Compassionate Care Team Ltd

# Compassionate Care Team Limited

## Inspection report

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Date of inspection visit:
25 May 2016

Date of publication:
08 September 2016

## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Good** |

# Summary of findings

## Overall summary

This inspection took place on 25 May 2016 and was announced.

Compassionate Care Team is a domiciliary care service which provides personal care and support to people to enable them to live independently in their own home. At the time of inspection 94 people were receiving personal care from the service.

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.

Where required, people received the support they needed to manage their medicines, although the records used did not always detail the individual medicines people took.There were enough staff to ensure that people received their calls and meet their care needs, but calls maybe cut short if staff deployment had to be altered at short notice.

Staff took the necessary steps to keep people safe and understood their responsibilities to protect people from the risk of abuse. Potential hazards were identified and detailed plans were in place to enable staff to support people safely.

Staff were provided with the knowledge and skills to care for people effectively although training was not always updated in a timely way. People received the support they required to have enough to eat and drink. People were also provided with the support they needed to enable them to have access to their GP and other health care professionals when they need them.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) The provider was aware of the principles of the MCA and how this might affect the care they provided to people. People's consent was sought before care was provided by staff when they visited.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People's care plans provided information about their basic care needs, but did not always contain such detailed information about any specific medical conditions people may have and the implications of this for the support being provided. Communication structures were in place, but these did not always work effectively meaning that staff had sometimes arrived at people's home without having been given all of the information they needed. People felt able to make a complaint and knew how to do so.

The culture of the service was open and the registered manager was working on better ways to discuss issues and deliver clear and consistent messages to the staff team. However, people were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People received the support they needed to manage their medicines, although the records used did not always detail the individual medicines people took.

Each person received support from suitable staff that worked with them regularly, however calls may occasionally be cut short in the event of staff cover being needed elsewhere.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to both inside and outside of the organisation.

Risks to people's safety were assessed and staff followed the risk assessments that were in place.

### Is the service effective?

**Good**

The service was effective.

People received support from staff who had the appropriate skills and had received training related to their specific care needs, but this training was not always updated when needed.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people,

People received the support they needed to ensure that they ate and drank enough.

People were supported to make and attend appointments with healthcare professionals when needed.

### Is the service caring?

**Good**

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about the care and involved in reviewing the service they received.

People's dignity was maintained by staff who understood the importance of this.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People's care plans did not always contain detailed information about any specific medical conditions people may have and the implications of this for the support being provided.

Communication structures were in place, but these did not always work effectively

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

## Is the service well-led?

**Good**

The service was well-led.

There was a positive, friendly atmosphere at the service.

People were supported by a registered manager and staff team who each had a clear understanding of their role.

There was an effective process in place to check on the quality of the service.

# Compassionate Care Team Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 May 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with twelve people who were using the service, eight relatives, seven members of the staff team and the registered manager.

We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and quality audits carried out at the service.

Requires Improvement

# Is the service safe?

## Our findings

Systems were in place to identify the medicines that people took and the support staff needed to provide to ensure each person received the medicines dispensed by their pharmacist. However, where the pharmacy dispensed peoples medicines into blister packs, the MAR charts we saw identified the medicines to be taken as "Dosset Box" rather than listing each individual medicine. This meant that staff may not be aware of any changes to the medicines people took or the side effects of existing medicines.

The care plans we looked at contained information about what support, if any, people required with their medicines. Some people only needed a reminder of when to take their medicines, whilst other people required staff to prepare their medicine for them. Staff provided the level of support each person needed to take their medicines. People and their relatives were confident that staff gave provided the assistance people required with their medicines, with one relative saying, "[My family member's] medicines are all in a blister pack and the staff give them as good as gold."

Medication administration records (MAR) were completed to confirm whether or not people had taken their medicines. These were returned to the office at the end of each month and checked to ensure that medicines had been given as prescribed. If the records had not been fully completed, the registered manager followed this up with the relevant member of the staff team so that they could be sure that people would receive their medicines correctly. Staff were able to correctly describe different levels of support people required and the procedures they followed when assisting people. Observations were also carried out to ensure that staff were competent to support people with their medicines. All staff received training and support before administering medicines and this was updated periodically.

People told us there were enough staff to keep them safe, although they did not always know which staff member would be attending each of their calls as they did not always receive a staff rota. While one person told us, "I have different people come to see me, so continuity can be an issue, and they don't always stay the full time," another person said, "I have the same regular staff, unless they are on holiday and they are always on time and un-rushed." Relatives we spoke with had a mixed view. Some told us that they thought there were always enough staff available with one relative saying, "They always turn up at about the same times each day, I've no worries there." However, other relatives told us how the timing of calls could fluctuate and there had been instances of missed calls.

Staff also felt there was enough staff available to keep people safe and meet their needs. One staff member we spoke with said, "Yes, we have enough staff and I usually have time allowed to drive between calls without rushing." Another staff member said that they routinely had the same calls to make each day, and there was sometimes even enough time to do a few extras for people, like peeling some vegetables if they wanted any prepared for their dinner. Some staff also told us that on occasions they had to cut calls short in order not to be late at the home of the next person they were supporting, especially if call runs had to be changed at short notice due to unforeseen circumstances.

The registered manager told us they felt that there were sufficient staff to support those using the service at

the time of our inspection, although more staff were being recruited so that there were enough staff available to cover for holidays over the summer. There was no system of automated alerts to record the arrival time of staff and amount of time staff stayed on each call, but staff recorded these and the record was reviewed at the office to ensure that people were receiving their service at the times agreed. Records confirmed that there were very few missed calls.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. The files we checked had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us they felt safe when staff visited them to provide their care. One person told us, "The staff make sure I am safe. They come to check on me a couple of times a day." Another person explained to us that they felt safe, saying "(The staff), keep me safe – they always lock the door when they leave." We spoke with a relative who told us how they felt assured that their family member who lived alone was safe because the staff from Compassionate Care visited them several times each day.

Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had occurred. One staff member told us, "Any abuse is wrong and if I thought anyone was being abused, I would get in touch with the registered manager straight away." Staff we spoke with had been provided with training to ensure that they understood the different forms that abuse may take and also a copy of the safeguarding procedures so that they knew how to act in the event that they had concerns about someone's safety. Staff had confidence that the registered manager would act to ensure that people were safe, but also knew how to escalate their concerns outside of Compassionate Care Team, to the local authority or CQC if they felt that the person remained at risk.

As was recorded on the PIR, we saw that there was information in people's care plans about how to provide support to reduce the risk of harm to themselves and others. This information accorded with how staff described they acted to keep people safe. The registered manager explained to us how they would consult with the local authority safeguarding team over any concerns that they had. This demonstrated that there were systems in place to protect people from avoidable harm.

The people and relatives we spoke with were satisfied with the way in which risks to their health and safety were managed and their freedom was respected. One person told us, "The staff all know how to keep me and those that live with me safe. They follow the instructions in the file and we are okay." Another person showed us the alarm pendant that they have to call for help if they need and explained how staff always made sure it was within their reach before they left. We also spoke with a relative who told us that they felt any risks had been identified so that their family member was safe. Other relatives also confirmed to us that staff never attempted to use equipment that needed two staff when they were alone

Staff were able to tell us how their actions at work contributed to keeping themselves and those they supported safe. One staff member told us, "I know what (equipment) to use and how to use it," while another described how they used personal protective equipment to prevent the spread of infection. The staff member also told us how they always considered the person's safety when working in someone's home and would ensure any new risks they identified were either resolved or reported to the registered manager. The staff we observed working, wore a clean uniform and demonstrated the correct use of personal protective equipment while they supported someone to prepare their lunch.

The registered manager had recorded on the PIR the measures they took to identify and reduce risk to people and to staff. This accorded with the records we saw and showed that the registered manager ensured that each person's property was visited prior to any care being provided to assess potential risks to people's health and safety. This information was recorded in people's care plans and was reviewed regularly, being updated if needed. People had signed the risk assessments to indicate that they had agreed with the measures outlined to reduce any risks. We saw that accidents were recorded and reported to the office. Actions were taken to ensure that any risk of reoccurrence was minimised.

Good

# Is the service effective?

## Our findings

The people we spoke with told us they were well cared for by staff who were competent enough to meet their basic care needs. One person told us the staff had the skills needed to meet their care needs saying, "The staff have training when they start and then come along to watch my usual carer – they call it shadowing." Another person explained to us that they had complex medical conditions and while they were confident in the basic level of training staff received, they felt that staff did not always fully understand how some of their conditions impacted on their daily life. Relatives we spoke with felt, in the main, that staff had the knowledge and skills they needed to carry out their roles and responsibilities.

Most staff we spoke with felt they had good support and training. One staff member told us, "The training is good and it is shared around. If you want training in anything you only have to ask and it is provided for you." Another staff member we spoke with told us about the training they had received when they started, listing off the courses they had attended and adding that they were also shown how to use specific pieces of equipment in people's homes. They told us that, "Bouncing off other staff and learning from the way that they worked," was also important to ensure people received consistency of approach from the staff supporting them. Other staff were less complimentary about the initial training, saying that it was too rushed and brief, but that they had learned well during their period of shadowing.

The registered manager described how they monitored staff training needs to ensure that staff received the training they needed and the records we looked at confirmed that staff had attended the courses they required when they commenced employment. However, where training needed periodic updating, these courses had not always been arranged for staff to attend. We did not see evidence or hear from staff that learning from training events had been checked.

The staff we spoke with told us that there was always someone to talk to for advice and support at the office if needed. Just as was recorded on the PIR, they told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed that supervision was provided regularly and addressed any issues staff raised. The registered manager also ensured that they periodically undertook observation of staff practice, however not all of the staff we spoke with saw this as forming part of their support.

People were able to be involved in making decisions about their care and provided consent where possible. Alternatively, relatives were involved in decision making where the person was not able to be involved themselves. People we spoke with confirmed they had provided consent for staff to care for them, signing each page of their care plan accordingly. One person described to us how the registered manager met with them before they began to use the service to talk with them about what they wanted and wrote it up into a care plan. We also spoke with a relative who said that they had been involved in writing and checking their family member's care plan before they began to use the service to ensure that their family member was being cared for in accordance with the persons wishes.

Staff had received training which covered the Mental Capacity Act to ensure that they understood what this

legislation meant for the way that they supported people. For example, staff members told us how they always asked people before supporting them and saw this as important. One staff member told us, "You have to know people and learn how to ask people at the right time and in the right way." Another staff member explained to us how a person's capacity to make a decision can fluctuate and explained, "But by keeping a small team of staff supporting the person, they are able to feel reassured that they could say 'no' if they wanted to." During our inspection we saw staff ask people before they provided them with their support. We also saw that staff called out on arrival at a person's home to make sure that the person was happy for them to enter.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The care planning records we looked at showed little reference to a person's capacity. However, staff spoke confidently about people's capacity and the need for a person to either give their consent or for the decision to be made in their best interest, following the correct process.

People were supported to eat and drink enough to keep them healthy. One person told us, "They will make me up what I want to eat, I tell them what I want and they get it out and prepare it for me." Another person confirmed this saying, "They make up whatever I want for my lunch, just as I want it and tell me what is about to go out of date in the fridge so I can choose and not waste food." A relative confirmed that staff shopped wisely and always bought food with a long date so that there was always a good range of food available for their family member to choose from. People also told us how staff left a drink for them as they left so that they were not thirsty before their next call.

Staff told us how they ensured that people ate and drank enough, recording what had been offered in the care planning records. One staff member told us, "Some people like us to have a cuppa with them while they eat, and others like to eat while we clear away. Getting this right is important so that the person eats well." Another staff member told us how they always recorded what they had made for people to eat and drink and how much they had consumed so that any changes to people's appetite could be noticed over time in case they became unwell.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor's appointment. Where people wanted assistance from staff to make or attend healthcare appointments, this support was provided. This ensured that people had access to the healthcare professionals they needed at the right time. People told us that staff were observant and looked for changes in their condition. For example, one person said "They make sure they check my skin. Strangely enough we had been talking about it and three days later they found a red area. They applied my cream though and we caught it in time." Relatives we spoke to were confident that people had access to any support they needed to maintain their health and told us how, if staff had any concerns, they used the care records and left notes for family members or rang them so that advice could be sought.

Staff described how they would respond if they felt someone needed to see their doctor or attend a hospital appointment. They told us how sometimes appointments had been made that they would support people to attend. On other occasions, they may need to support people by making the appointment that they requested. Staff explained to us how they recorded and made the registered manager aware of any changes which might be needed to a person's support plan as a result of an appointment with a medical practitioner. We were also told by staff how they would have no hesitation in ringing a person's doctor for advice, or 999

for an ambulance, if they felt that this was required at any time.

The care plans we looked at confirmed that people received regular input from healthcare professionals, such as their GP or district nurse. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans. For example, one person had been referred to the Falls Team for advice after they sustained a fall in their home. The advice from was recorded so that staff were aware of how they might prevent the person from having further falls.

Good

# Is the service caring?

## Our findings

There were positive relationships between staff and people who used the service. One person said, "(Staff are) always polite and do their job well." The people we spoke with told us they got on well with the staff and enjoyed their visits. Another person told us, "I might not know who is coming, but I look forward to their visits." People told us that where they had received support from the same member of staff over a period of time they had built positive relationships with them. A relative we spoke with told us, "All the staff are great, I have peace of mind when I am not with [my family member]." Another relative described how their family member was not always easy to work with and said, "They (the staff) chat to [my family member] and always accept what they are like on the day."

Staff explained to us how they had formed positive and caring relationships with people. They were able to describe the different ways people preferred to be cared for and any likes and dislikes they may have. One staff member told us, "It is not like a job to me, it is like going to see your grandma several times a day," and went on to reflect how they cared for those they were supporting as they would a member of their own family. Another staff member told us how sometimes people may be in a miserable mood or frustrated and spoke about how they engaged with them and endeavoured to lift their spirits during their call.

People and staff told us there was usually sufficient time available during each call for staff to develop positive relationships and carry out any tasks in an unhurried manner. People's care plans described their needs in a concise and personalised way and gave staff clear guidance about the preferred way to care for each person and minimise risk. There was also information about people's likes and dislikes and how this impacted on the way they preferred to be cared for.

We saw warm and friendly interaction between people and staff. During our inspection, people were made aware of who the inspector was and why they were visiting by the staff that were supporting them. When providing support to people, staff were attentive and supportive, speaking with people in a cheery way. Staff modified their approach when visiting different people in order to meet the person's preferences and expectations as well as responding well to their mood at the time of the visit. We saw staff checking that people were taking good care of themselves between calls and following any advice that they had been given to maintain their well-being. We also saw that staff shared a joke with those they were supporting when this was appropriate and made sure that people had everything they needed before their next call.

People were supported to make day to day choices relating to how their care was provided. One person told us how the registered manager had come to visit them before Compassionate Care began providing support to ascertain what they wanted. They recalled, "It was a while ago now, but I said what I wanted and that is how it has been." A relative we spoke with confirmed that they had also been involved in setting up and agreeing the care plan for their family member when they first began to use the service. They told us that they were always included in reviewing the care plans as their family member's care needs changed over time.

Staff understood the importance of encouraging people to express their views and make decisions about

their care and support. One staff member told us, "At the start you must get to know the person. We read the file at the office, but talking to the person and their family as well as reading the care plan helps. You find out first-hand what they want that way." Staff explained to us that they will always offer choice on each and every call when they are providing support to the person. They told us, "It may be a choice of a bath or shower, what clothes to wear or what to eat or drink." Staff explained that daily notes were also written by staff each time they visited a person.These were checked on arrival each time they visited the person to be sure that they always knew what care had been provided on previous calls.

The registered manager explained to us how they involved the person in initially agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans we looked at stated details around the service to be provided and gave guidance as to how the person communicates as well as information about Compassionate Care Team. People's care plans also detailed any previous medical conditions and any specific support needs or risks that may be present because of these. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want.

As had been recorded on the PIR document, we saw that people were provided with information about how to access an independent advocacy service. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. However, no-one was using the service at the time of our inspection.

People were treated in a dignified and respectful manner by staff. One person said, "All the staff are respectful of my home, they all know how it works." Another person confirmed, "Having regular workers is great because they get to know you." A relative we spoke with said that they felt their family member and themselves had always been treated with dignity and respect by the registered manager and the staff team.

Staff explained to us how they promoted people's dignity and respect. They spoke about priding themselves as a team in the respect they showed for those that they were working with. We heard examples like talking to family members if they were present when they made a call, but not disclosing personal information about the person; maintaining the person's dignity if care needed to be provided when other people were in the home and the importance of not taking over the household during a call.

Each person kept a copy of their care planning records in their own home, located where they wished so that it was available to staff. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details.

Requires Improvement

# Is the service responsive?

## Our findings

The care records we looked at showed sufficient information to meet people's basic care needs although information around people's clinical conditions was not always fully identified and recorded. We saw information about people's medical history noted in their care records, but there was not always following information with regards to whether staff might need to support them in a particular way because of this. We also saw that the detail in the 'preferred activities' section in support plans was the same in each of the records we looked at. This meant that staff might try to engage people in conversations and activities that did not interest them, and could have contributed to the views we heard from people that staff only conversed with them on a professional level. However, the registered manager told us they always tried to match people and staff with similar interests to work together.

There were mixed views as to the review of care plans. While some people told us that their care planning documents were reviewed regularly and had changed over time as their needs had changed, other people had no recollection of their care plan being reviewed. A relative we spoke with also told us that they felt the service responded well to their family member's changing needs. However, not all relatives we spoke to were aware if their family member's care plans were regularly reviewed and updated.

Communication structures were in place within the service, but these were not always effective. Several people told us how they had rung the office with information which had not been passed to the staff who were due to support them. Other people told us that staff had sometimes arrived at their home without having been given all of the information they needed.

However, people felt that they received the care and support they required and that it was responsive to their needs. One person told us, "The staff coming to me each day keeps me in my own home otherwise I might have had to go into a care home before now. They come more often now than they did at first; I don't know what I would do without them." Another person told us how flexible the service was if they needed to change the time of their call and a third person said that they had a pager system to call for assistance from staff if they needed. They said, "The staff are great. I have always been attended to immediately and they always treat me with dignity and respect".

Staff told us how important people's care plans were. One staff member said, "We have a care plan, it is based on the individual and their needs. We need to respect without being too forceful." Another told us how the care planning documents were really useful in helping them to understand what was important to each person as well as the support that they required and how they helped them to, "Give people what they want not what we think they want."

All staff were clear that they would speak to the office if someone's care plan needed changing, with one staff member saying, "The registered manager will go and visit the person and update the care plan if we told them that the person's needs had changed." We were told by a staff member how they were informed when a person's needs changed so that they could visit the office to read through the updates that had been made and discuss them with the registered manager if they wanted to. The care plans we looked at had

been reviewed and updated. Records also showed that in the past, where we had spoken to the registered manager to check on the care arrangements for someone being supported by Compassionate Care Team, they had reviewed the package of support being offered to ensure that it continued to meet their needs.

As had been recorded on the PIR, we saw that before people started using the service the amount and length of calls they needed was agreed. Where possible, each call was scheduled for the time the person had requested, or as close to this as was possible. We checked with staff if they felt that there was sufficient time allocated to each call and they all told us that there was. However, there were mixed views among staff as to whether there was sufficient time allocated between calls. While some staff told us that there was enough time allocated for them to travel between calls others said there was not.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "If I wasn't happy about something I would ring [the registered manager] at the office." Another person told us, "They gave me a copy of their complaints procedure so I can follow that if I need to complain about anything." A relative we spoke with was confident that the registered manager would take action to resolve any issues if they ever had any to raise in the future, "But none so far," they said. Staff told us that the registered manager took action if a complaint was brought to their attention.

The registered manager was able to show us their complaints file and whilst there were very few complaints we saw the correct process for dealing with complaints was followed. Records showed that complaints had been responded to quickly and resolved, where possible, to the satisfaction of the complainant. People had access to the complaints procedure which was given to them when they started using the service and also displayed in a prominent place in the office for visitors to see. This told people that they were able to complain to the local authority or to CQC but did not give details of how to contact these bodies to enable people to do so. The record also showed the compliments that had been passed to the registered manager about the support people had received from Compassionate Care Team.

Good

# Is the service well-led?

## Our findings

We saw people felt comfortable and confident to speak with the staff that were supporting them. The people we spoke with told us they felt able to approach the staff or registered manager if they wished to discuss anything. They also knew who staff at the office were should they need to contact them about anything. Staff also spoke positively about the management of the service, telling us that they felt well supported by the registered manager and the other staff at the office. They said they felt comfortable raising concerns or saying if they had made a mistake. One staff member told us, "The registered manager is always there to help and I can call them if I am unsure." Another staff member confirmed this saying warmly, "We can ring [the registered manager] about anything they look after us and keep us in line, just like a mum would."

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. There had been a focus on revisiting these values, known as "The 6 C's" (Care, Compassion, Competence, Communication, Courage and Commitment), in the month prior or our inspection, although not all staff we spoke with were aware of this. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with people using the service was very good.

There was good management and leadership at the service. Everyone who used the service knew who the registered manager was and told us they were confident that they could contact the office if they needed to discuss their care and their query would be resolved. Just as described in the PIR document, one staff member told us how the registered manager and office staff covered occasional care shifts which ensured that they knew those that were using the service. Staff also felt this kept office staff in touch with the working experience of the staff team. Another staff member we spoke with acknowledged that the registered manager was effective in their role saying, "[The registered manager] is supportive and helpful, they make the decisions that are needed and know that means that they can't always be popular."

People felt that the registered manager was building an open and honest culture within the service. We were told that the registered manager listened to what staff had to say and took action if required. The records we looked at showed that where a deficiency in the service had been identified, the registered manager took action to minimise the risk of the same thing happening again. For example, when someone receiving support had been sustaining falls, advice was sought so that the person could be sure that they would receive the support they needed.

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities and how they needed to respond to ensure that the needs of those using the service were met. There was good delegation of tasks between staff at the office base with each person knowing what was required of them, and staff knowing who was responsible for what. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

The quality of the service people received was regularly assessed and monitored. People felt assured of this and told us, "They check up every now and again to make sure they, (the staff) are doing their job right." The registered manager showed us the series of audits and checks that were undertaken which helped to ensure a high quality service was maintained and we spoke with the staff that undertook them. They showed us that the checks included areas such as spot check on staff working, timekeeping and whether staff were working in accordance with care plans and risk assessments to ensure that the service complied with legislative requirements. They told us that they also spoke with people to check that they were happy with the service that they were receiving.

People's care planning records and other records relevant to the running of the service were maintained and the registered manager had appropriate systems in place that ensured they continued to be. Daily logs from people's homes were checked and signed off at the end of the month when they were returned to the office. Actions were identified to address any issues found within the documentation. For example, if a change was needed to a person's care plan, a note was written onto the person's file and arrangements were made for the care plan to be reviewed.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through regular surveys, meetings and social events. This information was used to inform the planning of the service that was provided. For example, the registered manager had recently sought the views of those using the service to check that they were happy with the term "service user" being used rather than another term such as 'customer' or 'patient.'

There were regular formal staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. However the means of cascading these messages were not as effective as they could be to ensure that everyone received the information in a timely fashion. The registered manager was aware of the communication difficulties and was endeavouring to improve the flow of information within Compassionate Care Team. An example of one of the new initiatives was a regular newsletter to ensure that important information was shared.