Mears Care Limited

Mears Care - St Neots

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

Mears Care St Neots provides personal for people living in their own homes.

Our last inspection took place on 25 November 2013 when we found the provider was meeting all the regulations we looked at.

This unannounced inspection took place on 2, 3, 8 and 10 June 2016. There were 128 people receiving care at that time in Cambridgeshire.

The service had a registered manager in place. 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.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. People experienced a good quality of life because staff were well trained which gave them the skills and knowledge to meet people's assessed needs. Staff were well supported by their managers. There were enough staff to meet people's assessed needs.

People received their prescribed medicines appropriately. People's health, care and nutritional needs were effectively met.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS. People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People received care and support from staff who were passionate about providing good quality care. They were kind, caring, respectful and friendly. There was a strong emphasis on person centred care. Staff actively encouraged and promoted people's independence. They were proactive and looked for innovative ways of delivering people's care that focused on enabling people to maintain their independence.

Staff showed consideration of people's views. People and their relatives had ample opportunities and were encouraged to comment on the service provided. Staff involved people, and those important to them, in

planning and delivering the service, ensuring the service provided was based on each person's needs and wishes. People were fully involved in every day decisions about their care.

Care records were detailed and provided staff with sufficient guidance to provide consistent and individualised care to each person. Changes to people's care were kept under review to ensure the change was effective. There were opportunities for people to pursue their interests and maintain community links.

The experienced registered manager was supported by a highly motivated staff team. The service was very well run and staff including the registered manager were approachable and supportive. Staff understood fully what was expected of them. They understood and worked to the provider's values, always placing people at the centre of the service.

The service had a positive culture of continuous improvement. People and their relatives were encouraged to provide frequent feedback on the service both formally and informally. People's views were listened to and acted on. Concerns were thoroughly investigated plans actions were taken to bring about improvement in the service. The service had an effective quality assurance system. Where improvements were needed, these were addressed and followed up to ensure continuous and sustained improvement.

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 were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met and monitored. People were provided with a balanced diet and staff were aware of people's dietary needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring, respectful and friendly. They showed consideration of people's views and involved people, and those important to them, in planning their care. Staff actively encouraged and promoted people's independence. These were the service's key principals and were reflected in the service people received.

People and their relatives had opportunities to comment on the service provided. People were involved in every day decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent and individualised care to each person.

People and those significant to them were involved in planning and reviewing their care. There were opportunities for people to pursue interests and maintain community links.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care. Staff were highly motivated and understood what was expected of them.

People were encouraged to continuously provide feedback on the service in various ways. People's comments were listened to and acted on.

Staff understood and worked to the provider's values, always placing people at the centre of the service.

The service had an effective quality assurance system. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Mears Care - St Neots

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 announced inspection took place on 2, 3, 8 and 10 June 2016. It was undertaken 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.

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 also looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We sent surveys to 50 people, 21 responded with their views about the service. We also sent 50 surveys to people's relatives, two of whom responded. Two of the 10 community professionals responded to our survey. We used this information to help us plan this inspection.

During our inspection we spoke with six people and six relatives by telephone and visited a further three people and one relative. We also spoke with the registered manager, two care co-ordinators, a senior care worker, three care workers, a visiting officer and the regional manager. Throughout the visits we observed how the staff interacted with people who received the service.

We looked at seven people's care records, staff recruitment and training records and other records relating to the management of the service. These included audits, and meeting minutes.

We requested and received feedback from the commissioners of people's care, an occupational therapist, and a representative from a GP surgery.

Good

Is the service safe?

Our findings

People receiving the service said they felt safe. One person told us, "Yes I can trust them all [staff]." Another person said, "Yes I feel safe. I wouldn't let them in otherwise."

Staff told us they had received training to safeguard people from harm or poor care. They showed us that they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff told us they felt confident that senior staff would act on any concerns they raised. One member of staff told us that when they had raised issues of concern, "[Senior staff do] follow up and tells us what's going on."

People's risks were assessed and measures were in place to minimise the risk of harm occurring. People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included assisting people to move and the environment. Appropriate measures were in place to support people and there was clear direction as to what action staff should take to minimise risks. For example, we saw guidance for staff on safe moving and handling techniques. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. This included the reporting of missed calls. The registered manager audited incident and accident reports and identified where further investigation and or action was required to reduce the risk of recurrences.

The staff we spoke with told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. They also said they were required to take a literacy and numeracy test to assess their competence in these areas. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to meet the needs of the people they provided a service to. People told us they usually had regular care workers, with other care workers filling in when the regular staff were on leave. One person told us, "I've got a list of who's coming. I know the faces [of the staff who visit me]." People said new staff were always introduced to them and understood their needs before providing care on their own. One person said, "If I have a new carer starting, they will do a shadow shift with an existing carer." People said the care workers usually arrived on time. One person said, "[My call is] usually on the dot." Another person said, "The timekeeping's perfect. If there is a delay they will let us know." A third person said staff were rarely late, but when this occurred they always apologised. People told us staff had enough time at each call to complete all the allocated tasks.

People's care records detailed the number of staff that they needed to keep them safe and to meet their needs. They told us the service was flexible and staff did their best to accommodate their changing needs. One person said, "When I came out of hospital they put in an extra call [each day]. It made me feel more

comfortable." They told us the calls were reduced as they got better. There were sufficient staff to flexibly accommodate unforeseen circumstances. For example, one person told us their care worker found them on the floor after they had fallen. They said "[The care worker] called the paramedics and stayed with me until the paramedics arrived." A staff member told us of a recent similar situation. They said they contacted the care co-ordinator at the office. The staff member told us, "[The care co-ordinator] was great. [They] rerouted other care workers and covered my calls so I could stay with [the person] until the ambulance arrived."

There were appropriate protocols in place to ensure people received their medicines safely. Where people were supported with their medicines, they indicated that the system worked well. One person said the protocol, "works absolutely perfectly. They write everything down."

Staff told us that systems were in place that enabled people to manage their own medicines whenever possible. This sometimes made use of assistive technologies, such as an alarm that reminded people when they were due to take their medicines.

When people's prescribed medicines changed, staff ensured that confirmation had been received from the person's GP before they administered it. This helped to ensure that only currently prescribed medicines were administered to the person.

Medicines were administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines administered. This included medicines that were prescribed to be given 'when required'. Checks of medicines and the associated records were regularly made to help identify and resolve any discrepancies promptly.

Good

Is the service effective?

Our findings

People told us they felt staff had the knowledge and skills to effectively meet their needs. One person said, "[The staff] know what they are doing." Another person told us, "[The care workers] know what to do. [Staff member] was a bit nervous at first. Now [they] know what to do and [they're] a lovely person."

Staff were well trained to effectively meet the needs of the people they cared for. New staff had a comprehensive induction that included five days classroom learning. A staff member told us this covered various topics relevant to providing care including assisting people to move safely, medicines management, legislation, hygiene and dementia and stroke awareness. Staff told us they received annual refresher training in these key areas.

We noted that new staff members then worked alongside a more experienced staff member who was trained to assess for the Care Certificate [a nationally recognised training standard for social care]. Staff were further supported by a 12 week "employee engagement program" where the worker was in close contact with their line manager and trainer. The registered manager told us, "The Care Certificate documentation must all be completed and care workers signed off as competent before providing the service."

One member of staff had returned to work after a break in service. They told us the training and induction they received more recently was "much better" than their previous experience. They said, "The difference being [the senior] was able to guide and correct as I went along…Now it's a lot better."

Staff had additional opportunities for training to ensure they met the needs of the people they supported. A member of staff told us, "[The registered manager] is hot on training. You do get opportunity to do NVQ's [national vocational qualifications] and can approach them for other training. I've asked for [training in] stoma care." Staff received training appropriate to their roles. For example, senior members of staff told us they had received training that equipped them to carry out effective risk assessments and write people's care plans.

We saw that a variety of methods were used to consolidate the formal training staff received, such as staff meetings, supervisions and quizzes. The provider had developed a board game to help staff improve the service they provided to people.

Staff members told us they felt well supported by their managers. Staff received formal supervision regularly and said that this was a useful experience and provided an opportunity to discuss their support, development and training needs. One staff member told us, "I definitely feel supported. We get regular supervision and appraisal... Supervisions are good because [the managers] are so approachable. It's a constant thing."

Staff were well supported and felt their managers were approachable. One staff member said, "We can go to [the registered manager], definitely." People told us that they felt staff were comfortable seeking advice. One

person said, "I'm completely confident in the [staff] that come. If they're not sure about anything they'll phone [the office] and check." Staff told us that they had access to external support through 'Mears Assist'. One staff member told us what this is. They said, "You can ring them to talk about any problems."

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. 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. The registered manager and staff told us that no one using the service was deprived of their liberty.

We found the service was working within the principles of the MCA. Staff members were trained and knowledgeable in relation to the application of the MCA. People told us that staff sought their consent before providing care. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Staff confirmed this. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well or the person's legal representative. This showed that consideration was taken to ensure the service was provided in people's best interest and in the least restrictive manner.

People received appropriate support to ensure they ate and drank in sufficient quantities. One person told us, "The staff are so helpful. They make sure I've got something to eat and drink." A healthcare professional told us that staff offered meal choices and encouraged people to drink plenty of fluids. Records showed that consideration was taken in regard to people's nutritional needs. For example, people's need for special diets due to specific health conditions.

People were supported to access a range of healthcare and assisted to manage and maintain their health. Healthcare professionals told us the staff fostered good working relationships with them and the people they supported. One healthcare professional told us, "I have found them very helpful and knowledgeable about their clients. They are usually clued up about the [people who use the service] when they call us for a visit, or medication advice."

The healthcare professionals said the staff followed guidance they put in place. One told us, "[The staff] embrace change of equipment and often send additional carers out for demonstrations." We saw the service had received a compliment from another healthcare professional. They said, "I would like to compliment the [service] for their co-operation with [our team]. We have found them to be fully engaged in learning about the new specialist equipment and how to use it. We have also found them to be very proactive by making referrals to us."

People told us staff had appropriately requested medical attention on their behalf. For example, when they were unwell or had fallen. A healthcare professional agreed with this view. They said, "[The staff] inform us promptly and appropriately of any issues." Records showed staff had appropriate contact with, and made referrals to, a variety of healthcare professionals. These included GPs, community nurses, occupational therapists, speech and language therapists and specialist nurses, such as the memory nurse.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring and friendly. One person told us, "[The staff] are kind and caring. They are absolutely brilliant." Another person said, "The care I receive is of the very best. I could not get better if I was the Queen of England." A third person said, "[The staff] are just so kind in how they talk to me. They are very good."

Relatives told us that they felt staff cared about them as well as the person they were supporting. One relative told us about the kindness staff had shown them and how a staff member had 'gone the extra mile'. They said, "One morning I could hardly walk and [the care worker] made me a cup of tea. [They're] so caring." Another relative fed back to us about the caring approach of the staff. They said, "[The] regular carer is an absolute diamond. [They are] extremely good at what [they] do and are warm and understanding. [They] give both me and my [family member] the utmost attention when [they] are with us." Another relative wrote to the service, "Your team always treated mum with care, respect and compassion. Thank you." Healthcare professionals praised staff and described them as "caring", "considerate" and "friendly". One commented that, "Nothing is too much trouble for the staff."

People and their relatives told us that the continuity of staff provided had led to people developing meaningful relationships with them. Staff clearly knew people and their individual preferences well. One person told us, "[The staff] have got to know me and we talk." Another person said, "'[I get] the same staff. They want the best for us." A relative said their family member "looks forward to [the staff members'] visits and regards them almost as friends."

Staff told us about the strong person centred-culture that the staff fostered. They spoke of the importance of providing personalised care that meets people's individual needs. One staff member said, "It's not just going out to do the care. It's everything, not just what it says in the [care plan]. It's person centred. It's about [the person] as an individual and taking everything into account. It's getting to know [the people you visit] and who they are." A commissioner's contracts monitoring report stated people "were very complementary about the care workers. [People] felt the workers that visit them are well matched to meet their needs."

Several people made comments about the positive impact a "chat" and a "laugh" or "joke" with their care workers had on them. People were clear this was done in a respectful way. One person said, "We have a laugh but [the care workers] don't push it." Another person told us, "[The staff] couldn't get better. They're always ready for a laugh." Staff explained to us that they personalised their approach, depending on the person's preferences and how the person felt on each occasion. One care worker said, "We get to know what [people] like or don't like and how to behave with people. What works with one [person] doesn't for work someone else. I do vary [my approach], you have to be adaptable: laugh and joke sometimes, another time they just want you to listen."

Throughout our visits to people's homes, staff maintained a caring attitude towards people. This included responding on all occasions to people's requests with kindness and reassurance. We saw people were treated with respect and people and their relatives said this was always the case. For example, when staff let

themselves into people's homes they called out to let them know who was visiting and asked if they could go in.

The staff we asked, told us without hesitation that they would be happy for a family member to be cared for by the service. One staff member told us this was because, "There's a lot of good care goes one here." Staff told us about the importance of involving people in everyday decisions about their care and keeping them informed if there were unavoidable changes. People and their relatives, where appropriate, verified this. One person told us, "I feel listened to and involved [in my care].''People knew members of the senior team by name and told us they were asked for their views and felt confident contacting them if they had a concern. People's relatives said they were kept informed of any changes in their family member's condition. Records also reflected this.

We saw that people's views were encouraged and considered and promoted when people's care was organised and provided. For example, we saw that one person needed their calls to be earlier on some occasions when they attended appointments for treatment. This information was recorded and actioned and the person's morning calls were provided at different times depending on whether the person had an appointment or not. The person's relative told us this made a "big difference" to them and the person. They told us that varying the call times meant the person attended their treatments but also got to benefit from a lie in to get additional rest on the other days.

Staff actively encouraged and enabled people to be as independent as possible. One person told us, "Staff encourage me to do things." A relative wrote to the service, "During your time caring for [my family member], it allowed [my family member] to be as independent as possible and supporting [person] gave [person] a quality of life to stay at home...Thank you. Your team go the extra mile and that is priceless." A healthcare professional told us they had worked closely with staff who had been willing to look for new creative ways of working that actively encouraged people's independence. A staff member told us, "I always offer choice. It's with everything. At meal times I'll go to fridge and offer choices from what's in there. I do believe in keeping [people's] independence as much as possible."

Staff prompted the use of equipment that helped to promote people's independence. This included devices that reminded people when to take their medicines. Staff had also trialled equipment to help people to transfer safely. Staff told us they received specific training for this and found it enabled some people to transfer with one, instead of two, staff members assisting them. For some people this meant that their relatives were also able to help them transfer and the person no longer had to wait for staff to arrive. This increased their choice and opportunities for movement.

People who required advocacy were supported in ways that best met their needs. For example, relatives and people who knew the person well were consulted about people's care and involved in best interest decisions. Information was available in the about how to access formal advocacy services. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People and their relatives felt that staff understood and responded to their and their family members' needs. They said care was provided in the way they or their family member preferred. One person told us, "[The staff have] got to know us very well over the years." Another person told us, "[The staff] do everything I ask of them. They are as good as gold. If it needs doing they just do it. They always ask me if there's anything else they can do. They even feed the birds." A third person said, "The carers are flexible. They would do things differently if I asked, but I don't need to, they get it right." A care commissioner told us, "The service is brilliant. They are always accommodating and have really helped [people] out."

The service received an assessment from social services. Staff told us they carried out their own assessment to ensure this was accurate and the person's needs had not changed. The assessment included people's life history, their preferences, people who were important to them, their interests as well as their care needs. This assessment formed the basis of people's care plans and was to help ensure that the care that was provided would effectively and consistently meet people's needs.

Assessments and care plans included information about people's health needs, religious beliefs, what was important to the person and how the person preferred their care needs to be met. Care records provided sufficient detail and guidance for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people to move and support with their personal hygiene.

In the PIR the registered manager told us that people were encouraged to be a central part of the assessment and support planning process and we found this to be the case. There were good systems in place that ensured people's views were sought, considered and incorporated into their care plans. For example, a person had not been able to shower because of dressings associated with their healthcare needs. Staff liaised with healthcare staff and arranged for the person to have showers on specific days when they knew the person's dressings would be changed by a healthcare professional.

Staff told us, and records showed, that people's care plans were accurate and updated promptly. Regular reviews took place which involved the person and those close to them where appropriate.

Staff talked passionately about the people they supported and had a good understanding of their individual personalities and preferences. Staff told us that as part of 'shadowing' more experienced staff they were provided with time to read people's care plans. They said this meant they understood people's needs and preferences before they provided care. A staff member said, "There's time to find out about [people's] ways. They've all got different ways." Another staff member told us about a person who had recently become increasingly anxious and confused, resulting in them refusing personal care. Staff had varied their approaches and found that the person responded best with three care workers visiting in rotation.

Where appropriate, staff kept relatives or relevant others informed of changes in people's health and well-being. One relative wrote, "… I feel we are really lucky with the agency. I know [my family member] is really

happy with all the [care workers] who visit and [named care worker] …is really great and helpful… I would just like to say a really big thank you from all of us for all the help and keeping me so well informed and sorting any problems that you can. We could not keep [my family member in their] own home without you and would certainly recommend [the service] to anybody."

The staff took steps to ensure people maintained interests and community links. For example, staff sought additional funding to enable a person to pursue their interest in military matters and visit an 'army day'. For another person they secured funding that enabled them to be escorted and safely leave their home and take regular trips out, reducing their anxiety.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One person told us that they had raised a concern and were satisfied this had been resolved and resulted in a positive outcome for them. A healthcare professional told us they had found the managers and staff were happy to help with any concerns that were brought to them. They said they felt the managers and staff were always looking for new ways to improve their service.

Information about how people could complain, make suggestions or raise concerns was available in people's folders in their homes. Staff had a good working understanding of how to refer complaints to senior staff or the registered manager for them to address. One staff member told us, "I'd encourage the person to speak to someone in the office and I'd also report [the concern] to them."

We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate. For example, the registered manager had identified that people were not always informed of any changes to their planned care workers or visit times. They introduced a system where, if time permitted, the person would be informed before the change occurred. If this was not possible then people received a courtesy call after the call had taken place.

Good

Is the service well-led?

Our findings

We received very positive comments about the service provided and people and their relatives said they would recommend it to others. One person said it was because, "[Staff] look after me very well." Another said it was because, "[The staff] are so kind and caring." One relative said they would recommend the service because of, "The quality of the care." Professionals we contacted also made positive comments. One care commissioner told us, "They are a very, very good organisation."

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 had a good understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records showed that notifications had been submitted to the CQC in a timely manner.

In the PIR the registered manager told us, "Mears have a clear and robust structure in place that is continually reviewed to ensure that it meets the requirements of the service and [the people who use it]." We found this to be the case. The registered manager was supported by a staff team that included, care co-ordinators, an administrator, a training manager, senior care workers and care workers. They also received support from the regional manager and the provider's organisation.

Staff understood their lines of accountability and the reporting structure within the service. This was reinforced at team and supervision meetings and in communications with staff. This included reminding staff of various procedures that outlined their responsibilities and provided them with the opportunity to discuss and explore these. The policies and procedures included safeguarding protocols and the provider's whistle blowing procedures, which enabled staff to raise concerns within the provider's organisation. All the staff we spoke with were familiar with these procedures. They all told us that they felt comfortable about reporting any concerns or poor practice to senior staff including the registered manager and were confident their concerns would be taken seriously.

The registered manager was approachable and had an 'open door' policy. Staff told us the registered manager was available and responded to their calls or visits promptly. A staff member said, "If I ever have any problems I just go straight to [the registered manager]. She's very supportive." Another staff member said, "I can't sing [the registered manager's] praises highly enough." A third staff member told us, "The management team are great. They're very understanding." Healthcare professionals also said that managers were approachable and open to suggestions. One commented, "We have a very good relationship with [the staff and managers]."

Staff had a good understanding of the provider's values. This including putting people first when providing the service. A care worker told us, "It's a team effort. We're all there for the person. [Staff in different roles]

come at it from different angles and have different responsibilities. The communication is there. [Senior staff are] approachable. It feels like a team. We're all singing from the same hymn sheet." The provider used imaginative posters and information with a 'red thread' theme to help staff remember these core values and behaviours.

All staff said they could speak freely at team meetings and during supervisions. Staff told us that they had regular supervision and support and training according to their role. Staff said they could contact senior members of staff at any time and use the provider's 'on call' service out of business hours. One staff member told us, "It can be daunting [when you're providing care on your own], but there are no panic stations. I can always call on someone for advice and support."

From discussion we found the registered manager and staff had an excellent knowledge and understanding of the care needs and preferences of the people receiving this service. They were proactive and looked for innovative ways of delivering people's care. These focused on enabling people to maintain their independence. For example, they worked in partnership healthcare professionals to trial new equipment. Following this trail a healthcare provider wrote to the service complimenting staff on their engagement with the project. They wrote, "It is a pleasure to be able to complement a team of workers for their efforts and warm welcome whenever we meet." A contract's assessor wrote, "[The registered manager] was very innovative and open to change, trying new approaches to improve [people's] quality of life."

Staff told us that the provider organisation provided staff with good information that helped them keep updated with best practice and developments in relation to the service provided. For example, each year the provider introduced a campaign that focused on a particular area of service delivery. Last year this was medicines and included easy to use information that care workers could carry with them to visits. The registered manager told us this had reduced the number of errors with medicines. The registered manager told us that next year's campaign focuses on assisting people to move safely.

The registered manager attended various meetings and groups to share and gain knowledge and experience. She was an active member of the local authority domiciliary care providers meetings and regularly attended the provider's manager's meetings. The registered manager also studied to further improve her knowledge base. She had attended the provider's manager's induction programme and was doing the Quality Care Framework level 5 in leadership and management. This is a nationally recognised qualification.

The registered manager and provider organisation fostered a culture of continuous improvement. In the PIR the registered manager told us, "[We] actively seek feedback on general service provision from both staff and [people] to ensure the service is effective. This feedback is sought in a number of different ways including postal surveys, home spot checks, quality telephone checks and one on one consultation with care workers and [people who use the service]. All of these processes are designed to identify the good practice in place and any areas where improvement is required. Each episode of feedback is reviewed and where required action taken and feedback is provided to those who are involved." We found this to be the case.

Systems were in place that provided people with ample opportunities to feedback on the service they received. People told us they felt listened to and involved with their care and the service provided. One person told us, "Yes. We have received surveys, phone calls and had reviews." Another told us, "I have received questionnaires, have regular reviews, etc."

Branch newsletters provided people and staff with information and feedback on various issues including

survey results and what action had been taken. For example, the newsletter showed that in 2014, 95 % of people who responded to the surveys were either satisfied or above satisfied with the service they received. As part of the provider's strive to continually improve, in 2015 this had increased to 100%. The newsletter also reported on improvements they had implemented. For example, that a new system had recently been implemented so that people were informed and received courtesy calls when their planned care worker.

The registered manager was proactive in looking for ways to involve people in the service development. They had sent people questionnaires where people expressed a desire to hold 'forums' in venues near where they lived to discuss the service. The registered manager told us they were in the process of developing these forums and would use these as another way of gaining feedback from people about the service.

We saw that various ways had been developed to support staff to promptly address any potential shortfalls in the service provided. For example, if a care worker noticed an omission in a person's care record they 'red ringed' the omission in red pen and notified the office who then contacted the care worker involved. This meant that any necessary action could be taken without further delay. Staff told us this had been used, for example, where a care worker had forgotten to sign to show that a person's medicine had been given. Because this was investigated very quickly, the care worker was able to remember that the medicines had been given and staff were able to record this conversation on the person's record. These issues were then followed up and discussed in supervision meetings. Senior staff told us these supervision meetings focused on staff improvement. They also said they would consider using appropriate procedures, for example, the disciplinary procedure, if improvements did not occur.

We also noted there were various internal audits which highlighted any areas of improvement required. We saw that any improvements needed were either completed or being worked on and that these were documented in an action plan.

The service was awarded an 'excellent' rating when it scored 100% when its level of customer service was assessed by the local authority contracts department in March 2015. The local authority used a tool which was recognised by east region local authorities. To be rated as 'excellent' the service must score 95% or higher and not have any areas assessed as 'not met'.

The service celebrated and shared success. Newsletters contained features on long service awards and 'smile award' winners, with a reminder that anyone can nominate a staff member for this award. We spoke with a care worker who had received this award after being nominated by a member of staff who had been on-call during an emergency. The care worker told us, "It's nice to get the recognition… It gives you a warm glow. You know you are doing it right."