G & P Healthcare Limited

G&P Healthcare Limited

Inspection report

12 Enterprise Court
Crosland Park
Cramlington
Northumberland
NE23 1LZ

Tel: 01670714400
Website: www.gphealthcareltd.com

Date of inspection visit:
26 June 2017
27 June 2017
03 July 2017

Date of publication:
16 August 2017

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?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 26 and 27June 2017 and was announced. We announced the inspection because the service provides care to people in their own homes and we wanted to be sure there would be someone at the office to speak with us. This was the first time we had inspected this service at this address, although it had previously operated from a different address in Northumberland. The service was registered at this address with CQC in August 2016. Following the inspection we spoke to a range of individuals during the week commencing 3 July 2017.

G&P Healthcare Ltd provides nurse-led care in people's own homes. Nurses carry out visits to plan people's care and to regularly monitor people's needs and the care provided. Delivery of care is provided by trained care workers. At the time of our inspection the service was supporting 14 packages of care, delivering support to 15 individuals. Nine of the individuals being supported were children or young people.

The service had a registered manager who had been registered since July 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the nominated individual for the service provider.

The provider had in place a safeguarding policy and staff had received training in relation to the safeguarding of vulnerable adults and children. Staff said they would report any concerns to the manager or senior staff. There had been two recent safeguarding incidents in the service which had been dealt with appropriately and reported to the appropriate authorities. Risk assessments were in place linked to care delivery in each person's home. Regular checks were maintained to ensure the risk assessments were up to date.

Staffing was delivered through the development of teams around individual care packages. People told us that in the main they were support by the same group of care staff. Staff told us there were sufficient staff to deliver individualised care. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience. Medicines were managed and handled safely. There were plans in place for the use of 'as required' medicines and the use of covert medicines, where necessary. Specialist instructions were available if medicines were administered through PEG feed systems.

People were supported to access adequate levels of food and drink. Where specialist feeding systems were in use staff had received training of how to do this safely and appropriately. Staff had their competency monitored in the use of these feeding methods.

Structures were in place to ensure staff had regular training and updating of skills and staff confirmed this was the case. Records indicated the majority of staff had completed all mandatory training. Staff told us, and records confirmed there were regular supervision sessions for all staff members and each staff member

had an annual appraisal.

The registered manager had a good understanding of the Mental Capacity Act 2005. No one being supported by the service had any restrictions on their freedom granted by the Court of Protection. Where people did not have capacity to make decisions best interests decisions had been taken and documented. It was not always possible to be sure family members had been fully involved in these decisions. We have made a recommendation about this.

We observed good and relaxed relationships between people and staff. Staff understood about people's individual needs and personalities. People were supported to access health care professionals and services to help maintain their wellbeing. Specialist advice was sought and acted upon, where necessary. Staff understood about treating people with respect and dignity and people and relatives confirmed they put this into practice.

People's needs had been fully assessed and individualised care plans and risk assessments developed that addressed all their identified needs. Care records and care plans were reviewed to ensure they met individual's needs and potential changes were identified. People were supported in activities or their own interests and likes. Complaints had been dealt with appropriately and people told us the registered manager was responsive to any concerns.

The registered manager and senior staff directly visited people's home to review care delivery, care records, staff competency and ensure people had the opportunity to raise any concerns. Records returned to the office were subject to audit and review and action taken where necessary.

People, relatives, professionals and staff were extremely positive about the registered manager and her individual and highly dedicated approach to the service and its quality. They told us she maintained regular contact, visited frequently and was responsive to any issues that needed addressing or updating. Staff said the registered manager and other senior staff were very approachable and freely available for support and advice. They said the registered manager could be contacted at any time. Staff said they enjoyed working in the service and supporting people.

The registered manager told us she was committed to providing a quality service and ensuring all staff were well trained. Professionals we spoke with told us the registered manager was very flexible in her approach and was exceptionally knowledgeable. Other services told us the provider worked well with them and there was good co-operation and communication. The registered manager and clinical lead maintained some nursing shifts within local NHS organisations to ensure they had access to up to date training and development. Records for the service were complete and contained very good detail.

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

Then service was safe.

Safeguarding matters had been dealt with appropriately and staff had received training in the protection of vulnerable adults and children. Risk assessments were in place related to the delivery of care in people's own homes.

People and staff told us there were sufficient staff on duty to deliver effective care. Appropriate systems were in place to support the safe recruitment of staff.

Medicines were managed appropriately and staff had their competency regularly assessed. Measures and procedures were in place to limit the risk of infection.

Is the service effective?

Good

The service was effective.

Staff training was up to date and people told us staff had the correct skills to support them effectively. They told us and records showed there were regular supervisions sessions and an annual appraisal.

The manager understood the requirements of the MCA (2005). Where necessary best interests decisions had been made, although family involvement was not always clearly documented.

People were supported to access health services to maintain their well-being and were also assisted to access appropriate levels of food and fluids.

Is the service caring?

Good

The service was caring.

People and relative told us staff were very caring and supportive of their needs. We saw there were good relationships between staff and people they cared for.

People and relatives told us they were involved in determining and reviewing care needs and decisions.

People's privacy and dignity was supported and respected throughout the delivery of care.

Is the service responsive?

Good

The service was responsive.

Care plans contained information about the person as an individual. Care plans reflected people's needs and contained good detail for staff to follow. Care plans and risk assessments were regularly reviewed.

People were supported in activities and following their particular interests. The provider had a complaints policy in place and any concerns were dealt with appropriately.

Is the service well-led?

Outstanding

The service was well-led.

People, relatives and professionals all praised the registered manager highly. They said she was approachable, flexible and highly knowledgeable. Staff also felt they were well supported by managers.

A range of audit systems were in place, including regular direct visits to people's home to check staff approaches, documentation and the appropriateness of care plans.

Results from questionnaires from people who used the service and staff were extremely positive about the running and management of the service. Other services said the provider worked in a highly co-operative manner. Records contained very good detail and were maintained appropriately.

G&P Healthcare 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 26 and 27June 2017 and was announced. The provider was given 48 hours' notice because the service delivers care in people's own homes and we wanted to ensure there would be someone at location when we visited. We also made telephone calls to relatives and professionals during the week commencing 3 July 2017. The inspection team consisted of one inspector.

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 provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

At the office location we spoke with the registered manager, the clinical lead and the care co-ordinator. We visited two people's homes and spoke with one person who used the service and one relative. We viewed care documents maintained at the home. We also spoke with two staff members who were on duty at the time. Following the inspection we spoke on the telephone to two staff members, two relatives, one professional and the registered manager of another service.

We reviewed a range of documents and records including six care records, five medicine management records, four records of staff employed by the service, complaints and compliment records, accidents and incident records, minutes of meetings, communication documents and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service they received was safe. Comments from people included, "I do feel safe, very safe"; "I trust (care worker) that she will do all the work" and "I feel much better. I can go to bed without worrying or needing to get up every half hour." The provider had in place policies regarding both the safeguarding of vulnerable adults and of children. Staff told us and records showed they had received training in relation to safeguarding matters and all care workers we spoke with were able to describe how they would deal with any concerns. The service had alerted appropriate authorities to two incidents of potential safeguarding. One related to a missed shift due a communication error. The manager described the action they had taken and the changes they had made to procedures in the service to ensure such an event did not occur again.

Risk assessments were in place with regard to the delivery of care. Records contained evidence of risk assessments regarding the environment staff would be working in, along with assessment of risks associated with supporting people with medicines, infection control, moving and handling, nutritional issues and skin integrity issues. We saw these risk assessments were regularly reviewed and updated. Plans to support people in the event of an emergency were also in place. People, relatives and staff told us there was an on call system and that senior staff within the organisations could be contacted at any time, if there were concerns. The manager told us the service's main phone number automatically transferred to the on call mobile number at 5.00pm, so people could contact them through the continued use of the main number. Staff told us there was never any issue about contacting a senior staff member out of hours. They said the manager and clinical lead could be contacted for advice even if they were not directly on call.

Accidents and incidents were recorded and managed effectively. Where appropriate the manager had conducted an investigation with regard to the incident to ensure any lessons learnt were noted and acted upon.

The manager, staff and people we spoke with told us care was delivered, in the main, by a dedicated care team for each individual. People and relatives told us it was rare for an unfamiliar care worker to attend, barring in the most exceptional circumstances. They told us staff within the teams would pick up additional shifts to cover sickness or absence, to provide continuity of care. Staff we spoke with told us they felt the packages had sufficient staff allocated to them to provide care. They said that if they felt care needs changed they could raise this with the manager and the package and staffing requirement would be reviewed. The provider had a care co-ordinator post, whose role it was to plan shifts and ensure all requirements were covered. The manager and clinical lead told us they also covered occasional shifts, predominately to ensure they remained up to date with the care of individuals they supported.

The manager told us the service currently employed around 32 staff in total, including two senior care workers for adult services and one senior care worker for children's services. She said the majority of staff were full time. The manager stated the service would not take on additional packages of care unless they were sure they could staff the teams effectively. We saw recruitment processes were appropriate and robust. There was evidence of applications being made, full work histories being available, references and

Disclosure and Barring Service (DBS) checks being undertaken and identity checks carried out. The manager said that although people and relatives were not directly involved in recruitment they were able to input into the make-up of the team and they looked to ensure the staff group assembled for each package was complementary. Relatives and people told us, although they had never had any problems with the care delivery, they could speak to the manager if they felt a particular relationship with a care worker had not gelled. The manager and the clinical lead at the service were both registered nurses. We checked with the Nursing and Midwifery Council (NMC) and found both had up to date registrations in place, with no restrictions on their practice.

The registered manager told us, "We are really lucky with staff. We have wonderful team members." She went on to say, "We are picky with who we select. You can't teach compassion."

Staff supported people with their medicines and appropriate processes were in place to ensure these were administered effectively and safely. All staff had received training in relation to the safe handling of medicines. Care staff had also been subject to an annual competency check, where they were observed by a senior care worker or nurse, to ensure they dealt with medicines appropriately. We looked at medicine administration records (MARs) and found they contained good detail and were well completed, with no gaps when staff were dealing with medicines. Some people were prescribed 'as required' medicines. 'As required' medicines are those given only when needed, such as for pain relief. Where these were prescribed an individual MAR was in place which detailed the amount and frequency these medicines could be administered. Completed MARs were returned to the office and checked for errors or anomalies. Some people supported by the service had a percutaneous endoscopic gastrostomy (PEG) tube fitted, to support their dietary intake. A PEG is a tube that goes directly into a person's stomach where they cannot eat normally or can only take a limited amount of food orally. Where appropriate, people had medicines administered via the PEG and instructions and checks were made to ensure this was carried out safely. People we spoke with told us they had no issues with how staff supported them with their medicines.

People and relatives we spoke with told us staff had access to and used appropriate personal protective equipment, such as plastic gloves and aprons. Care records showed risk assessments were carried out regarding infection control and specific training had been given for procedures such as care of PEG feeds or supporting people with tracheotomies. Tracheotomies are specialist equipment that support people with their breathing. Where there was a specific infection risk this was highlighted, with clear instruction for staff to follow to minimise risk. We saw infection control issues were regularly reviewed and monitored as part of the quality assurance system.

Good

Is the service effective?

Our findings

People and relatives told us staff had the right skills and experience to support them with their care. Comments from relatives included, "I know they attach a lot to training and accreditation during training"; "They are good girls; do their job well. They are trained well and know what to do. They are spot on" and "The carers learn very fast. There is no need to repeat things. They do everything exactly as I require."

Staff we spoke with told us they received regular training and updates. Two staff told us they were currently in the process of updating their on line training, having received recent email reminders that it was time to refresh their skills. They told us that in addition to on line training they also received practical training regarding the operation of PEG feeds, use of suction machines and changing of tracheostomies. They said in the main nursing staff from the service instructed them and assessed their competency. However, in some situations specialist nurses from the local NHS service would also instruct them and assess their competency.

The care co-ordinator demonstrated the system for ensuring all staff received regular updates on training. They told us that when they were alerted training needed renewing this was also automatically flagged up on the staff member's duty rota, to remind them to complete the required items. Staff records also contained copies of training certificates and competency assessment documentation.

The manager and clinical lead told us they attended a range of national seminars and training courses to ensure they were up to date and help maintain their nursing skills and Nursing and Midwifery Council registration. They told us they also linked to training through local hospitals and services.

Staff told us, and records confirmed there were regular supervision sessions and an annual appraisal. Supervision sessions looked at what had gone well recently and what could have been done differently. There was an opportunity to reflect and consider future development. Managers had also fed back positive comments from people and relatives.

One member of staff, who had joined the service recently told us they had received an appropriate induction. They said because they were the only recent recruit their induction and training had been one to one with the clinical lead. They also confirmed they had opportunity to shadow more experienced staff and had been introduced to people and relatives before commencing work individually.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us there was no one supported by the service who was under any restriction instituted by the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. There was evidence in people's care files that, where necessary, best interests decisions had been made, often led by the person's general practitioner, detailing how aspects of care should be supported. For example, one person could at times refuse medicines. A best interests decision had been taken to allow staff to administer medicines covertly in these circumstances. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. We saw another best interests decision for the use of bedrails to help keep a person safe at night. We noted that although it was implied, some best interests decisions did not always detail family members had had specific input into decisions, particularly where the matter had been dealt with by an outside health or social care professional. We spoke with the manager about this. She told us that whilst she could not vouch for those processes led by third party organisations, she made every effort to ensure there was full family involvement in such decisions, where the service led on these. The manager said no one currently being supported had a relative with an active lasting power of attorney.

We recommend that when best interest decisions are made and documented there is a clear indication family members have been involved in the decision process.

Where people did have capacity to make decisions there was evidence their consent had been sought. People we spoke with told us the care staff always made sure they were happy with things before carrying out any action. One person told us, "They always talk through anything that is going to be done. I feel listened too, yes." One relative told us that although their relation could be confused at time staff tried to ensure they were involved in decision making as much as possible. They told us, "The good ones understand about (relative) making as many decisions about care as possible."

People and relatives told us staff supported them to maintain their health and well-being. Care plans contained clear information for care staff to follow to support people's health and appropriately undertake clinical procedures. Relatives told us care staff worked alongside other community specialist such as district nurses or occupational therapists. One relative told us, "There had been a couple of issues and (registered manager) said we need to go back to Continuing Health Care. It happened at her initiative." Another person told us how care staff would support them to contact their GP, if needed, and escorted them to review appointments. They told us, "The care worker books all my appointments." There was evidence in people's daily care records that staff had sought advice if they were unsure about the person's condition or the action they should take.

People told us they were supported to maintain adequate intake of food and fluids. There was evidence in people's care records that staff had information about how this support was to be offered and daily records showed these instructions were followed. Where people had PEG feeds then staff had received specialist training and care plans were exceptionally detailed about how these feeds should be managed.

Good

Is the service caring?

Our findings

We observed there to be good relationships between people receiving care and the staff supporting them in their own home. People and relatives told us the care staff were very caring. Comments included, "They are all very skilled and do a brilliant job"; "There is a high degree and genuine caring and compassion"; "Overall I'm quite happy with things. I would definitely recommend the service to others. I would say it's outstanding, definitely; everything you need is there"; "Very good – I'd give it a nine out of ten"; "They pamper (relative) and put cream on their face. That's nice" and "I'm very pleased. If I need anything I know they are there for us." One relative told us, "They find people who look after (relative) in the way I do. They have shown me there are still excellent services providing services out there." They further told us, "They are compassionate and understanding in a changing landscape." One parent told us how well their child got on with a care worker and that they looked forward to them coming on to a night shift, so they could read a book to them at bedtime.

People and relatives told us they were involved in determining the delivery of care as much as possible and were supported to be hands on. One relative told us, "They have an intuitive understanding of when I want to step in and care. I'm very impressed with that." Care plans included a section on communication and detailed how people could be best supported to ensure their personal needs were met. Where people did not have verbal communication there was detailed guidance for staff about how people communicated with gestures, expressions and sounds, including the specific meanings of these items. Care plans also contained information of people's preferences, such as if they preferred male or female care staff and what particular meals or snacks they enjoyed. Relatives told us the manager of the service regularly visited them and their relations to ensure they were happy with the service and discuss any changes.

Staff we spoke with told us they enjoyed their job and enjoyed caring for people. Comments from staff included, "I love my job. It can be challenging at times, but it's really rewarding to see the smiles from people. The reward is that we played a part in that" and "It's so relaxing compared from where I came from. I can put a lot into it; can give it my all. The families are lovely."

People told us care staff always looked to maintain their dignity and respect. One person told us, "They treat me with dignity; they are really good. They always make sure they put a towel over me. They try and make things as dignified as possible." The need to ensure people were treated with dignity and respect was also covered in care plans.

People were supported to be as independent as possible. Care plans contained information for care staff to follow that people should be allowed to do as much for themselves as they were able. This included making decisions about their care, but also practical aspects, such as washing and dressing.

The manager told us the current client group using the service had been fairly stable and long term. She said that, fortunately there had not been any recent deaths of people using the service, although they would support people with end of life care, if necessary. The manager and the clinical lead both told is they had previously worked in a hospice environment and so had a good understanding of the requirements of good

and appropriate end of life care.

Good

Is the service responsive?

Our findings

People and relatives told us the service was responsive to their needs. Comments included, "Everything is done in a proper fashion"; "I'm very pleased. If I need anything more I know they are there for us"; "I've a first-hand view of how each carer works. They have a good understanding and perception of (relative's) needs and requirements" and "They cope with the unexpected."

People had wide ranging and comprehensive care plans to support staff in meeting their needs. There was evidence an assessment of needs had taken place prior to people using the service and also information had been gathered from other sources, such a specialist practitioners. Care records contained information about the person as an individual such as their living arrangements, past history and likes and dislikes. For example, one person was highlighted as liking Formula One racing and noted to have a brilliant sense of humour. Another person was highlighted as having liked dancing when they were younger. Care records also contained information about people's significant medical history and current conditions.

Care plans had been developed to address the range of support needs for each person. There were details of care requirements regarding; personal care, communication, mobility, nutrition and emotional well-being. Care plans contained detailed information for staff to follow, such as the type of sling to use, including which straps should be used; favourite meals people liked; how to support people with specific medical conditions and how medicines should be given. There were specific instructions about how to connect certain medical machinery at night, how feeds should be given via a PEG system and how to perform procedures such as cleaning or replacing tracheostomies. Staff told us there was sufficient detail in care plans to allow them to deliver care, but also stated that for more specific procedures they received direct training and were not left to carry out the process until both they and the family or individual were happy they had the right level of skill.

There was evidence in people's care records that needs, care plans and risk assessments were regularly reviewed and updated. People and relatives told us the manager or a senior care worker visited the home regularly to ensure care plans continued to meet the needs of people they were supporting. Where changes were made the nature of the change was recorded. For example, it was noted in one file a person's parents would now be giving the individual their morning medicines. There was also evidence the service attended and participated in wider multi-disciplinary review meetings, offering updates on their involvement but also ensuring they were aware of any changes in specialist care needs.

People and relatives told us staff supported them or their relations in activities or maintaining social contact. Relatives told us staff supported people to go out for walks or attend activities. They also told us staff would play with or read to children or engage in conversations and chats with older people. Care plans contained information about what people liked to do, such as what they liked to watch on television, that they enjoyed playing with games consoles, loved trips to the cinema or also liked periods of quiet.

The provider had in place a complaints policy and a copy of the procedure was available in people's care files kept in their homes. There had been two formal complaints recorded in 2017 and we saw these had

been investigated and fully responded to. People and relatives told us that where they had raised any concerns with the manager these had been addressed. Comments from people and relatives included, "I know I can always reach her (registered manager). If something needs fixing she fixes it. She is always accessible"; "(Registered manager) comes to see me and checks everything is okay. She immediately sorts out any problems" and "I did raise a complaint a while ago. But the manager came and we sat and talked that through and it was all sorted."

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since August 2016. The registered manager was also one of the owners of the provider company and the nominated individual. A nominated individual is a senior person within the organisation that the CQC would have contact with when raising issues with the provider organisation.

The manager told us she regularly visited all the homes of people receiving care from the organisation to review the delivery of care, check records were up to date and to speak with people and relatives to ensure they were happy with the support they were receiving. People and relatives confirmed this contact took place, along with visits from other senior staff within the organisation. Records showed the manager had reviewed care records and made changes to care actions in light of changing health needs. Relatives also told us they felt the manager had very high standards and this expectation was transferred to the staff. Staff told us instructions on how to deliver care were very precise and said they were not left alone supporting individuals until the manager was happy with everything and both the staff member and the individual or relative were comfortable processes were fully understood.

There was evidence in files and records that the manager personally checked and audited daily records, MARs and other charts when they were returned to the main office. We noted there were few issues of concern highlighted, but where there were then action had been taken. For example, the manager had reminded staff about the need to maintain records in black ink and staff had also been advised not to reorder a certain 'as required' medicines, as it was being used sparingly and therefore stocks were sufficient.

People and relatives told us the manager was directly involved in assuring care delivery was of a high quality and frequently checked that staff were delivering care appropriately. Comments included, "It is a small company, shaped by (registered manager) and her business partner. They are the dynamos. (Registered manager) is very hands on. She handles issues very quickly and with efficiency and humanity"; "They are pretty hands on. At one stage they were coming every two weeks"; "What G & P Healthcare do is fantastic and they should be supported to flourish and grow"; "(Registered manager) comes and goes over the package. I'm not sure how often, but it happens. But she came about once a fortnight to see me. That is to check that everything is okay"; "(Registered manager) pops in quite often. She always comes to check on things" and "I just love the way she keeps in touch with carers and checks on them to make sure they are doing what they should be doing. To keep that personal touch with all her clients is amazing. I don't know how she does it"

A professional we spoke with was also complimentary about the manager. They told us, "It's very good. (Registered manager) is excellent; very helpful, very flexible and very knowledgeable." They went on to say, "They support other agencies. They gave advice to the other service quite freely. They also support professionals such as district nurses. They suggested a way of managing a problem the district nurse was not aware of." The registered manager and clinical lead told us they both undertook shifts supporting people, not because there was a shortage of staff, but so they could directly assess that the care delivery was

appropriate and maintain direct overview of the quality of the service. Staff and relative both confirmed that managers undertook regular direct care involvement.

Staff we spoke with told us they were well supported by the manager and the senior team within the organisation. Comments from staff included, "They are lovely; definitely easy to talk to – really helpful. You can call (Registered manager) directly, even when she is not at work"; "If there were any issues I could approach (registered manager). She rings the care workers all the time. When she learns I'm ill she is never off the phone. Both (registered manager) and (clinical lead) are approachable"; "(Registered manager) is lovely. You are never afraid to talk to her" and "(Registered manager) is lovely. Her knowledge and support is immense. She is always there if you need her - just pick up the phone. I could go to her if not sure about things." One person told us, "She always rings the care workers to see how they are getting on."

People and relatives had been approached with questionnaires to gather their views on the service. The individual questionnaire forms were not available for scrutiny although an overview of the results was presented. Seven forms had been returned. Feedback on care staff was extremely positive with all recorded results showing people rating all areas as either excellent or very good; including professionalism, caring skills and capability.

Questionnaires on the management of the service were also overwhelmingly positive. 100% or respondents stated that managers were approachable. 100 % of people also stated that care plans were discussed with them by managers and that their care needs were always met. All those who returned the questionnaires stated they would recommend the service to others.

14 staff questionnaires had also been returned. Staff were asked to rate four areas; Leadership, Engagement, Employees voice and Organisation integrity. All areas had been recorded as receiving a 100% satisfaction rating, with staff agreeing with statements about managers showing appreciation and having concern for staff welfare. Staff had also indicated they felt safe in speaking out and challenging, if necessary. The registered manager said there were some larger staff meetings but she tended to focus on "mini- meetings" based around individual care packages. Staff we spoke with told us there was ample opportunity to speak with the manger, colleagues and express their views.

We spoke with the registered manager about her vision and values for the service. She told us she and her business partner had established the service because they had been dissatisfied with the level of care they had found elsewhere and the level of training available. She said they felt they could make a change and were interested in quality rather than size. She told us, "We set out to be the best we can; try to be perfection. We always reflect and try and change for the better." She told us the service was set up to be, "Safe, high quality and responsive." She said she felt her management style was trying to be democratic. She felt she led, but staff would come together to help shape how the service went forward. She reflected on a recent event where a shift had been inadvertently missed and explained the changes she had put in place to prevent any similar events. She reiterated how devastating this incident had been to her personally.

The manager explained she and the clinical lead aimed to maintain their skills and knowledge as much as they could. She and the clinical lead explained they both still did nursing bank shifts within local NHS organisations. This allowed them access to the most current training and kept them in touch with care developments.

People and professionals we spoke with told us the service worked well with other services and there was good co-operation. We spoke with the registered manager of another service who had supported a care package with G & P Healthcare. The registered manager told us, "They were an absolute delight to work

with. (Registered manager) would support us if we weren't sure, because she was a nurse. We went to meetings together. There was good communication and we were kept in the loop; which I think is fairly unique." Of the manager they told us, "She was brilliant, we had a fantastic relationship. I would absolutely work with her again."

Daily records maintained by care staff were very detailed and contained good information. Where necessary, staff regularly recorded heart rates, oxygen levels, skin issues, food and fluid intake and any specific medication issues. There were also good records about people's mood or demeanour. Where there were concerns, staff had highlighted these for future staff to note and observe. Other records and charts were also well maintained and kept up to date. Relatives commented, "They keep a full record and do a good job" and "They keep records – daily records and medicines charts. My family look at them, but I trust them."

The registered manager was meeting the requirements of their registration through making appropriate and timely notification to the CQC about any safeguarding issues, serious injuries or deaths.