

Altruistic (North Kent) Ltd

Expertise Homecare (Canterbury & Coastal)

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

This was the first inspection to this service since its registration and the inspection was announced.

Expertise Homecare is a domiciliary care service provided to people living in their own homes. The service currently provides support to people with a wide range of care needs, including both younger and older adults with physical disabilities and sensory impairment, learning disabilities and dementia and provides support to people with mental health needs, eating disorders, and people who misuse drugs and alcohol. At the time of the inspection 30 people were using the service.

A registered manager is currently in post and was present on the day of the inspection. 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.

Everyone we spoke to said they felt safe when being cared for by the care staff of Expertise Homecare. There were clear risk assessments and equipment used was checked for safety and staff had training to make sure they were competent to use it. The registered manager and care staff worked closely with local health and social care professionals to support people's health and wellbeing and make sure people were well hydrated and nourished. People had the help they needed to take their medicines and there were clear procedures to follow to assist them safely. When people were nearing the end of their life, the care staff worked alongside the hospice nurses to assist to make sure people were as comfortable as possible and had their wishes adhered to.

All care staff carried an encrypted electronic tablet that contained people's care plans and all the information relevant to give each person the right care and support. Records were kept confidentially and could only be accessed on a need to know basis using a series of passwords.

There was an open and person centred culture based on the values of the organisation of trust, transparency, quality and support. The registered manager was known by everybody using the service because he visited people regularly and kept in touch. People and relatives told us that the registered manager was friendly, helpful and easy to contact. People praised the efficient communication between the registered manager and staff team, commenting that care staff were always well informed and if they wanted to speak with the registered manager he always had time for them. The registered manager gave care staff weekly updates and any changes regarding people's care was sent to them by email as soon as possible and care plans reviewed and updated.

People said the care staff were reliable and always arrived at the time they said they would. People had a rota of times that they would receive care. Staff were on time and if they were going to be delayed would always call to let people know. Care staff explained that there was always plenty of time allocated to them to

give people the care in the way they wanted. The registered manager explained that the company was expanding but they were doing this slowly to make sure they did not over-stretch the staff. He went on to say that they always checked the timings and staffing level was sufficient before offering a new care package.

People were full of praise for the caring nature of the care staff and the leadership of the service. Staff were recruited safely and received essential training at the beginning and were introduced to people by experienced care staff before they supporting people. Staff said they felt confident in their roles and the registered manager was always at hand if they needed any support. Staff said the training was good and included attending events and they had to experience some of the care as part of the training, for example, being hoisted. They said this helped them to empathise with the people they were giving care to.

People were listened to and received their care in the way they wanted from staff who treated them with dignity and respect. A relative commented, 'We had an appalling experience before, Expertise is different it's like chalk and cheese, they are responsive, interested, reliable and thoroughly pleasant nice people'.

There was a good system of evaluation of what was working well in the service and what could be improved. People, their relatives and care staff said they were asked what they thought of the service. People and relatives said they felt listened to and valued. Care staff said they felt appreciated and really enjoyed working for this company. Everyone we spoke with said they had no complaints but would feel comfortable raising any concerns if they needed to.

The registered manager and care staff always made sure people consented to their care and had a good understanding of the Mental Capacity Act (MCA) for people who may lack capacity. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). For people who live in their own homes this is managed by the Court of Protection (COP). No applications had needed to be made.

The CQC had been informed of any important events that occurred at the service, in line with current legislation.

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 kept safe from harm and abuse.

Risk assessments were designed so that people had the support they needed and were protected from avoidable harm.

There were enough staff to meet people's needs. Safety checks and a thorough recruitment procedure ensured people were only supported by staff that had been considered suitable and safe to work with them.

People were supported to take their medicines safely.

Is the service effective?

Good 

The service was effective.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs.

People were always asked for their consent when being given care. Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to keep well-nourished and drink plenty of fluids.

The registered manager and care staff worked in partnership with other health and social care professionals to support people to maintain good health and to keep them comfortable.

Is the service caring?

Good 

The service was caring throughout.

The registered manager and care staff were committed to giving excellent person centred care.

The service was managed so that it supported good relationships between care staff, people and people's relatives

and instilled confidence and trust.

The whole ethos of the company was to value and care for everyone that was involved in the service. People and their relatives said they were well cared for. Care staff said they were well supported and appreciated.

Care staff gave people the care they needed and supported people to maintain as much independence as possible.

Is the service responsive?

Good ●

The service was responsive.

People consistently received the care and support they needed to meet their individual needs.

The electronic care plans and records provided relevant and up to date information to provide person centred care.

Care staff were flexible and responded quickly to people's changing needs or wishes.

The registered manager and care staff were approachable and easy to talk to. People said they had no complaints but would be confident to raise any concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager, deputy manager and staff were committed to providing an open, transparent and caring culture.

The registered manager was visible and approachable. People, their relatives and care staff were well supported by the leadership in the service.

There was a good system of reflection and evaluation to determine what worked well and what could be improved, based on the views of others using and involved in the service.

Expertise Homecare (Canterbury & Coastal)

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection was carried out 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. The expert by experience has experience of older people and people with dementia.

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 reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the provider is required to send us by law, such as a serious injury. We looked at previous inspection reports.

As part of the inspection we spoke to two people and six relatives over the telephone. We visited one person and spoke with them and their relative. We spoke to one care staff during the inspection visit to the office and three care staff over the telephone. We spent one day at the office checking records, looking at the assessments and care plans. We talked with the director and registered manager, looked through staff records and quality monitoring information.

The service was registered on 23 November 2015 and this was their first inspection.

Is the service safe?

Our findings

People and their relatives spoke highly of the service provided, saying that they felt safe when being given care and knew who to contact if they had a problem. A person told us, 'I feel completely safe with them. There's a basic need to trust people until proved otherwise'. 'The ones that come in are very good, we work together'. One relative commented that they felt their loved one was, "completely safe. We've had a bad experience with a previous company. We've had the best and we've had the worst. These are by far the best'. Another relative commented, "...very safe. They are absolutely brilliant, they are like angels. If I needed help I would contact [registered manager] or [carer]."

There was an open culture of evaluating how well care was being provided and being responsive to any concerns and learning from mistakes. There was excellent communication throughout the service and the registered manager closely monitored any incidents or accidents. Staff were able to report any concerns or incidents swiftly using the online care planning system. Incidents and accidents were rare occurrences but when the occasional accident had happened these were investigated promptly and thoroughly to see if any lessons could be learnt.

Staff had a clear understanding of potential abuse and knew what to do if they had a concern or thought there may be potential abuse. There was a clear safeguarding policy and procedure to guide staff that was easy to follow and included useful additional information and the legal overview. Staff said they felt confident and had received safeguarding training. They gave examples of reporting concerns and how it had been responded to. Staff were vigilant and had the attitude that if in doubt they would report it and it was better that this turned out to be unnecessary.

Staff had a proactive approach to respecting people's human rights and diversity and this prevented discrimination. Throughout our conversations with the care staff and management it was clear that people's needs and wishes came first and people and their relatives directed how they were cared for to maintain their safety and wellbeing.

There were strategies in place to make sure risks were anticipated, identified and managed. These included things like taking medication, moving and handling, falls, skin integrity and also making sure equipment being used was properly serviced. People's needs were assessed and any risks when giving care were assessed and guidelines to minimise and manage them were put in place. Some people were unable to get up from their chair or out of bed to answer the door to carers so there were systems in place to enable people to receive the care they needed and keep people safe.

Some people needed a hoist to move from place to place and there were clear guidelines in people's care plans so that staff knew how to support them safely. All people and their relatives said that the care staff were competent and they felt safe in their hands. Any changes were updated straight away using technology. A relative told us that care staff were thoughtful when helping their loved one using the hoist. They commented, 'They always say to [person], 'we're going up [person's name], we're going down. [person's name] They tell [person] everything they're doing'.

Risk assessments were reviewed regularly and reassessed if a person's needs changed. The care planning system was set up to alert the registered manager if a risk assessment review was needed, for example, if a person was admitted to hospital.

The staff recruitment process was thorough and included safety checks, written references and an interview. The director and registered manager looked for staff with the right attitudes and values and gave staff the opportunity to shadow as much as they needed to make sure they understood what the role entailed. Staff said they received training before they started and with that and shadowing experienced staff they had felt confident when they had begun.

There were always enough competent staff on duty who had the right mix of skills to make sure they were able to give safe care and respond to unforeseen events. The registered manager explained that the care they provided was balanced with the number of staff they had in each geographical area. He said that if they did not have the resources then they did not accept the care package. Staff said they were given sufficient time to provide good quality care and time in between to travel.

People said they knew when their calls were and who to expect. 'Yes I do, I always get it by email on Friday for the full week I know who is coming and when'. When asked if this was adhered to said 'Yes completely 100%' Some people had the same care staff most of the time and others said there were different care staff and all this had been arranged with their agreement with the registered manager and it worked well. People received a rota the week before and were informed in good time of any changes. 'Yes they do' (send a rota). When asked if it was adhered to person said 'Only once on one occasion when they didn't. The manager did tell me there would be a change'. 'Some weeks I get the same, some weeks others, a variety it's fine. It works well'.

Medicines were managed safely for people who needed help with this. All care staff had encrypted electronic tablets containing all care records including medicines records and said they had received training. Care staff said they were observed assisting people with medicines before being signed off as competent. The electronic tablets contained a medication log that had drop down boxes with symbols. The different symbols indicated a different response. If a person refused their prescribed medicines then it sent a message to the office so that the registered manager was informed and they could decide what to do about it. If the care staff had made a mistake this sent another message straight to the office. The registered manager said "We don't usually have medication errors because it is a very simple process and they don't give many people meds but the process is there if needed."

All information about what support people needed was included in their care plan. Sometimes the care staff gave people their medicines and some people only needed a reminder. All information about how to assist people with their medicines was in the care plan including what medicines were for and any side effects to look out for. When care staff helped give medicines or applied creams and ointments to people's skin this was recorded in medicines record on their tablet. One person said, 'They always do my medication. I don't touch that at all' 'They've got [encrypted electronic] tablets it's recorded every time I have a tablet [medication]. I can't fault them'. Another person said, 'They tell me whether I take anything or not'. 'I lay everything out, I've got a way it works for me, they say 'have you had your medication it's helpful from that point of view'.

Care staff said that often the families managed the medicines and for people who were having palliative care the community nurses managed their medicines. The care staff and other health professionals worked together to provide consistent support to people to make sure they received the right medicines at the right time.

Is the service effective?

Our findings

The service made sure that people's needs were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. People and their relatives told us they were confident that the care staff were well trained and competent. People's relatives said they were supported well to help maintain their loved one's health and nutrition. A relative told us, "Yes they know what they are doing." Another relative commented that the staff were good and went on to say, "I understand they have on-going training, they say 'I'm on training this afternoon'. They have updates'.

A range of training was provided to make sure care staff were competent and confident in their roles. Training was driven by what the care staff needed to support people receiving care. Care staff told us that the training was good and discussed recent training attended and how it had informed their role. There was a mixture of essential training to keep people safe including safeguarding, moving and handling and first aid. Alongside this, care staff attended training specific to people's needs. For example, staff explained that they had attended courses in dementia awareness, had learnt about multiple sclerosis and had been instructed in how to change a convene catheter.

Staff received training in using the hoists and trying the hoists out formed part of the training. Staff said that because they had sat in the hoist themselves and knew how it felt, they were able to give the right reassurance to people. One relative explained that a person had previously had a bad experience with the hoist and had been very nervous using it again but the staff had spent time with the person reassuring them until they had become more relaxed and were able to accept using it again.

New staff received training before they started working and then had a period of shadowing experienced staff to gain an understanding of what the job entailed. People told us they were introduced to new staff before they were given care by them. All staff had achieved or were signed up to NVQ level 3. The National Vocational Qualification (NVQ) is a work based qualification which recognises the skills and knowledge a person needs to do a job. The staff member needs to demonstrate and prove their competency in their chosen role or career path. New staff started by working through the Care certificate training and then signed up for NVQ level 3. (The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.) There was a spreadsheet with all staff training that alerted the registered manager when essential training needed to be refreshed and all the care staff had up to date and relevant training.

People felt confident that the staff knew what they were doing and that they were regularly checked by the registered manager. People said, 'Yes, they regularly have been in to just do spot checks'. 'There haven't been any concerns'. 'Yes...they call me, they don't tell the girls until they're here'. Staff had one to one supervisions every couple of months including the spot checks and said they found these meetings useful. They told us they felt well supported and could speak to the registered manager if they had any issues. Staff had an annual appraisal, where they were able to discuss their training and development needs for the year ahead.

People told us that they were always asked for consent before care was given and care staff said that they always listened to what people wanted and explained what they were going to first to make sure people were in agreement. Care staff had completed training and had a good understanding of their responsibilities under the Mental Capacity Act (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care staff were aware that people's capacity to make certain decisions could vary from time to time and always checked how people were, to make sure people's human and legal rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes Deprivation of Liberty Safeguards (DoLS) must be applied for via the Court of Protection. No one using the service needed a DoLS application currently.

When people needed support to make sure they ate and drank sufficiently this was included in their care plan and the care staff assisted them as guided. Guidance was in people's care plans in collaboration with other professionals, for example, the dietician. Any concerns about people's nourishment and hydration were reported to the registered manager who would liaise with the appropriate professional. Care staff explained that they offered people drinks when they were there and helped make meals with some people. Care staff said that they were there to assist as much as people wanted them to. They said sometimes people said they appreciated having someone there with them for company while they were making a meal and in case they got into difficulty. One person commented, 'Yes, I do my best to prepare my porridge the night before, all they have got to do is microwave it for three minutes. They find it is in the fridge where I tell them it is'.

People were supported to maintain their health and wellbeing. Sometimes healthcare support was part of people's care package and sometimes care staff made observations to help people remain healthy. One relative told us, 'They notice if there's a sore patch, they say 'come and have a look'. If it's open I have to contact the District Nurse'. 'Anything that's a bit not usual they call me'. The service worked closely with other professionals. Five care staff had recently been trained by the Stoma nurse to change a stoma bag. They had all had competency checks by the stoma nurse and there were plans to train other care staff. Care staff said they had enjoyed this training.

All health needs were recorded on the electronic care plan and were updated straight away.

Is the service caring?

Our findings

The whole service had a caring and respectful ethos that people and their relatives told us was emulated through the way the care staff worked. A person said, 'I think the carers are marvellous, they have a tough job to do and they do it really nicely. We couldn't praise them enough'.

Staff were motivated and inspired to offer care that was kind and compassionate and found creative ways to overcome obstacles. The service continually reviewed and reflected on the care given so that this approach was sustained. A person told us, 'I think they're very gentle, I can't fault them whatsoever'. Care staff spoke sensitively about how they delivered care and demonstrated an attitude of respect and willingness to do as they were asked. A relative explained, "I can see they treat [person] with a lot of respect and care. Almost as if it's their own Grandmother. They genuinely want to make [person] comfortable and safe. They are very caring". A care staff explained that a person was new to receiving care and had been nervous. They had discussed with the person what they would do and part of the time the person requested they went out of the room, "So we did." The care staff said it was important for people to have control and that they were there to help.

People received care and support from staff who knew and understood their preferences and needs. Care staff took the time to get to know people and listened to what care people wanted and their preferences in how this was carried out. People who were unable to speak for themselves were supported with the help of their relatives and with whatever communication support enabled them to be cared for in the way they wanted. A relative told us, "[Person] is getting to the stage everything is 'No, No, No' They're brilliant, smiling getting them to laugh, relaxing them, convincing [person] they do need it. They're very understanding, super girls, we are very lucky." Another relative said, "They always talk to [person] who doesn't talk or open their eyes; occasionally [person] might say something out of the blue. They sit [person] in their chair, say 'are you comfy [person's name], are you warm? They are very, very caring."

People and their relatives were complimentary of the care staff's competency and attitudes and said that staff went the extra mile delivering their care. A person's relative said, "Yes [the care staff are] very caring. A relative said 'I think because [care staff] tries to make it easy for everyone. I can hear them having a laugh, talking together, it's quite reassuring. They are so caring they are absolutely smashing'. Another relative said, 'Yes, they know [person] can't do much'. 'Some days [person] won't lift their arms; they keep them tight across their chest. They have to thread [person's] shirt on' 'They check [person's] pressure areas on the bed'. Another relative explained, "[Person] is totally dependent. They are really kind to [person], they understand that and they genuinely do like [person]."

People were treated with dignity and respect and said that they had received consistently good support from the service. A relative told us that their loved one's privacy was always respected and explained, 'They always shut the door, cover [person], talk to [person] from start to finish. What they're doing, going to do. Constantly telling [person] what they are doing'. When asked about trust they replied 'Yes completely. I think that is a product of the management. There is a very good atmosphere within the company from top to bottom. Their interaction with families and our all over experience is very good'. Another relative told us,

'Always with personal care [person] is taken from the living room into her own room. Always asking [person] if they would like this. Cream legs, brush hair they think of everything'. 'The other day we had a visit that coincided with the carer and the Doctor and the carer offered to leave and come back later. Nothing is too much trouble.'

People received consistent care and were able to form good relationships with the care staff. Care staff worked in teams and people received their support from the same care staff. People and their relatives said that they had advance notice of who was coming and what time the visits were. Rotas were given to people and their relatives and they could also be accessed through the relatives' portal. One person's relative said, 'We've had substantially the same team throughout the time'. 'New people are always introduced with people who have been coming a long time. [Person] is now completely relaxed with people who come'. '[Person] can't communicate, once you know her you can read her face, 'Expertise' are really good at that'.

Care staff were enthusiastic and had a strong belief in enabling people to remain as independent as possible. One person commented, "I try to do as much as I can myself. If I can't do it, I leave it to them, they never quibble'. Care staff explained how they supported people to maintain and maximise people's independence. For example, one person liked to prepare their meal with the care staff and it was as much a social experience as well as an added support to help the person eat well and safely.

People were given support when making decisions about their preferences for end of life care. The service worked closely with other health and social care professionals to provide comfortable, dignified end of life care. People's relatives were complimentary of the care their loved one had received and were also complimentary of the care that was extended to them. The service received excellent feedback including emails and 'thank you' cards from people's relatives. Comments included, "To all the lovely girls who came to care for our [relative] for the last days of their life. [Person] was cared for so well and looked forward to them coming. We cannot thank you enough. Your care was first class." And, "I would just like to say that we cannot thank you enough for the wonderful care your fantastic girls. ...gave my [relative]. Nothing was ever too much for them. The girls made [person] laugh and kept [person's] dignity in every visit they ever made... They made time to just sit and talk...Thank goodness there are teams of people like your company that help families like us at these sad times, I do not know how we would have coped without you." The company extended their care to the relatives as well. One relative commented, "We were overwhelmed by the beautiful flowers that we received from your company...it was very kind."

People's confidentiality was respected. People's records were kept secure on the encrypted electronic tablets. Care staff accessed the information on a 'need to know' basis. They clicked on person's record and it opened up the care plan and what they needed to do on the visit. The notes could be private or viewed by the care staff member depending on what it was. Care staff could only see the details of the person they were visiting and none of the other people they were not involved with.

Is the service responsive?

Our findings

People and their relatives consistently told us that if they had any problems then the registered manager and staff responded straight away and had nothing but praise for the service provided. A person told us the registered manager was, 'Very helpful, he is very responsible deals with situations and liaises with his staff'.

There was a thorough assessment process based on the initial information received from the local authority and NHS. The registered manager visited people in their homes or hospital and discussed their care needs and preferences to complete the assessment. The registered manager explained that they always made sure that they had enough staff and time before they offered the package of care.

Person centred plans were created by the registered manager involving people, their relatives and other health and social care professionals. A person's relative told us they were fully confident in the assessment and care planning process and felt it was a true reflection of the care given. They commented, "We had long conversations and we helped prepare the care plan, agreed it and agreed any amendments as time has gone on... it's not just ticking boxes on a form".

Expertise Homecare used a secure online software system that had been specially designed to manage all the planning, administration and recording of the care provided. Care staff each had an encrypted electronic tablet that they kept with them and used to refer to when providing care and recorded their care notes in. Useful information for carers was included, for example, how to find the person's home, where to park, if they could let themselves in and how to do this. Carers could just click on the part of the plan for the information they wanted. Care staff told us that this system was really effective and meant they were able to find the information they needed and record what they had done straight away. They also said that as it was connected to the internet they received emails from the registered manager and were able to communicate with him easily if they wanted to check anything. The tablet provided access to policies and information about people's conditions, so that staff said they felt confident that they were always up to date and giving the right care to people.

Everyone was complimentary of the accessibility of the registered manager and care staff and the effectiveness of their communication, so that they always responded in a timely way to people's changing needs. The registered manager explained that if there were any changes to people's care packages he would call the care staff to alert them, update the care plan and send an email to the care staff to follow it up. A weekly update was also emailed to care staff giving them an overview of the whole service provision. Care staff said they found this really useful and liked having an oversight that was beyond just the people they were supporting directly.

People had a paper copy of their care plan in their home and they could also access their records through the online portal. There was a relatives' portal so that people's relatives acting on their behalf, could also access their records and communicate with the team and registered manager to raise queries, inform of changes and raise concerns. The records were kept securely and passwords were required to access the portals.

There was a range of ways for people and their relatives to feed back their experiences of the care they received and to raise any issues or concerns they may have. There was a clear complaints system that included investigating any concern or complaint thoroughly and outcomes were recorded. The complaint procedure was explained to people when they first met the registered manager and started to receive their care package and it was included in their information pack. The registered manager said that they took concerns and complaints very seriously. The registered manager explained that they worked hard to make sure people were able to talk to them about anything, so that their concerns were resolved before there was any need for a complaint. People and their relatives all told us they had no complaints of the service. They were complimentary of the registered manager and staff and said they were very approachable and listened to them so there had never been any need to make a complaint. A person told us, 'No I've never had any complaints at all'. 'When I'm feeling a bit down, they buck me up, it's really nice'.

Is the service well-led?

Our findings

People, their relatives and staff told us that the service was well led and everybody we spoke to was complimentary of the care they received. A person's relative commented that the service, "...is by far the best."

The company director and registered manager had a vision for the service that was based on their four core principles of trust, transparency, quality and support being at the centre of everything that they did. The registered manager explained that they were a growing company but they were growing slowly to make sure they kept their vision.

The director and registered manager promoted a caring culture where people were actively involved in developing the service. They listened to people and care staff equally, so that people both using the service and working in the service felt valued and empowered. A person told us, '[Registered manager] is wonderful; you don't feel you are ringing up being a nuisance'. Another person commented that the registered manager was... 'Very helpful, he is very responsible deals with situations and liaises with his staff'.

The registered manager said, "Our philosophy is to be a caring company which has to start from the director and management team... we provide a caring environment for our carers... if we attract the best carers and treat them well, they will administer the best care."

People and their relatives told us that the registered manager was passionate about the care they provided at the service and was regularly in contact making sure that they had everything they needed. A person's relative commented that the registered manager was... "very approachable, very open, listens and more importantly listens and acts'. Another person's relative told us, '[Registered manager has] been very approachable, open and helpful... From a family point of view, we haven't had to go in and double check on [person]. It's been brilliant'.

Care staff told us they felt appreciated and said that the director and registered manager were, "...mindful about how you are feeling about things. They are concerned about your wellbeing as well."

Care staff told us they received birthday cards and vouchers and a card at Christmas. One care staff said, "I was really shocked. You feel appreciated and a valued member of the team. They are hand written as well... from all of the management team."

Care staff told us they had regular team meetings and both the director and registered manager attended these. They had good discussions during the meetings and they also had one to one supervision meetings where they could talk about their views and their development. One care staff told us, "I have had meetings with [the director] on my views and asked if there was anything they could improve. I was amazed that he took the time out to talk to me."

There was an effective quality monitoring and auditing system. The director and registered manager reflected on what went well and were always looking at ways they could improve the service. Surveys were

sent out to people, their relatives, staff and relevant professionals. The registered manager visited people and checked that they were happy with the service and if there was anything they would like to be different or improved. The operations manager of the franchise had conducted some of the quality audits because the registered manager wanted to see if people said more to someone neutral. People and relatives told us that they were happy to be open with the director and registered manager. Staff were complimentary of the leadership in the service and felt that they were all striving together to provide the best service possible. One care staff commented, "They want to improve and want you to improve and develop as well."

The registered manager had responded to feedback from the staff that the training could be improved. As a result the courses were organised so that there was more face to face training. Staff attended training events that were more interactive and staff complimented the effectiveness of the training.

The registered manager had many years of experience working in care services including three years previous experience in senior management in domiciliary care prior to taking up this post. The registered manager wanted to provide the best service they could; they put people at the centre of what they did and used technology to enhance the communication and efficiency of the care provided.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager had notified the Care Quality Commission of important events as required. The office was well organised. The electronic and paper records and plans were up to date and readily available and were stored securely.