

Penwith Respite Care Limited

PRC Outreach

Inspection report

Unit 2 (Poppies), Knights Warehouse,
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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 

Overall summary

PRC Outreach is a domiciliary care agency that provides personal care for people in the Penzance area of Cornwall. The service predominantly supports adults with learning disabilities and some older people with complex care needs. At the time of our inspection the service was supporting 26 people. Some people had short visits at key times of the day to help them get up in the morning, go to bed at night and give support with meals. Other people received longer visits to support

them with their daily lives and other people received a 24 hour supported living service. A supported living service is one where people live in their own home and receive care and support to enable them to live independently.

There was a registered manager 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.

Summary of findings

We carried out this announced inspection on 16 October 2015. The service had not been previously inspected at its current location. When last inspected at the previous address the service was found to be fully compliant with the regulations.

People said they felt safe and told us; “they [staff] are very nice people” and, “they are stars, they are angels really.” People’s relatives told us, “I have no concerns leaving [my relative] in their care, they are a really good crowd.”

Risk assessment processes were designed to ensure people’s safety while enabling people to take risks if they wished. Staff understood local safeguarding procedures and had received training in how to recognise and report abuse. PRC Outreach was able to provide emergency support to individuals if their family or personal carer became unwell and one person’s relative said, “I fell and they came and stayed on a 24 hour basis until family arrived.”

There were sufficient numbers of suitably qualified staff available to meet people’s needs and respond flexibly to requests for changes to planned care visits. People received care from consistent small staff teams who knew them well and had the skills to meet their needs. People’s relatives said, “[My relative] does not like new people, it has been an absolute godsend, the consistency is great” and, “the managers ensure new staff are always introduced slowly so they get to know each other.” Staff told us they were well supported by their managers and that their training needs had been met.

PRC Outreach’s recruitment processes were robust. New staff received formal induction training in line with current best practice and shadowed experienced staff for significant periods before providing care independently.

People’s care plans were personalised and sufficiently detailed to enable staff to meet individual’s specific care needs. Staff told us, “the care plans are quite comprehensive” and the registered manager described how the current care plan format had been developed to enable people to make choices about their routines and which activities they engaged in each day. People and their relatives were involved in care plan review meetings and told us, “we have a meeting each quarter to talk about any changes.”

People’s relatives told us they had complete confidence in the highly flexible support provided by PRC Outreach.

Relative’s comments included; “if they say they will do it they will do it. It is absolutely brilliant”, “I know I can rely on them” and, “nothing is ever too much trouble for them.

The service supported and encouraged people to develop and maintain their independence. This support enabled people to live full and meaningful lives within the local community. One person told us, “They helped me decorate my flat” and a staff member described how they had supported a person who used a wheel chair to abseil down a cliff.

People and their relatives consistently told us that PRC Outreach was well led and that they would recommend the service without hesitation. Managers and staff spoke passionately about the people they supported and took pride in describing people’s achievements and successes. Staff told us, “I believe in what I do and I believe in this organisation”, “I try to give people the best day I can” and, “it’s small and works by meeting people’s individual needs.”

PRC Outreach operated “Poppies” a community resource including a café, meeting rooms and “Changing Places” toilet facility. Poppies provided a meeting place for people who used the service, a venue for community events, voluntary work placements and an opportunity for further community integration. One person told us, “I meet my friends here for a cup of tea” and we saw people chose to regularly visit “Poppies” to meet up with their friends and care staff.

Managers and staff understood the requirements of the Mental Capacity Act 2005 and how to make sure the legal rights of people who did not have the mental capacity to make decisions for themselves were protected.

PRC Outreach worked effectively with other care providers and health professionals to ensure people’s specific care needs were met. Any guidance provided by professionals was incorporated into people’s care plans.

The service was committed to supporting people’s individual needs and routinely provided informal additional support to assist people to live independently. On the day of our inspection two people visited the service for informal support and this was provided immediately.

Summary of findings

The service had effective quality assurance systems in place and regularly received positive feedback and compliments from people who used the service and their relatives. Information was shared securely using mobile

telephones and daily care records were sent to managers at the end of each care visit. These records were routinely audited by the services managers to ensure they were fully aware of any changes to people's care needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Recruitment procedures were safe and staff understood their responsibilities in relation to the safeguarding of adults.

Risk management processes were designed to protect people while enabling them to take appropriate risks.

Staff had been trained to support people with their medicines and there were systems in place to help people to manage their finances.

Good



Is the service effective?

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

The service promoted people's independence and consistently respected their choices and decisions.

Managers and staff understood the requirements of the Mental Capacity Act.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and understood people's individual care needs.

People's privacy and dignity was respected and their achievements celebrated.

The service was able to support and care for people at the end of their lives.

Good



Is the service responsive?

The service was responsive. People's care plans were detailed and personalised and provided staff with sufficient guidance to enable them to meet people's needs.

People were actively encouraged and supported to engage with a variety of recreational activities, local community events and with voluntary employment.

The service provided highly flexible care and was consistently able to respond to people's choices.

Good



Is the service well-led?

The service was well led. The registered manager had provided appropriate leadership to the well-motivated staff team.

Quality assurance systems were appropriate and accidents and incidents had been effectively investigated.

The service was open and worked collaboratively with other professionals to ensure people's health and care needs were met.

Good



PRC Outreach

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 16 October 2015 and was announced in accordance with our current methodology for the inspection of domiciliary care services. The inspection team consisted of one inspector.

The service was previously inspected on 29 and 31 October 2013 when it was found to be fully compliant with the

regulations. The service had moved offices since the last inspection and had not been previously inspected at the current address. Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with seven people who used the service, five relatives, six members of care staff, a team leader, the registered manager and one of the provider's directors. We also visited two people who used the service and observed the support staff provided to people. In addition we inspected a range of records. These included three care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People said they felt safe while receiving care and support from their staff. People's relatives told us, "I have no concerns leaving [my relative] in their care, they are a really good crowd" and, "I feel [my relative] is safe, they understand her needs." Staff told us the people they supported were, "absolutely safe" and commented; "everyone is looked after" and, "people are safe, happy and can choose what they want to do."

There were systems place to keep people safe and reduce the possibility of abuse. Staff understood both the providers and local authorities' procedures for the safeguarding of vulnerable adults. Posters about local safeguarding procedures were displayed throughout the services offices. Staff were trained to recognise the various forms of abuse and encouraged to immediately report any concerns. Staff told us they were confident any concerns they reported to managers would be appropriately investigated. The services safeguarding policy had been updated to reflect recent changes to local safeguarding processes.

Assessments were carried out to identify any risks to the person using the service and the staff supporting them. The risk assessment process was designed to ensure people's safety while supporting people to develop skills to enable them to live independently and enjoy their hobbies and interests. Staff supported people to live as independently as possible while ensuring their safety. For example, the service supported one person who owned and enjoyed a moped. The service had supported this person to complete necessary road safety training and helped the person manage the maintenance of the vehicle to ensure it was safe to drive. In addition this person told us, "if I break down they come and rescue me" and described how support staff had used the services minibus to help him home on these occasions.

PRC Outreach had appropriate procedures in place to ensure people received necessary support during periods of adverse weather. The service had access to a four wheel drive vehicle and prioritized visits based on specific needs during periods of adverse weather. The service was also able to provide emergency support to individuals in the event that their family or personal carer was taken unwell. One person's relative told us, "I fell and they came and stayed on a 24 hour basis until family arrived."

Where accidents or incidents occurred these were fully documented and investigated. Records showed that appropriate action had been taken in response to incidents and where necessary changes had been made to reduce the risk of an incident re-occurring.

We reviewed the services visit schedule and individual staff rotas. We found there were enough staff available to meet individual's planned care needs and respond to people's requests for flexibility in the delivery of their planned care visits. Staff told us, "there are enough staff" and reported they were provided with appropriate travel time between consecutive care visits. People and relatives told us care staff routinely arrived on time. One person's relative commented; "their time keeping is incredible."

Recruitment processes were robust. New employees underwent relevant pre-employment checks before starting work. For example, references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The service had safe systems in place for supporting people with their medicines and staff had received appropriate medicines training. People's care plans included clear guidance on the level of support each individual required with their medicines. Staff supported most people by prompting or reminding them to take their medicines. Details of the support provided with medicines were included in daily care records. Some people required additional support with their medicines. Where staff provided people with their medicines from a blister pack prepared from a pharmacy, Medicines Administration Records (MAR) were completed by staff to record details of the support they had provided. All records in relation to medicines were regularly reviewed by the service's managers. During our visit to one person's home we reviewed their MAR charts. We found no gaps in these records and found they had been completed in accordance with current best practice.

PRC Outreach had an appropriate system in place for supporting people to manage their finances. All monies held by the service were stored securely, detailed records were maintained and weekly audits completed by the registered manager. The service supported some individuals to manage their bank accounts and staff had developed effective working relationships with the local bank branch to help ensure people's financial needs were met.

Is the service effective?

Our findings

Staff received formal structured induction training when they started their employment. Induction training included classroom based learning and extended periods of shadowing experienced staff before new staff were allowed to provide care independently. One recently employed member of staff told us, “I spent a good while shadowing people, I think it was a couple of months.” All new staff also received training on the 15 fundamental standards of care during their first three months of employment in accordance with the requirements of the Care Certificate. In addition all established staff had completed the Care Certificate self-assessment tool to help ensure their skills and knowledge reflected current best practice. Staff were normally recruited to support specific people and detailed training was provided on how to meet people’s individual care needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The service’s training matrix showed that most staff had completed the level two Diploma in Health and Social Care and were now working towards achieving level three.

There were systems in place to help ensure staff training needs were met and regular refresher training was provided. Training records showed staff received regular training updates in topics including; epilepsy, food hygiene, first aid, infection control and the Mental Capacity Act. The registered manager was qualified to provide manual handling training and staff told us they had received specific training on how to support individuals to mobilise. Staff described how this training was regularly refreshed and included specific scenarios designed to help them understand how best to support each person.

Staff received regular supervision and annual performance appraisals from the registered manager or team leader. Staff told us they were well supported by their managers and that the quality of care they provided was assessed regularly when managers observed them providing care and support. Staff comments included, “we have informal supervision regularly and some formal meetings”, “I recently had supervision, it was very useful” and, “They do supervision, there are often little informal chats to see how you are doing.”

Managers and staff understood the requirements of the Mental Capacity Act (MCA) and were able to talk knowledgeably to the inspector on this topic. Staff recognised the importance of doing things in people’s best interest and using least restrictive practices to keep people safe. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. The service recognised that people’s capacity to make decisions was variable and consistently acted in people’s best interests.

Where people did not have the capacity to make certain decisions PRC Outreach had arranged for necessary decisions to be made in the person’s best interests. We saw staff, health and social care professionals and where possible family members had been involved in these decision making processes. In addition the service had arranged for people to be supported and represented by an advocate to ensure their views were independently represented. One person’s relative told us, “they certainly put people’s best interests first” and during our review of care planning documents we found well documented examples of best interest decision making.

Managers also understood the law in relation to deprivations of liberty. The service understood that restrictions on the freedoms of people who lacked capacity to ensure their safety required authorisation by the Court of Protection.

The service also respected and supported people’s right to change their mind once they had made a decision. Records showed significant support had been provided to one person who had said they wanted to move home. The service had supported the person to investigate other accommodation options and develop new support arrangements when the person changed their mind and decided not to move. The service had been able to continue with this person’s previous support arrangements after their decision.

People’s care plans included guidance for staff on how to communicate effectively and gain consent from each person prior to providing care and support. Staff recognised the importance of developing effective methods of communication to enable people to make choices about their care. Staff told us, “communication is

Is the service effective?

the key” and, “it’s all about learning how to communicate with people.” We saw staff encouraging and supporting people to make decisions and one person’s relative told us, “[person name] has choice and she does have a good day.”

Some people were supported at mealtimes to prepare food and drinks of their choice. People were encouraged to plan their own menus, purchase ingredients and prepare meals. Staff had received training in food safety and understood safe food handling practices. The registered manager described how they were encouraging one person to eat more healthily and that staff were also expected to eat healthily while supporting this person. The level of support

people required with meals was documented within their care plan’s which included specific guidance on how to prepare people’s meals. One person’s relative said, “they know all about how to prepare [the person’s] meals.”

The service worked successfully with healthcare services to ensure people’s health care needs were met. PRC Outreach supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists, physiotherapists and district nurses to provide additional support when required. In addition the service had previously provided 24 hour support to people during hospital admissions. This ensured people were care for and supported by staff who knew them well, understood their specific needs and were able to communicate with them effectively.

Is the service caring?

Our findings

People were keen to tell us how friendly, caring and supportive their staff were. People went out of their way to visit us to ensure we received this feedback. They told us, “they [staff] are very nice people”, “they look after me” and, “they are stars, they are angels really.” People’s relatives complimented staff on their caring and compassionate approach. Comments from relatives included, “the staff are really marvellous people”, “they are very good, very intuitive, they do know her well” and, “[The staff] are a lovely bunch of people absolutely wonderful. They know [person’s name] inside out.”

People received care from consistent staff teams, who knew them well and understood their individual needs. Staff rosters and care records showed people were always supported by staff who they knew and had previously been introduced to. The registered manager explained they always confirmed with people that they were happy and comfortable with any new members of staff before allowing the staff member to provide care independently. People’s relatives told us; “[My relative] does not like new people, it has been an absolute godsend the consistency is great”, “it’s always somebody [person’s name] knows” and, “the managers ensure new staff are always introduced slowly so they get to know each other.” Staff told us, “I support the same two ladies all the time”, “I have gotten to know [person’s name] and understand what she needs” and, “people are supported by consistent teams, new staff are always introduced by someone who knows the person.”. In addition, at the request of people and their relatives, PRC Outreach had recruited specific staff members with previous knowledge and experience of meeting individual’s needs to ease their transition into the service.

The staff team were well motivated and clearly passionate about making a difference to people’s lives. Staff told us they loved their work and spoke passionately about people’s achievements. Staff comments included; “to see people grow is what I love about this job”, “people are happy and you can see the change you have made” and “it’s the next best thing to being with your family.”

People told us they got on well with their care staff and commented, “we have a good laugh [staff member’s name] is a good bloke” and, “they do kind things.” People’s relatives commented on the kindness and compassion of PRC Outreach’s staff. One person’s relative told us, “[My relative] was ill and they even visited her in hospital.”

Staff supported and encouraged people to make choices and used a variety of individualised methods to help people make decisions. This included the use of tablet computers and specialist applications to help individuals to make choices about their daily lives. Staff described how they supported and encouraged people to make decisions and choices about their care. One staff member told us, “[person’s name] has choice now and she knows she can make choices. She thrives on that now.”

The service was able to provide people with support at the end of their lives. Staff told us how they all rallied round to meet people’s needs and commented, “the company is able to meet people’s needs even at the end of their lives” and, “I’m sure [the person] knew we were there and felt safe.” Managers recognised the impact that supporting people at the end of their lives could have on staff and counselling support had been made available.

Is the service responsive?

Our findings

Before people started using the service the registered manager or team leader visited people and their relatives to assess their specific needs. During this assessment people's wishes and expectations were discussed and the managers identified whether or not the service was able to meet those needs. Individual care plans were then developed detailing how those care and support needs would be met.

People's care plans were personalised and sufficiently detailed. They included information about the amount of support people normally required as well as guidance on how staff should support people during specific activities. For example, one person's care plan said, "[person's name] uses shampoo and conditioner when washing her hair, she usually asks for help with this."

Staff were positive about the care plans and one said, "the care plans are quite comprehensive." The registered manager told us the care plans were designed to encourage and enable people to make choices about their daily routines and the activities they engaged with. Where appropriate people's care plans included detailed check lists to help ensure staff had access to all of the equipment needed to meet people's needs while away from their home.

The provider had identified that the presence of highly detailed care planning documents within individual's homes represented a risk to their privacy and dignity as any visitors to their homes could look at this information. In order to address this concern only essential paper care planning records were stored within people's homes. Staff accessed people's care plans using secure mobile phones or laptop computers and daily care reports were securely emailed to the service's offices. This system protected people's privacy while ensuring people had access to their care plans, and staff were immediately able to access relevant information and guidance both within the person's home or while providing support in the local community.

People and their relatives told us they were involved in regular meetings to discuss and review people's care needs. Relative's comments included, "we have had

meetings to talk about the care plan" and, "we have a meeting each quarter to talk about any changes." The care plans we reviewed were up to date and reflected the current level of support each person required.

Each person's care plan included guidance on how to provide support and reassurance to individuals if they became upset or anxious. Where health and social care professionals had provided guidance on how to meet an individual's needs this had been incorporated into the person's care plan. For example, one person was receiving support from a physiotherapist. This person's care plan included details of the exercises recommended by the physiotherapist and guidance on how to support and encourage the person to complete these exercises.

People's relatives told us they had complete confidence in, and relied upon, the care and support provided by PRC Outreach. Relative's comments included; "if they say they will do it they will do it. It is absolutely brilliant", "they are like our second family, always willing to help", "I know I can rely on them" and, "they are great, I don't know where we would be without them."

PRC Outreach provided highly flexible support to meet people's needs. For example, records showed the service was regularly contacted by relatives and asked to provide either shortened or extended care visits. We saw the service was consistently able to respond to these requests and that people's relative's relied on the flexibility of the service to ensure people's care needs were met. People and their relatives were comfortable requesting changes to their planned care at short notice and told us, "nothing is ever too much trouble for them" and, "they are always happy to help out in any way they can." Staff told us, "life is unpredictable but we can respond to people's changing needs" and "We work set hours but it is flexible to meet people's needs."

Staff described how their work patterns often varied to meet people's changing needs whilst ensuring people received care from consistent small staff teams. One staff member told us, "one lady likes the same staff to help put her to bed. We are able to meet this need." Staff told us, "Shift patterns change to reflect changes in people's lifestyle", "Our rota is flexible to meet people's needs" and, "we are very flexible, we can arrange for extra staff to allow

Is the service responsive?

people to do the things they enjoy.” One staff member summarised the service’s flexible approach saying, “our work is very flexible and responsive as we respond to people’s choices.”

The service supported and encouraged people to develop and maintain their independence. This support enabled people to live full and meaningful lives within the local community. One person told us, “They helped me decorate my flat” while another person described how their support staff had helped them to install a fitted kitchen in their home. People’s relatives told us, “she enjoys doing things with them” and, “they are always out and about, meeting friends from school and doing what young people should be doing.” Another person’s relative described how their relative did not normally engage with activities and commended PRC Outreach’s staff team for the commitment to encouraging the person to engage with different activities. This relative told us, “they have tried so many things it was almost impossible to believe how hard they have tried.” This demonstrated staff understood the importance of supporting people to maintain relationships, develop new skills and avoid social isolation.

PRC outreach operated a minibus and two cars adapted for people who used wheelchairs. These vehicles were used to support people to visit friends, local attractions, attend community events and engage with their interests. We saw the service regularly provided transport and support to enable people to go swimming, horse riding and engage with their other interests. In addition, records showed the service had recently helped one person who used a wheelchair and their family to return home when their car broke down.

Staff encouraged people who lived independently and those who received 24 hour support to live full and varied lives. Staff told us they had recently supported people to attend music events, go on camping holidays, for short weekend breaks and on holiday overseas. The service positively encouraged and supported people to try new activities and staff told us, “we will try anything” and, “people are able to do what they want. It’s all about the person”. One staff member told us of how they had recently supported a person who used a wheelchair to enjoy outdoor activities. The staff member said, “we abseiled down a cliff together, I was terrified but [person’s name] wanted to do it again”.

PRC Outreach had identified that the planned closure of a significant community resource would adversely impact on the people they supported. The service had decided to take over this building “Poppies” and the running of this facility. This building was fully adapted to meet the needs of people who use wheelchairs and included a café, meeting rooms and a “changing places” toilet including a hoist, shower and full changing facilities. This meant PRC Outreach staff were able to support people with their personal care in the community in a respectful and dignified way.

The café was staffed by a manager and local community volunteers including people supported by the service. The provider described how the café provided a meeting place for people who used the service, a venue for community events, voluntary work placements and an opportunity to further community integration. During our inspection the café was used by the local community and people supported by the service. One person told us, “I meet my friends here for a cup of tea”

and during our inspection a group of people and their support staff met up in the café for a break. We saw people laughing with and playing tricks on their care staff. The atmosphere within the group was extremely positive with people clearly enjoying the company of their friends and support staff. Two off duty staff visited the café to meet up with people they had not seen for a few days. The registered manager commented, “we are really starting to see integration” and described how the café provided an opportunity to further integrate people the service supported, into local community life. This demonstrated the service was committed to the principles of social inclusion and supporting people in their local communities.

In addition staff told us their managers had supported and encouraged them to host events and workshops at the café for the benefit of people supported by the service and the local community. Staff told us “we do music therapy here [at Poppies] on Thursday mornings, the ladies I support really enjoy it” and, “we are looking to arrange some other workshops as well.”

Although the service had not received any formal complaints there were appropriate procedures in place to

Is the service responsive?

respond to and investigate any complaints. We saw any minor issues or concerns reported to staff were included in daily care records and investigated with the aim of ensuring the service continued to meet people's high expectations.

PRC Outreach worked effectively with other care providers to ensure people's specific care needs were met. Where other services were involved in people's support PRC Outreach facilitated joint care plan review meetings to ensure consistency of approach between the different care

providers. These review meeting were held either in the service's café or in the person's home depending on the person and their families preferences. In addition PRC Outreach actively supported and encouraged people to take control of their care arrangements. One person had chosen to employ their own personal care assistant and the service had supported this person by providing guidance during the recruitment process and providing care cover during their assistants leave periods.

Is the service well-led?

Our findings

People and their relatives consistently told us PRC Outreach was well led and that they would recommend the service without hesitation. Relatives comments included, "It's as close to perfect as you can get", "it's all tickety-boo", "I am very happy I would recommend them to anyone" and, "It's brilliant, it's like dealing with a company from the 1950's, the customer always comes first."

The provider had been set up by relatives of people with learning disabilities with the aim of supporting people to live as independently as possible. The service was led by Nominated Individual who is the Chairman of the Provider's Board. The team leader was based full time at the services offices and worked with the registered manager to ensure people's care needs were met. Both the team leader and registered manager knew the people the service supported well and were able to talk knowledgeably about people's specific care and support needs. People who visited the service's offices approached the registered manager for support without hesitation and we observed both managers providing compassionate support and reassurance during our inspection. People told us the services managers were friendly and supportive. One person said, "I like [the registered manager], she is a nice lady" while relatives said, "the manager knows people well."

The team leader was supervised by the registered manager and reported that they were well supported by the provider's board which included parents of people who used the service. Minutes of the provider's quarterly board meetings showed that the board provided effective strategic leadership while monitoring and reviewing the quality of care the service provided.

Staff were enthusiastic about working for the service and told us they were well supported by their managers. Staff comments included, "The managers are really approachable and definitely listen to you", "the managers bend over backwards for people" and, "it's a good little company to work for."

The chief executive and registered manager actively engaged with local peer support organisations and working groups designed to share experiences and best practice between providers of social care. In addition the service operated a parent and carers support group for relatives of

people who used the service. This group provided relatives with opportunities to share their experiences, provide mutual support and feedback comments about the service's performance to managers. The service worked in collaboration with people and their families to identify new opportunities to enable people to become as independent as possible and facilitated the formation of informal support networks. Staff told us, "we are a personal company it is all about being in the community together" and "we support people to prioritise so they can live as independently as possible." While the registered manager commented, "we will work with people and try to find creative solutions to any problems they encounter." It was clear from our observations and conversations with people, their relatives and staff that, where difficulties were encountered, these were viewed as opportunities to support people to overcome the difficulty and further develop their independence.

The service was fully committed to meeting individual's needs and supporting their independence. We saw that people regularly visited the service's office for informal support to manage their affairs outside of planned care visits. On the day of our inspection two people visited the office for informal support and this was provided immediately. Managers listened to people's concerns, explained available options and supported each person to help them decide how to resolve their concerns. One person told us, "If I get any letters I bring them here and they help me with them." In addition the service routinely provided additional unfunded care and support to ensure people's safety. For example, one person who had recently fallen was provided with significant additional support to ensure their safety and encouragement for them to complete their exercises. Staff had recognised that since their fall the person's reduced mobility had adversely impacted on their independence and wellbeing and the registered manager commented, "we have fought and fought to help [the person] mobilise."

Managers and staff spoke passionately about the people they supported and took pride in describing people's achievements and successes. Staff told us, "I believe in what I do and I believe in this organisation", "I try to give people the best day I can" and, "it's small and works by meeting people's individual needs."

The service operated an on call manager system to ensure people, their relatives and staff were able to contact

Is the service well-led?

managers outside of office hours when necessary. Staff told us this system worked well and one person's relative said, "what's great about it is you can just text and they get straight back to you."

The service had effective quality assurance systems in place and regularly received positive feedback and compliments from people who used the service and their

relatives. Daily care records were sent to managers at the end of each care visit and were routinely audited on receipt by the services managers to ensure they were fully aware of any changes to people care needs. In addition the service's managers regularly observed staff providing care and staff commented, "the registered manager does visit the house to do checks on us."