee Handbook' and 'Code of Conduct' when they started work for the agency. These contained detailed information about the medicines policy, people's right to privacy and dignity and details of who to contact in the office if assistance was required. Care workers told us they read and understood the contents of these guides and knew what the provider required of them. New care workers were provided with the guidance and information they needed to enable them to undertake their duties safely.

People were assisted by care workers who received support in their role. There were documented processes in place to supervise and appraise care workers to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help care workers develop in their role. Care workers told us and records confirmed supervisions occurred every two to three months. This process was in place so that care workers received the most relevant and current knowledge and support them to be able to conduct their role effectively.

People were supported to make their own decisions. Care workers were able to identify the principles of the Mental Capacity Act 2005 (MCA 2005) and demonstrated they had complied with legal requirements. The registered manager told us if care workers had any concerns regarding a person's ability to make a decision the agency would work with people, their relatives and other social care professionals to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act 2005 (MCA 2005) Code of Practice which guides staff to ensure practice and decisions are made in peoples' best interests.

Care workers were able to describe the principles of the MCA and when a best interest decision would be most appropriate. Best interest decisions are made when someone no longer has the capacity to make a specific decision about their life. In these circumstances people who know the person or who have been appointed by the court to make such decisions are involved in discussing and deciding what would be in the person's best interests. Care workers were able to discuss the importance of giving people choice in how they chose to live their lives. They identified when additional support was required for people to make decisions due to a lack of capacity that the involvement of friends and family with power of attorney would be required.

People and their relatives told us people's consent was sought before care was delivered. People told us, "They (care workers) certainly know what they are doing and always ask me if it's alright to do things". Relatives told us,

Good

Is the service effective?

"They (care workers) always ask my father's consent before they do anything". We saw that care workers assisted people to make decisions and sought their consent before delivering their care.

People praised the food provided. People said care workers cooked their meals and supported them effectively at mealtimes. Relatives and clients told us that they had the food of their choice, one person told us "The food they (care workers) provide for me is lovely". Another person and relative told us, "They (care workers) prepare my meals for me and always give me choice". Care plans detailed people's personal food preferences enabling care workers to prepare meals that were enjoyed. When people had been identified as losing weight food and fluid charts were completed. These were completed fully to ensure people were receiving the food necessary to regain and retain a healthy weight.

Care workers were available to support people to access healthcare appointments if needed. One person told us, "They (care workers) do arrange my GP appointments for me and come with me". A relative said, "They (care workers) also arrange any of his doctor's appointments". People's care records included evidence the agency had supported them with access to district nurses and other healthcare professionals based on their individual needs. A domiciliary care worker had identified a red mark on a person's skin which they believed to be the start of a pressure ulcer. A pressure ulcer is an area of skin where the underlying tissue has become damaged because of pressure and friction.These can occur for people whose mobility has been restricted as a result of injury or physical disability. Records showed that this person had been supported to receive visits from the district nurse which had prevented the red area developing into a pressure ulcer.

Good

Is the service caring?

Our findings

People experienced comfortable and reassuring relationships with care workers. Relatives and people told us that support was delivered by caring staff. One person we spoke with told us, “The care I get is very good, they (care workers) listen to what I say and treat me with real respect”. A relative told us, “The care she gets is excellent, they (care workers) are very patient and treat her with total respect”. Another relative said, “They (care workers) always come with a smile and brighten our day”.

Positive and caring relationships had been developed by care workers with people. People were provided with care workers to support them in line with their personal preferences which included male or female care workers. People were able to change their live in care worker when required without delay. This allowed people to retain an element of choice in who they wished to be providing their care. Before any new care worker began to provide live in care there was a handover with the care worker. This meant people were provided with the opportunity to see if they felt they would be able to work with the care worker who had been provided.

People’s care plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People’s care plans included information about what was important to them such as their hobbies, favourite TV shows, how people wished to be addressed and what help they required to support them. Care workers and the registered manager were able to tell us about people’s interests, preferences and hobbies. People and their relatives appeared happy when speaking with the registered manager and the care workers. Conversations held were familiar and personable to the individual. People were supported by care workers who were caring in their approach.

People who were distressed or upset were supported by care workers who could recognise and respond appropriately to their needs. Care workers knew how to comfort people who were in distress. A care worker described how one person could become upset. The person was unable to communicate all of their needs verbally and would become frustrated. The care worker told us how they would react to this person’s distress appropriately. This involved going to the person and offering reassurance by massaging their back and talking softly to them until they had calmed down and were no longer upset.

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people were regularly asked if the care they were receiving was meeting their needs or if changes were required. Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or how they would like to spend their day.

People were treated with respect and had their privacy and dignity maintained at all times. Policies were in place and understood by care workers which detailed people’s right to privacy and to be free from intrusion or unwelcome attention. When people requested time alone away from care workers this was respected. Care workers told us when family members were visiting people they would leave the room to provide them with privacy. The employers handbook, which was given to, read and understood by care workers, provided detailed guidance and support regarding how to treat people with dignity. Records detailed the actions to be taken by care workers when assisting people with their personal care and dressing needs to maintain people’s dignity. These were known by care workers and we saw this being followed in the delivery of people’s care as people were provided privacy during personal care . People and relatives told us that they were treated with respect by the care workers. A person told us, “The care provided to me is excellent, I cannot fault it, they (care workers) always treat me with respect and help me to maintain as independent as possible”. A relative told us, “My father gets excellent care from his carers."

Good

Is the service responsive?

Our findings

People we spoke with told us the care workers took time to know who they were and addressed them as individuals. People were engaged in creating their care plans and relatives were able to contribute to the assessment and planning of the care provided. One person told us, "I was directly involved in the original planning and reviews". A relative told us, "I was involved in the planning for my father's care with social services and the care service".

People's care needs had been fully assessed and documented by the registered manager and senior carer before they started receiving care. These assessments were undertaken in people's homes to identify their support needs and care plans developed outlining how their needs were to be met. People's individual needs were routinely reviewed every six months and care plans provided the most current information for care workers to follow. People, care workers and relatives were encouraged to be involved in these reviews to ensure people received personalised care. Relatives with a power of attorney to assist in the decision making process were informed when care plan reviews were happening to ensure they could be present. A person with a power of attorney has the legal authority to make decisions on people's behalf. A relative told us, "I was involved in the original planning and we check his progress on a regular basis". When identified that there had been a change in people's health care needs this was recorded and actioned appropriately. Records showed a person's moving and handling risk assessment had required amending after concerns raised by a care worker. This person was at risk of experiencing falls whilst using a piece of equipment to help them stand. A further risk assessment was completed which identified the need for this person to use a hoist to assist with their care. This was accommodated and the person's care plan updated accordingly. People were receiving care which was reviewed regularly to ensure it remained relevant to their needs.

Care workers employee handbooks detailed the need to help people to participate in as broad a range of social and cultural activities as possible. Care plans detailed people's particular social interaction needs. One person's care plan specified they enjoyed walking around the local town. Records showed this person was being encouraged and accompanied to do so safely. The registered manager held regular meeting events at the agency's office in order to bring people, relatives and care workers together. These included coffee mornings every couple of months and they had recently held their second fish and chip shop lunch for people. Wheelchairs were arranged by the registered manager through a charity to ensure more people could attend. An annual BBQ was also held at a local village hall. Care workers were encouraged to collect people and bring them to the offices in order to participate and were paid for their time. People participated in activities such as a free raffle and sing-alongs. These had been well attended and pictures could be seen in the office of people enjoying these events.

People were actively encouraged to give their views and raise any concerns or complaints. People and relatives told us they knew how to make a complaint and felt able to do so if required. People were confident they could speak to their care workers or the registered manager to address any concerns. The registered manager highlighted to care workers and people the need for open and honest communication. This was particularly important as care was being provided by domiciliary and live in care workers. The provider's complaints procedure was available in people's care plans and listed where people could complain. It included contact information for the provider and the Care Quality Commission. Time scales for a response to complaints were also specified. People told us they knew were to complain if required and that the registered manager would deal with effectively. One person told us, "If I have a problem I always text the manager", others said "We have no reason to complain" and "I have never had to complain". The provider documented complaints within people's care plans and their computer system so they were accessible to review. One complaint had been received in the last year regarding the attitude of a staff member. We saw the complaint had been raised, investigated by the company secretary and responded to appropriately with action taken to prevent a reoccurrence.

Good

Is the service well-led?

Our findings

The registered manager promoted an open and responsive culture at Infinity Care and actively sought feedback from people using the service, their relatives and care workers. People knew who the registered manager was and were confident in her ability to manage the service and address any concerns. People told us, "I am very happy with the service I get, it is well managed and the office are very helpful". The registered manager was able to demonstrate she had a very good understanding and knowledge of the people the agency supported. People told us they were very happy with the quality of the service provided.

The registered manager promoted a positive, supportive and inclusive culture within the service. One care worker told us, "She's (registered manager) very, good, very, very good". The registered manager told us they had an 'open door' policy which meant they were always available to be spoken to by care workers, people and relatives. Care workers felt the registered manager's willingness to assist in the practical delivery of care also helped them to feel supported. One care worker told us, "They agency is well led, 100%, she (the registered manager) is easy to get on with and can be quite firm if things don't go quite right, she is easy to talk to…very helpful and will guide you in the right direction".

People, their relatives and care workers told us communication with the agency was easy and that office staff were always in a position to assist. People told us, "The office is very helpful and I get a fast response, I like communicating by email and text, it makes my life easier." The agency operated an on call out of hours facility which was available to people, relatives and care workers to raise any concerns or request support. The registered manager demonstrated good management and leadership by being easily recognisable and approachable to people, relatives and care workers.

In November 2014 the registered manager had won a nationally recognised award as The Care Manager of the Year. This was independently organised by the United Kingdom Homecare Association (UKHCA). The UKHCA is the professional association of home care providers from the independent, voluntary and not for profit and statutory areas. It promotes high standards of care. People using services, healthcare professionals including doctors and nurses and care workers had to register their nominations and evidence via the internet or a completed nomination form as to why the registered manager deserved the award. This was in recognition of her dedication towards people who use the service who receive personalised, high quality care. The registered manager told us of this award, "One of the proudest achievements of my life, I was speechless. I had absolutely no idea what had been going on. I do what I do because I love and care about all the clients and staff."

The provider had a set of written values for the service outlining the principles and values of care required of care workers. These were given to people when they started receiving care. These core values were detailed in the providers 'Mission Statement' and the employee's handbook, 'Our Principles and Values'. These included the provider's aim to provide exceptional domiciliary and live in care, supporting peoples independence and treating people as care workers would want to be treated. This information was provided to care workers when they were recruited by the agency. Records showed these values were reinforced with care workers through their supervisions and reviews to ensure they remained at the core of how care was delivered. A care worker told us, "She (the registered manager) tells us we have to go the extra mile". People told us care workers were displaying these values when delivering their care. One person told us, "My carers are excellent, if I have a problem they will always try and solve it, they will always go the extra mile for me". Another person told us, "The carers provide an excellent service, nothing is too much trouble they (the care workers) even post letters for me".

The registered manager was keen to promote a culture which focused on people's experiences and sought information on how they could improve the service people received. Feedback was sought from people during regular care plan reviews and from care workers during their team meetings. At the time of the inspection no negative feedback had been obtained during regular reviews. One person told us, "I am very happy with the service, I can't fault it, they (the agency) will cater for any changes I want to make at anytime". A relative told us, "We are very happy with the service, the office is very helpful and will go always go the extra mile for me". Records showed that when suggestions had been made by care workers this information had been acted upon. Team meeting minutes were viewed which showed suggestions had been made to amend the medicine administration records and care worker log books. These suggestions had been made to

Good

Is the service well-led?

make it easier for care workers to complete. We saw these amendments had been made and care workers were completing this documentation fully. People, their relatives and care workers spoke highly of the registered manager and the quality of the care provided. They told us they had a high degree of satisfaction with the agency. Care workers identified what they felt was high quality care and knew the importance of their role to deliver this. One care worker told us, "She (the registered manager) leads from the front, she'll go out there and do it and that's what I like". Care workers were motivated to treat people as individuals and deliver care in the way people requested and required. We saw interactions between the registered manager, care workers and people were friendly and informal. People were assisted by care workers who were able to recognise the traits of good quality care and ensured these were followed The quality of the service people experienced was monitored through regular care plan reviews, spot checks and observations of care workers in their roles by the registered manager and senior carer. The provider conducted audits on the quality of the service provision. The results of these quality assurance audits were used to improve performance. Records showed audits such as those of all care plan documentation and medicine administration records (MARs) were carried out and when actions identified these were completed. A recently MARs audit identified that care workers were completing MARS sheets when they were not always appropriate. For example, when people were receiving assistance to take their medicines from their family. It was identified that this could lead to recording errors so a new medicine policy was introduced so that it was easier for care workers to document when they had been actually been involved in supporting people with their medicines.

People were regularly asked their opinions about the quality of the care provided. The registered manager monitored the quality of the service by completing care plan reviews with people. A selection of these were viewed. People were asked to provide their level of satisfaction in key areas including, the care package provided, the quality of the care service, confidentiality, contact with the agency and asked to provide an overall assessment score. Comments on the completed forms from people included that care workers were 'excellent' and 'brilliant' in their thoroughness in their care delivery. All the people we spoke with during this inspection commented that the care was "very good" and "excellent".