

Aceso Services Ltd

Aceso Homecare

Inspection report

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Date of inspection visit:

23 November 2018

29 November 2018

Date of publication:

30 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 23 and 29 November 2018. On the first day of our inspection we visited the offices used by the service; on the second day we visited people, along with their family members and friends who had agreed to meet us in their homes.

Aceso Homecare is a domiciliary care agency. It provides personal care to older adults living in their own homes in the community. Not everyone using Aceso Homecare receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection Aceso Homecare was providing personal care for 29 people. This is the first inspection of this service.

A registered manager was in post. 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.

People told us that they felt safe with the care and support they received and that the service was very reliable. One person told us, "Yes; we are really pleased and I feel safe and confident with the carers." One person's relative told us, "The care is reliable and of good quality." One health and social work professional told us about the service, "They are really reliable. People's families are always pleased with them. We get really good feedback."

The service had enough staff and organised people's calls in a way that meant carers had sufficient time to provide people's care and were not rushed. One person told us that the staff, "Spend any extra time they have chatting." Staff told us that they also felt well cared for and this supported them in caring for other people. They spoke enthusiastically of having a feeling of job satisfaction after caring for and supporting people in the community.

People told us that they thought the care staff visiting them at their home were outstanding in their care and very considerate in their approach towards them. One person said, "The girls are absolutely brilliant. When they come it's like friends coming round." Another person told us, "I feel comfortable having them in our house. It's really nice." We saw examples of people's choice being promoted in the way care and support was provided. One person's family member told us that when the service started, "We got to say what we needed. We felt listened to and they have always been there to help us. This makes me feel comfortable asking for help from them." Another person told us, "They [care staff] make us feel comfortable; they are polite and always ask us what we like."

Staff had been recruited in a way that helped ensure they were safe to work with vulnerable adults. Staff working at the service received appropriate support to enable them to be effective in their roles including a

schedule of training. Staff told us that they had benefitted from the training provided. One staff member told us, "The training has been really good and useful; it has helped me in my role."

Staff told us they are happy in their roles. One staff member told us, "I love it here. It's all about people. There is a good atmosphere amongst the team; we have a can-do approach." Staff were enthusiastic about their roles and spoke passionately about people's support that was going well. It was clear that people doing well was important to them.

The service prioritised keeping people safe. Staff told us there was a responsive culture that made them feel comfortable raising any concerns they may have regarding people supported. All staff received training and regular refreshment of their knowledge of safeguarding vulnerable adults.

Each person had an initial assessment of their needs that was person centred, comprehensive and focused on their preferences, desired outcomes and what they wanted to achieve. Each person also had a person centred and detailed care plan entitled, 'Your home your care'. This included information people had chosen to share about themselves and guidance for staff on what the person wanted to achieve and the aim of the support time. People also told us that the service they received was flexible and could be changed in response to a change in their circumstances.

The service was provided in line with the principles of the Mental Capacity Act (2005). There was evidence that it was embedded practise to obtain people's consent and views before providing any care and support and people were supported to make their own decisions.

The service had a system in place to identify, assess and safely managing risks that may arise in people's support, whilst respecting their choices and freedom. There was a system in place to record and learn from any accidents, incidents and near misses that happened at the service; we saw that if any happened these were learnt from to help prevent them happening again in the future.

People received effective care to remain as healthy as possible. Health and social care professionals praised the effectiveness of the service in supporting people with their healthcare needs. One healthcare professional told us, "They are innovative and go above and beyond in thinking of how they can meet people's [healthcare] needs. We are really happy with what they are doing." We also saw that when people needed support with their medication this was done safely.

People and their families praised the quality of the service provided and the approach of staff and managers. One healthcare professional told us, "Communication with the service is excellent and feedback from people's families [about the service] is positive." When we asked the staff members about the leadership of the service they told us that they felt appreciated, well supported and that senior staff go above and beyond in their role when supporting staff members.

Leaders within the service had a clear vision of how to ensure that people received high quality care and support. The owners and registered manager arranged for a series of regular audits of the service to take place. This helped them to assess the quality of the service being provided. The service was also responsive to complaints and any concerns raised by people.

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.

There was enough staff to ensure the service was reliable and timely.

Staff were safely recruited and were training in safeguarding vulnerable adults and medication administration.

The service had an effective risk assessment process in place.

Is the service effective?

Good ●

The service was effective.

People praised the staff who cared for them.

Each person's needs were assessed in partnership with them, ensuring their needs were met and that people made choices for themselves.

Staff received effective support and training.

Is the service caring?

Outstanding ☆

The service was very caring.

People supported, their relatives and health care professionals all described a service that was outstanding in its care.

The registered manager and staff were enthusiastic about supporting people and were empathic in their approach towards people. There were examples of staff thinking about people and going out of their way to help ensure their wellbeing.

People were treated with the upmost respected and their views and opinions were constantly sought and acted upon.

Is the service responsive?

Good ●

The service was responsive.

People, their relatives and health care professionals told us the service was responsive to people's needs and changes in people's needs. People told us the service was flexible.

Each person had a detailed person-centred care plan, providing guidance for staff on what the person wanted to achieve.

The service was responsive to complaints and any concerns raised by people.

Is the service well-led?

The service was well led.

Leaders within the service had a clear vision of how to ensure that people received high quality care and support.

The service had developed a very clear documented set of values and aims. There was a can do, community focused culture within the staff team.

The service had actively encouraged communication and feedback and had built up positive relationships with other organisations.

Good ●

Aceso Homecare

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.

This inspection took place on 23 and 29 November 2018, we gave 24 hours' notice of our inspection as this was a small service and we wanted to be sure that staff were available to meet with us.

Inspection site visit activity started on 23 November 2018 and ended on 29 November 2019. It included visiting the office, speaking with staff and visiting people who used the service in their homes. We visited the office location on both the 23 and 29 November 2018 to see the registered manager and office staff; to speak with care staff and to review care records and policies and procedures. We also visited five people who used the service on the 29 November 2018.

The inspection was completed by an adult social care inspector. Prior to the inspection we looked at the information we held about the service, such as notifications about events that the service is required to send to the Care Quality Commission. We used this information to plan how the inspection should be conducted. We also spoke with four health and social care professionals about the quality of the service being provided.

During the inspection we spoke with five people who used the service and three friends and relatives of people who use the service. We spoke with one of the owners of the company who was also the nominated individual; the nominated individual is the person who is nominated for supervising the management of the regulated activity. We also spoke with the registered manager, two supervisors and four care staff. We looked at the care records for seven people and the files for three members of staff.

Is the service safe?

Our findings

People told us that they felt safe with the support they received. One person told us, "Yes; we are really pleased and I feel safe and confident with the carers." Another person told us they were very reliable and said, "They have never not turned up." One person's relative told us, "The care is reliable and of good quality." One health and social work professional told us about the service, "They are really reliable. People's families are always pleased with them. We get really good feedback."

The service had enough staff to ensure that people's calls were reliable and timely. One of the owners told us that it was vital to them that the service they provided was safe, that people could depend on it and staff had the time to provide a high standard of compassionate care. To ensure this they made sure that staff terms and conditions and schedules enabled them to be reliable. Staff had paid allocated travel time between people's calls and staff were reimbursed for their mileage.

This was reflected in people's feedback. One person had written, "All the staff are punctual, courteous and pleasant." Another person told us, "They come on time and they are flexible with us." A third person commented that the staff, "Spend any extra time they have chatting." Staff told us that the rotas were "done well" and allowed them the time to provide people with care in an unhurried manner.

The registered manager told us that on occasion they may have been late and had to call family members; however, they have never missed a person's call. They told us of a recent time when the service became short staffed. To prevent this in the future they are in the process of recruiting a team of relief staff. There was always a senior member of staff on-call in case of emergency cover being needed for a person's call. Staff who provided on-call cover had a good knowledge of people's care needs.

Whilst waiting for the electronic system to be in place they ensured the reliability of the service by completing spot checks by visiting people and making phone calls. Also, when planning the call routes for staff they ensured that a vulnerable person was never the staff members first call. This meant that if something unforeseen happened and a staff member did not start their calls, the office would always become aware.

New staff had been recruited in a way that helped ensure they were safe to work with vulnerable adults. This included an interview that used scenario based questions to help identify the candidate's values. The service had a defined set of values that they looked for in candidates which focused on how they responded to and had empathy for people. The service also made other mandatory checks on the candidate's work history, health, references, identification and a check of the Disclosure and Barring Service (DBS) records. The DBS completes background checks to help the registered manager make decisions on people's suitability to work in social care. Each staff member had a contract of employment and a job description clearly outlining their responsibilities.

The service prioritised keeping people safe. Staff told us there was a responsive culture that made them feel comfortable raising any concerns they may have regarding people supported. One staff member told us, "If

there are any issues. I feel comfortable raising them." Staff were also knowledgeable regarding safeguarding vulnerable adults and they were aware of clues that may indicate a person was at risk of abuse and who they could report any concerns to both inside and outside of the service.

We saw examples of when staff and the managers had been responsive in keeping people safe. This included taking steps to ensure people were safe whilst the local authority responded.

All staff received training and regular refreshment of their knowledge in safeguarding vulnerable adults. There were policies in place regarding safeguarding vulnerable adults and whistleblowing. These provided guidance and information for staff members to help them ensure that people are safe.

The service had a system in place to identify, assess and safely managing risks that may arise in people's support, whilst respecting their choices and freedom.

The Registered manager told us that at times this can be difficult and it is easier to be risk averse. However, they will support people to take positive risks with the right safeguards in place, to enhance their quality of life. For example, one person liked to go out and buy their own fish and chips and had done so for a long time. The staff set up a protocol that if the person had not returned when expected they contacted certain neighbours and made a phone call to the chip shop to ensure the person was safe.

There was a home safety checklist completed to make sure the environment of people's homes enabled staff to provide care and support to them in a safe manner. Records were kept of when equipment used by people in their home was due to be serviced. This helped ensure that staff were only supporting people with equipment that was safe to use.

There was a system in place to record and learn from any accidents, incidents and near misses that happened at the service. We saw that these were reviewed by a senior member of staff, responded to appropriately and any necessary changes were made to help ensure that incidents were not repeated. At the end of each week senior staff met and reflected on that week's events to see if there was any wider organisational learning.

The service also had continuity plans in place to ensure their service was reliable, using learning from previous events. For example, the service was provided in a semi-rural area and there was a bad weather action plan that could be implemented to ensure that the service remained reliable.

When people needed support with their medication we saw that this was done safely. Staff received appropriate training and assessment on the safe administration of medication and medicated creams. The administration of medication was recorded and this was checked during spot check visits of the care in people's homes and completed records were audited at the end of each prescription cycle. People who managed their own medication were supported to do so safely by the completion of a risk assessment.

All staff members wore a uniform, carried photo identification and used appropriate equipment such as gloves and aprons to prevent the spread of infections.

Is the service effective?

Our findings

People told us that they liked the staff who cared for them. One person told us, "The staff are nice and kind. I have a good rapport with them." Another person said, "We have good relationships with the carers and have good fun with them."

People had praised the staff in feedback on a recent survey. One person had written, "The girls are very, very good." Another person had written, "All the carers have been great and the manager is always there for us if we need her."

Staff told us they are happy in their roles. One staff member told us, "There is a good atmosphere amongst the team; we have a can-do approach." Another staff member said, "I really enjoy my role. It's amazing when we can help people." Staff were enthusiastic about their roles and spoke passionately about people's support that was going well. It was clear that people doing well was important to them.

Each person had an initial assessment of their needs that was person centred, comprehensive and focused on their preferences, desired outcomes and what they wanted to achieve. This assessment included information from the person themselves, their family members and health and social care professionals involved. This helped to establish the person's desired outcomes and set the objectives for people's care plans.

Staff working at the service received appropriate support to enable them to be effective in their roles. The service had effective staff training in place. The provider had established a comprehensive training schedule of what they viewed as mandatory to support staff in their role and this was refreshed each year. Staff training was checked and their training needs discussed during the supervision process. Staff who didn't have a recognised qualification in health and social care were being supported to achieve one. As the service was growing, the registered manager was sourcing training from external providers. There was a system in place that identified gaps in staff training and when training refreshers were due; staff training was up to date.

Staff told us that they had benefitted from the training provided. One staff member told us, "The training has been really good and useful; it has helped me in my role."

New staff received a period of comprehensive induction training, observation and increased support during a three-month probation period. Each new staff member also had a personal development plan in place. They were introduced to people and shadowed an experienced member of staff. One person told us, "New people are always introduced by the carers I know." All of this enabled the registered manager to ensure that new staff were developing the right skills to support people effectively. During this time key policies from the organisation were discussed and copies given to new staff members.

A senior member of staff made spot checks on the quality of support provided to people. These spot checks were recorded, including any guidance for staff on improvements that they needed to make.

There were regular staff team meetings. We looked at the minutes from recent meetings and saw that there was an update for staff on the support needs of each person. This ensured that everybody was up to date and each staff member could contribute and share information on the people they provided care and support for.

People received effective care to remain as healthy as possible. The registered manager told us of examples of when they had put together a care plan, working in partnership with health professionals to ensure that care staff had the necessary information to ensure people's needs were met. District nurses have also provided training for staff members when a person had a specific care need. This ensured that staff had the skills to support people with healthcare needs. We also saw that the service worked alongside providers of equipment that people used in their homes ensuring that they had the right equipment to meet their needs safely.

During audits of people's care files there were checks that ensured that the care and support provided was following the guidance of health and social care professionals. For example, in pressure area care, nutrition and fluid intake and that appropriate records were kept as agreed and required by health professionals to help them assess people's ongoing wellbeing.

Health and social care professionals praised the effectiveness of the service in supporting people with their healthcare needs. One healthcare professional told us, "They are innovative and go above and beyond in thinking of how they can meet people's needs. We are really happy with what they are doing." Another healthcare professional said, "The manager and staff are prompt in raising appropriate concerns and make sure that things happen for people. They are proactive." One person's family member told us, "The carers are vigilant and help to spot any health care needs that arise."

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.

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.

The service was provided in line with the principles of the Mental Capacity Act. We saw that information recorded in people's care plans was done so with their consent and that where appropriate people or their representative had signed their care plan to show that they consented to it. We saw that the service worked closely with health and social care professionals if people lacked the capacity to consent to their care and support.

There was evidence that it was embedded practice to obtain people's consent and views before providing any care and support and people were supported to make their own decisions. One person told us that their carer, "Always helps me to make choices for myself." Care staff told us why it was important for people to make their own choices and because somebody needs care does not mean they cannot make choices. For one person the service was working alongside a social worker in appointing an independent advocate to ensure the person's views were listened to and explored independently to ensure their care was appropriate.

Care staff helped some people to prepare food and hot drinks. People who needed support to ensure they

had enough food and drink had clear guidelines for staff in their care plan. Some people who had been identified as being at risk of malnutrition had records kept of their intake of food and drink and the service worked closely with health professionals to ensure that people received appropriate support.

Is the service caring?

Our findings

People told us that they thought the care staff visiting them at their home were outstanding in their care and very considerate in their approach towards them. One person said, "The girls are absolutely brilliant. When they come it's like friends coming round." Another person told us, "I feel comfortable having them in our house. It's really nice." A third person told us, "It's so nice to see them when they come." One person's friend told us, "The girls are really, really lovely with [Name]. We were apprehensive at first but they are outstanding."

Healthcare professionals told us that they thought the service was very caring. One healthcare professional told us about the care staff, "They are very empathic. People are at the heart of the care provided." Another healthcare professional said, "The service definitely passes the 'mum test'. I would be happy if they cared for my mum."

When we made visits to people with the registered manager it was clear that she had warm, caring and positive relationships with people and was really interested in their wellbeing. One person said that the manager had called to see them when they had been ill. They said, "They grabbed a loaf and milk for us and called in to check up on me." One person's relative told us, "The manager has helped us and has been a good support to us." A healthcare professional praised the registered manager and told us, "The manager is a good communicator and really knows people well, to an unusual level." There was clear evidence that this caring approach was modelled throughout the service.

Staff told us that they also felt well cared for and this supported them in caring for other people. One staff member told us, "Working here has given me my confidence back. They have given me opportunities and supported me. We are focused on people, not numbers or tasks." Another staff member said, "I have worked in care and moved companies. It's totally different here, I feel appreciated." Staff spoke enthusiastically of feeling job satisfaction after caring for and supporting people and helping them achieve outcomes. One staff member told us, "I love it here. It's all about people."

The registered manager told us about one staff member who called on a person to check on their welfare because they had not been well, even though they didn't have a planned call due. During the visit the staff member was able to offer additional support and help the person as they had become very unwell. The person later contacted Aceso's on-call service and thanked them for the carer being so diligent and caring about their wellbeing.

From the initial assessment the service was designed to gain, respect and act on people's views. For example, the initial assessment started by finding out what people like to be known as. We saw examples of people's choice being promoted in the way care and support was provided. One person's family member told us that when the service started, "We got to say what we needed. We felt listened to and they have always been there to help us. This makes me feel comfortable asking for help from them." Another person told us, "They [care staff] make us feel comfortable; they are polite and always ask us what we like."

We saw that people's views and opinions were gained when completing risk assessments to enable people to remain as independent as possible when receiving care and support. This focused on providing care and support that respected people's rights, dignity and promoted their independence.

In each person's care file there was a service user guide and agreement document outlining the rights and responsibilities of each party involved in the care and support of the person. The registered manager told us that this meant everybody was clear with regard to what they can expect and always had information that helped them to make decisions. This had helped to support people and resolve situations in a progressive way and ensure good relationships were maintained with people and their families. We saw that people's private, personal information was treated with respect and kept secure. The registered manager told us that they recognised that they were supporting people in their own homes and this meant that it was really important there was clarity, understanding and trust.

The way the service communicated with people was adapted to make sure it met people's needs. For example, one person's first language was not English and they had limited understanding of English; the registered manager and staff team told us that they had developed a series of signs with the person and their family to ensure that as much as possible the person could tell staff members their choices and be understood.

The service also took steps to ensure that people had access to information that was important to them. For example, one person's documents had been produced in large print to enable them to read them. Another person had their schedule of upcoming carers in picture format with photographs of the care staff to help the person know who was coming to their home.

The support provided to people promoted their independence. One person told us that the service they received had helped them in their rehabilitation at home, which now means they need less support and can be more independent. They told us about the staff and the support they received saying, "I think the world of them. They have helped me to make progress, they encourage me and they are very reassuring. They have helped me to do exercises; I feel confident in them which has helped me to make progress. They are attentive to me and I shall miss them." Their relative commented, "I'm a perfectionist; and they [care staff] come pretty close."

Staff were enthusiastic when they were speaking about helping people. One staff member told us, "Helping people makes you feel like you are doing a good job. It makes all the long days well worth it." Another staff member told us that they had goals that had been agreed with people and they were happy and proud to be involved in helping them reach those goals.

There was a regular newsletter which kept people up to date with any developments and changes at the service. Also, people's feedback and opinions were regularly sought using a survey. People's replies were analysed and looked at for themes. We looked at completed surveys and saw that people's replies were positive. For example, comments included, "I'm happy with the care provided.", "They go above and beyond the call of duty.", and "I'm very pleased with the cheerful and compassionate care."

Is the service responsive?

Our findings

People and their relatives told us and gave us examples of how the service had been responsive to their needs. One person told us, "Whenever possible they help out. It's an excellent good steady service. I'm very happy with it." Healthcare professionals told us that the service responded quickly to people's changing needs.

Each person had a person centred and detailed care plan entitled 'Your home your care'. One section of the care plan was entitled, 'what's important to me'. This included information people had chosen to share about their life history, faith, daily routines, relationships, how the person communicates and the preferred sex of their carer. There was guidance for staff on what the person wanted to achieve and the aim of the support time. There was also a section of the care plan for the person, their families or carers to add any new information that people became aware of, which was reviewed periodically.

There was information for staff on how to keep people safe, including how to support a person to move safely, their physical support needs, the safe use of medication, support with food and drink, any health support needs, allergies and how to support the person to stay safe at home. We saw that safety critical and important information was highlighted in people's care plans in red, this ensured that staff gave this important information appropriate attention.

The service was responsive to people's changing needs and we saw examples of when appropriate and timely referrals had been made to ensure people continued to receive appropriate care and support. This included requesting reviews of people's care when it became apparent that their circumstances were changing. There were examples of when the service acted whilst waiting for the referral to be completed to ensure people's needs were met in the meantime.

People told us that the service they received was flexible and could be changed in response to a change in circumstances. For example, some people told us they appreciated an early call when they had to be ready for a hospital appointment

We saw that people's care plans were regularly reviewed and updated. Any necessary actions were recorded, along with who was responsible and when they would be completed; this included reviewing people's call times and ensuring that they still met people's needs and preferences. People told us that they were involved in the reviewing of their care plan. One person told us, "I feel involved by the company." Another person said, "I was involved in the care plan."

People received a schedule of who was coming to provide their care in the form of a rota. People told us that they liked having this information. One person told us, "It's really important to me to know who is coming. I check this in the morning." The registered manager also told us of how they pay attention to the makeup of people's support teams. Whenever possible matching the care staff to people to improve the quality of relationships and the support provided. Each person had a keyworker who made sure the person's service was meeting their needs. The registered manager told us that the keyworker system enables the service to

stay responsive.

Care staff kept notes of the care and support provided to people on each visit. We saw that these were detailed and focused on how the person was and that the support was meeting their needs.

The service was responsive to complaints and any concerns raised by people. The registered manager told us, "Our aim is to always learn from any complaint." People told us that they felt comfortable raising a concern and they had been pleased with the response they received. One person told us, "I had one complaint and it was taken seriously. The manager came out and met with us and resolved the issue. They are always there to help."

Complaints and concerns raised with the service were recorded, along with a record of their response. Often this included a written response with a proposed solution and if appropriate an apology. Also, any concerns or areas for improvement on surveys of people's care had been responded to in the same way.

We saw evidence that feedback from one complaint had led to a staff member receiving additional support to make improvements, including increased spot checks to ensure they were making progress. This showed responsiveness to people's concerns and developing staff members.

Nobody being supported by Aceso was currently receiving end of life care. The registered manager told us that they had provided end of life care for people at home, working alongside community based health care professionals. Health care professionals that we spoke with told us that the service had provided responsive and empathic night support at times to people receiving end of life care and that this was of high quality. Staff told us that they felt it was important to provide care so that the person was able to die peacefully in their own home as they wished and told us it was a privilege to provide such care.

Is the service well-led?

Our findings

People and their families praised the quality of the service provided and the approach of staff and managers. One person told us, "They keep us cheerful." Healthcare professionals who work alongside the service told us they thought the service was well-led. One healthcare professional told us, "Communication with the service is excellent and feedback from people's families [about the service] is positive."

Leaders within the service had a clear vision of how to ensure that people received high quality care and support. For example, one of the owners of the service told us that it was important to them to have, "Happy staff." They added that they achieved this, "By treating staff like one big family." They went on to tell us that staff who felt valued and secure were best placed to offer good care and support to people. They told us they did this by being open and honest with staff, ensuring staff had the security of a contracted number of hours, were allocated and paid for their travel time and travel expenses, giving staff an appropriate amount of time to provide good care, ensuring they are not rushed and being as reasonable and as flexible as possible with the staff rotas.

When we asked the staff members about the leadership of the service they told us that they felt appreciated, well supported and that senior staff go above and beyond in their role when supporting staff members. One staff member told us, "They are absolutely amazing. They go above and beyond. I've never worked in a place with such good management." Another staff member told us, "I love it here; the managers are good. I'm very comfortable with them, they always call you back and help out when needed."

The service was growing and we saw that the owner and registered manager had credible plans in place to ensure the quality of people's care when expanding. For example, they have put into place an electronic care planning and call logging system which will be in operation from the start of December 2018. This was being put into place to help ensure the service remained reliable and of high quality when growing. The action plan was thorough and showed a good understanding of the areas of the service that the senior staff feel could be improved. This showed a progressive, forward thinking and responsive leadership culture.

There are also plans in place to move into a different office space which will provide a base for community based staff and enable the office to be open at the weekend; to provide a more, responsive and robust service.

The service had developed a very clear documented set of values and aims. These were shared with new staff when they started during the application process. These values were defined for staff and there was evidence of them being applied in their day to day work. Examples of the aims were to have a caring approach, support people to have good health and to have fun. Fun was described as, "Enjoying what we do, smiling, having fun, being optimistic and share in the stories of others."

There was a can do, community focused culture within the staff team. The service operated in a semi-rural area and we were told of examples of when staff members had helped other members of the community when travelling in-between calls; on one occasion responding quickly in helping a person to get out of a

dangerous situation.

The service had a leadership structure in place which meant that each staff member knew their role and responsibilities. Senior staff provided a 24 hour on call service to offer guidance and support to all staff members. Staff told us that they benefited from a clear organisational structure, felt well supported and knew they could rely on help being quickly available when they needed it. One staff member told us, "There is always someone we can get straight through to." Another staff member said, "The manager is brilliant, she keeps us informed, is in contact with us daily and is good at sharing information."

The registered manager told us that they received regular support from the owners of the service. They said, "I feel well supported. The owners, myself and the staff all sing from the same hymn sheet. If they can do anything to help me they will."

One of the owners of the service told us that they actively encourage communication and feedback in practical ways and ensures that it is welcomed and it is made as easy as possible for people to give feedback. People's agreed with this and told us they felt listened to. One person said, "The communication is excellent." Another person praised the amount of information they received.

It was clear that the service had built up positive and effective relationships with outside health and social care professionals. One health care professional told us about the service, "They provide really good joined up care." The owner also told us how they had built up positive relationships with other providers and attended provider forums and other networking and sharing events. This helped them to stay up to date with current best practise.

The owners and registered manager arranged for a series of regular audits of the service to take place. This helped them to assess the quality of the service being provided. For example, there were audits of the safe administration of people's medication, staff training and support, people's care plans and the daily notes of care completed by staff members. We saw evidence that these audits had been effective in ensuring high quality standards were maintained. For example, we saw that feedback given to staff members after auditing the daily notes of people's care had led to an improvement in the quality of the notes being kept.

The leadership of the service was creative and pragmatic in their solutions to problems as they arose; with the aim of providing a good continuity of high quality and reliable care for people. For example, the service operates in a rural part of Cheshire and staff transport is essential. One care staff had an accident which meant their car was not on the road for a period of time. This meant that the staff member could not work and people may receive care from unfamiliar agency staff. To solve this the leadership of the service arranged for a rental car to be provided temporarily; which meant that the rota could go ahead as planned.