Caretree Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

We carried out this inspection on 8 December 2015. The provider was given 24 hours notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

Caretree Limited provides domiciliary care services to mainly older people who live in their own home. At the time of our inspection there were 45 people using the service.

The service had 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.

The registered manager and management team promoted extremely strong organisational values. They promoted a caring culture that put people at the centre

Summary of findings

of everything the service did. The registered manager was knowledgeable about the needs of people using the service, relatives and staff and saw this as an important part of the manager's role.

Everyone we spoke with was exceedingly complimentary about the registered manager, the staff and the quality of care provided. People and their relatives spoke highly of the skills and knowledge of the staff. People told us staff were thoughtful and caring. Staff were compassionate and regularly carried out spontaneous acts of kindness.

People received care that was personalised and recognised each of them as an individual. Care plans were extremely personalised and contained detailed information to enable staff to know each person as an individual, their needs and how their needs should be met. People were involved in their care and felt valued and listened to.

People were encouraged and supported to remain as independent as possible. Where risk assessments identified potential risks, plans were in place to promote people's safety whilst enabling them to maintain their independence. Staff understood the importance of promoting independence.

People benefited by staff who were well supported by the management team. Staff were positive about the support they received and were encouraged to ask for advice and guidance whenever it was needed. Staff spoke of the organisations 'family values' and how much they enjoyed working for the organisation and were proud to do so. Staff received regular support through one to one meetings with the registered manager. Staff felt valued, respected and that all suggestions and ideas were listened to.

Staff had access to development opportunities and regular training to ensure they had the skills and knowledge to meet people's needs. The registered manager ensured staff were competent before allowing them to work alone and worked with them to build confidence.

People were extremely satisfied with the service and had not needed to use the complaints procedures. Any minor issues people had raised with the service were addressed immediately and people were confident that complaints would be dealt with effectively.

The service looked for ways to continually improve the quality of the service and the lives of people they supported. There were effective quality assurance processes in place to monitor the quality of the service and these were used to continually review and improve the quality of care for people.

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?

Good

The service was safe. Staff were clear in their responsibilities to identify and report any concerns relating to abuse of vulnerable people.

There were systems in place to ensure people received their medicines safety.

Care plans contained risk assessments and where risks were identified management plans were in place.

Is the service effective?

Good

The service was effective. People were supported by skilled, knowledgeable staff.

The registered manager had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005.

People were supported to have sufficient food and drink to meet their needs.

Is the service caring?

Outstanding

People were supported by a service that was extremely caring.

People were treated as individuals and were involved in every element of their care.

Staff were caring and regularly carried out acts of kindness in addition to those required to meet people's identified needs.

The importance of building caring relationships was valued by everyone in the organisation.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and personalised care plans were written to identify how needs would be met.

People's histories, likes and dislikes were recognised and used to provide personalised care that valued them as individuals.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Outstanding

The service was extremely well led.

There were strong organisational values that were promoted through every level of the service.

There were exceptional levels of kindness and compassion for people, relatives and staff.

The service continually sought ways to improve the service by consulting with people and staff.

Caretree 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 8 December and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

The inspection was carried out by one inspector.

At the time of the inspection there were 45 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We spoke to commissioners of the service.

We spoke with five people who were using the service, four people's relatives and four social and healthcare professionals. We spoke with five members of the care team, the care manager, the registered manager and a company director. We reviewed five people's care files, four staff records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Oh yes, I am very safe. They always make sure I am comfortable before they leave"; "I am definitely safe" and "I am very safe when they leave, they always check I am OK". Relatives told us people were safe. One relative said, "Oh yes, (person) is utterly safe. They (carers) notice everything and problems are sorted immediately".

Staff were clear about their responsibilities to report any concerns relating to possible abuse. One member of staff told us, "I would report straight away. I know (registered manager) would take it really seriously". Staff knew where to report outside of the organisation if they felt an issue had not been dealt with by the provider. This included details of the local authority safeguarding team and the Care Quality Commission (CQC). Staff understood the different types of abuse and the signs that might indicate abuse.

The provider had a safeguarding policy and procedure in place. Records showed the provider took all concerns seriously and carried out full investigations when issues were raised. For example, the registered manager had carried out a monitoring visit to a person who required support with a specific piece of equipment. The registered manager found the piece of equipment was not being maintained to an acceptable standard. The registered manager notified the local authority safeguarding team and carried out a full investigation. All staff were retrained in how to clean and maintain the equipment. The care plan had been reviewed and contained detailed guidance, including pictures on the maintenance of the equipment. Staff we spoke with, who supported this person were knowledgeable about the maintenance and use of the equipment.

People told us staff arrived on time and always stayed for the required time. One person said, "They are very punctual and if they are late I am always advised". People told us they received a schedule advising them who would be supporting them and were always advised if there were any changes. There was an electronic scheduling system that enabled the registered manager to ensure all calls had been scheduled and that people received support from a consistent staff group.

Staff told us they were always given sufficient time to meet people's needs. If staff felt they did not have enough time to meet a person's needs they would notify the registered manager. One care worker told us, "One person had their care package increased as a result of us feeding back to (registered manager)".

People's medicines were managed safely. Staff received training in medicines administration. Where people's medicine required staff to be trained in line with the local authority shared care protocols this was completed by the registered manager. The registered manager had been assessed as competent to deliver the shared care protocol training and attended regular update sessions to ensure knowledge was kept up to date.

Staff were assessed as competent before being able to administer medicine unsupervised. People's care plans contained details of their prescribed medicines. Where people were being supported with medicines outside of a monitored dosage system (MDS) a printed medicines administration record (MAR) was provided by the dispensing pharmacist. Medicine records were all completed accurately and where medicines had not been administered a code had been entered to indicate why. Where people were prescribed medicines 'as required' (PRN), there were clear protocols detailing when the medicine should be administered.

People's care plans contained risk assessments which included: the environment; bed rails; medicines; falls; communication and pressure damage. Where risks were identified care plans contained detailed information in relation to how risks would be managed. For example, one person's care plan identified the person remained in bed. The care record contained risk assessments including a risk assessment relating to pressure area care. The care plan detailed how the person should be supported to be moved and included ensuring the person was given time before and after each move to enable them to 'breathe freely'. All records had been fully completed and the person remained free of any pressure damage. Risk assessments also identified what people were able to do for themselves and how this should be supported.

The service had effective contingency plans in place which included planning for bad weather and other situations that may affect the service. People were notified in

Good

Is the service safe?

advance, where possible, when there were known disruptions to the service. For example, a local street fair had an impact on traffic and people had been advised of possible delays in the service.

Records relating to the recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes; This was to ensure staff were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People we spoke with were confident the staff had the skills and knowledge to meet their needs. One person said, "They are very well trained". Another person told us staff had been individually trained to ensure they knew how to meet a specific care need.

Relatives told us staff were well trained. One relative said, "They are extremely well trained. Staff had to be trained how to use thickener for (person) and (registered manager) made sure they all knew how to do it".

Care staff told us the support they received from the management team was exemplary. Comments included, "They are brilliant. (Registered manager) always offers to come out and support us"; "What I like is any question you have you can just call up. They will give advice and if needed come straight out" and "They are all fantastic and understanding. I have never felt I couldn't phone someone for help".

Staff completed an induction period. New staff completed four days training which included safeguarding, infection control and moving and handling and was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff worked alongside more experienced members of staff until they were confident to work alone. Staff we spoke with told us they had shadowed other staff for as long as needed and they were not pressured to go out alone until the felt confident to do so. One member of staff told us, "When I first started I didn't want to give medication. (Registered manager) supported me until I was confident".

Where people required support with specific health care tasks the registered manager completed training with staff and ensured they were competent before allowing them to support the person. During our inspection the registered manager arranged to observe a member of staff supporting a person with a percutaneous endoscopic gastrostomy (PEG).The registered manager ensured the time was convenient to the person and the member of staff. The registered manager told us it was important the training was not intrusive for the person and was completed at a planned visit time when the training could form part of the care visit.

Staff were positive about the training they received and told us they could request any training they felt would improve their skills and knowledge. For example, staff had completed training to improve their skills and knowledge in supporting people living with dementia. Staff who had completed training gave examples of how the training had improved their skills. For example, they understood the value of looking at and chatting about family photographs with people who were living with dementia. Staff also understood the importance of having a calm approach. One member of staff told us, "It (the dementia training) was amazing. (Registered manager) will find anything (training) you ask for".

Staff were supported to access national qualifications in health and social care. Several staff had completed level two and three diplomas in social and health care. During our inspection the registered manager contacted a person to ask permission for an assessor to accompany the member of staff as part of their qualification. The registered manager told us they always liaised between the person, the member of staff and the assessor as they did not want people to feel under pressure to agree to the assessor being present.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff were positive about the regular one to one meetings they had with their line manager and told us they could request additional supervision at any time.

Spot checks were carried out on all staff to monitor the quality of care. Staff were positive about the checks and received feedback. Spot check records recognised good practice. For example, one record stated, 'Showed initiative and understanding' and '(Care worker) had a delightful rapport with client and clients (relative)'.

The registered manager told us of the importance of ensuring that people's needs were matched to the skills and personality of care staff. For example, a person who had recently started receiving support from the service was described as 'quiet and shy'. The registered manager had identified staff to support the person who had a calm and quiet manner to ensure the person did not feel 'overwhelmed'. The registered manager had received extremely positive feedback from the person's relative about how well the person was getting on with staff and how impressed they were with the 'intuitiveness' of staff.

Good

Is the service effective?

The registered manager had a clear understanding of their responsibilities under the Mental Capacity Act 2005. 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.

Care plans identified where people had been assessed as lacking capacity to make a specific decision and the best interest process that had been followed. For example, a decision had been made for a person to remain at home when unwell. The care plan contained details of health professionals and relatives involved in the best interest process and the decision made as a result.

Staff had completed training in the MCA and the manager was planning some workshops to ensure staff the principles of MCA were further embedded into everyday practice.

Staff were able to give examples of how they would support a person who may lack capacity to make decisions and how they would involve the person as much as possible. One member of staff said, "It's about talking to them and giving them information. Giving them time to understand and chose".

People's care plans contained detailed information relating to nutritional needs. For example, one person required their drinks to be thickened and required a pureed diet. Their care plan contained details of recommendations following an assessment by the speech and language therapist (SALT). The care plan identified the importance of making food look appetising and involving the person in decisions about what they would like to eat. Staff we spoke with had a clear knowledge of the person's needs and how they encouraged the person to eat.

One person's care plan identified the person had a very poor appetite and needed encouragement to eat. The person's relative told us, "They (staff) come up with amazing food ideas that I haven't thought of. They don't rely on ready meals". Another person's care plan identified the person needed fluid in small amounts through a syringe. The care plan gave detailed instructions in how staff should support the person to have sufficient fluids which followed professional guidance and recommendations.

People who had been assessed at risk of weight loss had their food and fluid intake monitored. Records showed that food and fluid charts had been accurately completed. Daily records showed how people had been supported to eat and drink. Where concerns about people's dietary needs were identified, referrals were made to dieticians and SALT.

People told us staff were "excellent" at identifying when people needed support from health professionals. One person told us, "They have noticed my other leg is swelling and have contacted the nurse". People were supported to access health care when needed. The management team contacted health professionals where there were concerns about a person's condition. For example, staff had identified an area of redness on a person's skin. Staff had reported the concern to the management team. The district nurse had visited the person and made recommendations which were being followed by staff. People were referred appropriately to occupational therapists, physiotherapists, podiatrists and mental health teams. The service worked closely with all health professionals.

Outstanding ☆

Is the service caring?

Our findings

Everyone we spoke to, without exception were extremely complimentary about the caring nature of the management and staff. Comments included: "They are absolutely first class, such attention to detail"; "I was very apprehensive about having carers, but I was so amazed, absolutely no faults"; "I am very pleased with them, they are very nice, polite and friendly" and "They are excellent. Some go way beyond the call of duty".

Relatives were equally complimentary about the caring culture of staff. Comments included: "They (staff) are really good, you can rely on them. My husband has a laugh with them and they know him well"; "They are excellent, a very good team. They are like family"; "They are brilliant. The care workers are lovely, some lovely personalities" and "They are exemplary".

Health and social care professionals were complimentary about the quality of care. One professional told us, "The quality of care is exceptional. I get nothing but praise. Clients are well cared for".

People benefited from staff who had a caring approach to their work and were totally committed to providing high quality care. Comments from staff included: "I love it, it's a fantastic job"; "I think about what I would do if it was my granddad. I aim to provide a high level of care"; "You have to think about how you'd look after your parents. I would do anything for them (people)"; "There is nothing about the job I don't enjoy" and "I love my job and look forward to coming to work". Staff gave examples of how they had provided support that was additional to the support identified in people's care plans. Examples included; calling to buy a newspaper for the person on the way to the scheduled visit; giving someone a manicure; supporting a person to decorate their Christmas tree and staying extra time with a person when they were feeling 'a bit down'.

One person told us, "It's the little things that make the difference. The things they notice without you even having to ask". People and relatives gave many examples of management and staff exceeding expectations in relation to the care and support provided. One relative told us how staff always thought of the 'little extras' and gave examples of birthday cards, flowers picked from the garden and a Christmas tree that had 'appeared'. The relative was impressed by the thoughtfulness of the staff and their ability to "put a smile on her face".

There was a strong caring culture at all levels. From directors to care staff, everyone we spoke with put the needs of the people they supported at the centre of everything they did. Staff were positive about the caring nature of the management team. One staff member said, "The registered manager is caring, she really cares about the clients". The caring culture was demonstrated at all levels of the organisation. For example; a member of staff had telephoned the office as they were supporting a person who had become anxious. A director went out to support the person and the member of staff. The director knew the person's likes and spent the afternoon with the person in their garden, chatting to them about cricket. They remained with the person and member of staff until the relative returned home. This meant the management team recognised the support needed for people and their staff at this difficult time.

The service provided additional support to people when they had experienced situations that impacted on their well-being, these services were frequently provided without charge to ensure people were well-cared for. For example; one person's relative had suffered a recent bereavement and was not able to offer as much support to the person using the service. The registered manager sought permission from the local authority to visit the person and offer some additional support to the person. This included giving the person a manicure and pedicure to help them 'feel special' during the difficult time.

During the inspection we saw many caring interactions between management and relatives and management and staff. For example, one person was very unwell and a care worker called the office to ask for advice and guidance. The care manager spoke to the member of staff and gave advice about what action to take. It was clear the person needed support from health professionals as they had become unresponsive. Following the telephone call the registered manager immediately asked the care manager to go to the person's home to support the person, their family and the care worker. Throughout the afternoon there were many telephone calls between the registered manager, relatives and health professionals. The registered manager showed empathy and understanding of the

Outstanding ☆

Is the service caring?

impact of the situation on everyone involved and was calm and caring in her responses. The registered manager was clear in all communications that the most important thing was to ensure the person was cared for in their chosen place and that everyone involved was supported to achieve this. We spoke to this person's relative who was exceedingly positive about the effort the service made to enable the person to be cared for at home.

Staff understood the importance of building relationships and valuing people as individuals. Staff involved people and their relatives in their care. One relative told us, "They (staff) have a brilliant relationship with [person] and me. It's a triangle of care to make sure [person] is well looked after".

To promote people's involvement in their care, care plans were presented to people in an attractive gift bag with a tag saying 'from Caretree'. The registered manager told us this was to encourage people to understand they were 'in charge' of their care.

People felt valued and involved in their care. People told us they were listened to. Comments included: "I'm very involved in my care"; "I can tell them what I want and they are really aware of me as a person which is really important"; "They always ask me what I want and if I'm OK" and "They always ask before they do anything". People and relatives told us they had regular contact with the registered manager, who often telephoned or visited to ensure people had an opportunity to discuss their care needs.

Everyone we spoke with, without exception, had regular reviews and were confident to call the management team at any time if they wanted to discuss their support needs. The registered manager contacted all people using the service on a regular basis to ensure they were happy with their care and that their needs were being met.

The service supported people to remain in their own homes at the end of their life, where they wished to do so. There were many thank you cards from families of people who had been supported with end of life care. Relatives described care as, 'Wonderful', 'Always treated with dignity and respect', 'Above and beyond the call of duty' and thanked staff for 'Their care and devotion'.

Staff spoke compassionately about supporting people at the end of their life. One member of staff was enthusiastic about starting an end of life training programme. The registered manager told us the programme would be rolled out to all staff.

Good

Is the service responsive?

Our findings

People were assessed prior to receiving support from the service. People were positive about the assessment process and felt valued and involved. One person told us, "(Registered manger) came and did an assessment at home. I was very involved. It was good assessment". The person explained how staff knew them well as a result of the thorough assessment and care plan.

The registered manager had developed an assessment tool that aimed to promote independence. The assessment detailed people's strengths and what they were able to do for themselves. The assessment was used to develop a personalised care plan which included the reason the person needed support. For example, one person's care plan identified the importance to the person of maintaining independence in decision making. The care plan detailed how the person communicated, alternative communication aids that could be tried and the support the person needed to improve communication.

Care plans were personalised and included details of people's life history and what was important to them. For example, one person's care plan identified the person was living with dementia. The care plan detailed the person's previous occupation and how the skills the person had could be used to engage them in activity that interested them. Staff supporting this person knew how to engage this person and the importance of having the person's belongings around them.

Care plans were written in a respectful and compassionate way. For example one person's care plan stated, 'Imagine what it feels like. Tell (person) that you will do it together'.

The service has a proactive approach to respecting people's human rights and diversity. Care plans recognised people's cultural and religious needs. One person's care plan identified the person needed an earlier visit on a Sunday to enable them to attend church. This was noted on the schedule of visits to ensure the person was supported to meet this need. During our inspection the person telephoned to speak with the registered manager to change the time of a visit over the Christmas period to enable them to attend an additional church service. The registered manager arranged the change immediately and checked whether there were any other changes needed. The registered manager spent time talking with the person and clearly knew them well.

Staff were knowledgeable about the information in people's care plans. For example, one person's care plan identified the person could be confused by a change of floor colour when being supported to walk and that staff needed to 'give reassurance and time to mobilise'. Staff we spoke with who supported this person understood the effect the floor colour could have on the person and described in detail how they reassured and encouraged the person.

Staff told us care plans were detailed and enabled them to have good knowledge about the person. The service had developed an electronic 'secure portal' that enabled staff to have access to information about people prior to them visiting for the first time. Staff were extremely positive about this resource as it enabled them to know about the person and their care needs without having to spend time in the person's home reading the care plan. Information on the portal included the person's preferred form of address, information about the person's lifestyle choices, communication needs and a detailed plan of their care needs. One member of staff said, "The portal is brilliant. The information is very detailed".

People and their relatives knew how to make a complaint and were aware of the complaints policy. No-one we spoke with had needed to use the complaints policy, however people were confident complaints would be dealt with efficiently and effectively. People told us that any issues raised were always resolved immediately. Comments included: "(Registered manager) sorts things immediately"; "(Registered manager) always sorts things out and puts them right" and "I've never had a problem but if I did I know they'd sort it straight away".

The registered manager took every opportunity to gain feedback from people and their relatives. This included regular reviews, spot checks with staff, regular visits to people and an annual satisfaction survey. The most recent survey identified that 100% of respondents rated the service good or excellent. Where individuals had made comments about areas of improvement these had been addressed and the results of the survey and action plan had been shared with people. For example,

Good

Is the service responsive?

communication had been identified as an area for improvement. As a result a new office structure and a new method of passing information between people and the office had been introduced.

Outstanding ☆

Is the service well-led?

Our findings

Everyone we spoke with were extremely complimentary about the registered manager and wider management team. Comments included, "I can't fault the organisation" and "[Registered manager] seems to be aware of everything and makes every effort to know what's going on, on a daily basis. I trust her completely".

The registered manager was an excellent role model who used their extensive knowledge of health and social care and their clinical expertise to advocate for people. For example, the registered manager constructively challenged other professional's decisions when they felt time allocated was not sufficient to meet people's needs. The registered manager and the service were highly respected by health and social care professionals. Comments included: "They are magnificent, they are always proactive and the office is run exceptionally well"; "They are very professional and responsive. I have found them to be a very good agency" and "They are very responsive. [Registered manager] is very knowledgeable and is not afraid to challenge".

Staff were highly motivated about their work and enthusiastic about the organisation. Staff were exceptionally positive about the registered manager and management team. Comments included, "[Registered manager] is caring. She understands family responsibilities and respects family values"; "I am appreciated by the company and they make sure I know that"; "They are fantastic and understanding. They listen and are very supportive"; "The organisation is brilliant. It is the best company I have come across. They keep to the organisational values" and "It is such a caring company. I respect the company and they respect me".

People experienced consistency of care from regular care staff. This was achieved by the registered manager establishing an innovative rota system that balanced people's needs with an understanding and respecting of staff family commitments. Staff supplied the registered manager with their availability to work on a monthly basis and the registered manager worked the rota around this availability. The registered manager told us that by managing the rota in this way people were assured a service from staff who felt respected and were always flexible in covering sickness and holidays.

The registered manager promoted a caring culture that put people at the centre of everything the service did. The culture was based on strong values that were underpinned by the organisations code of practice and staff charter which stated staff must; 'treat everyone with respect; be open, honest and act with integrity, respect clients dignity, privacy and individuality'. It was clear that the registered manager, director and management team displayed the values of the organisation at all times. For example, the registered manager and care manager were working Christmas day to cover some visits to enable staff to spend time with their families.

Throughout the day we saw many examples of the family values people, relatives and staff spoke about. There was a cheerful and friendly atmosphere. For example, staff who visited the office received a positive welcome from the management team who took time to talk with staff socially. The office was decorated with Christmas decorations and there were Christmas gifts ready for all staff. As staff visited the office it was clear this gesture was greatly appreciated. There was a feeling of mutual respect and caring for each other.

The registered manager ensured people were cared for by staff who felt valued and supported. We saw examples of the support offered to staff throughout the day. For example, one member of staff was given positive feedback that had come from a relative. This clearly meant a great deal to the member of staff. On another occasion a member of staff telephoned to say a member of their family was unwell. The care manager took the call and showed great empathy to the member of staff, reassuring them and wishing them well. It was an indication of the values of the service that other staff members were quickly willing to cover their colleagues care visits.

The registered manager was very proud of the service and the reputation for high quality care the service had locally. To ensure the quality of the service the registered manager told us, "We would not expand the company beyond the numbers where the manager can know all the clients well".

The registered manager was exceedingly knowledgeable about every aspect of the service. This included knowledge of people, relatives and staff. For example, during our inspection a member of staff telephoned the office as they could not find a person's personal alarm. The registered manager listed a number of places the person was known to put the alarm. On another occasion the registered

manager was talking with a person using the service and clearly knew the person well as they talked about the person's hobbies and how a visit could be rearranged to enable the person to attend a choir meeting. This knowledge was recognised as being key to the quality of the care provided.

The registered manager worked with other organisations to make sure they were following current practice and providing a high quality service. This included membership of a local provider group, attending local authority provider meetings and working closely with local training providers. The registered manager subscribed to professional journals and researched professional journal articles to keep skills and knowledge up to date. All information the registered manager identified as useful to staff was shared with staff through the portal. Staff used this information to enhance their practice. For example, staff had received information relating to a specific condition one person they supported had been diagnosed with. Staff told us how it had helped them supporting the person by having a better understanding of the condition and the effect it could have on a person.

The registered manager and director had recognised the need for succession planning and had recently appointed a new care manager who was planning to apply to CQC to become the registered manager when they had successfully completed their probationary period. The care manager had received a thorough induction and told us, "I have had the most thorough induction. It is unusual to get the opportunity to get to know people, staff and systems before being expected to manage the service". This meant people were supported by a service that had continuity in management.

The care manager was an experienced manager who had managed several services registered with CQC. The care manager was extremely impressed by the commitment at Caretree to provide a high quality, personalised service. They told us; "This is an outstanding service. It is a breath of fresh air to have directors that care. [Registered manager] has exceedingly good clinical skills and both directors have been involved in developing the business with a person-centred approach".

The registered manager had taken time to introduce the care manager to people, relatives and staff to ensure everyone remained confident in the management team. The registered manager had reassured everyone that she planned to remain involved in the management of the service and planned to take up a different role. The registered manager planned to concentrate on staff development and further development of the service.

There was an emphasis on continually striving to improve. The management team had recognised the need to develop communications between people who use services and staff to improve the service provided. For example, the electronic portal had been developed; this enabled instant communication between the management and staff. This included sharing information relating to people's changing needs, sending rotas and sending information relating to people's conditions. This kept staff up to date with the changing needs of people they looked after. The system required staff to acknowledge receipt of information to enable management to be sure information had been received. Staff were able to access the portal securely from mobile telephones.

The registered manager was constantly looking for ways to improve information sharing for people using the service, their relatives, staff and the community. The service had developed a social media page and was in the process of developing an information hub as part of the page. The plan was to include information about medical conditions, information relating to social and healthcare and information about the service. The page would include the opportunity to ask questions and seek information related to aspects of social and healthcare.

Staff were encouraged to suggest ways to improve the service for people. Systems to support this included; team meetings, weekly office meetings and weekly newsletters. Staff told us they felt listened to and that ideas were actioned. For example, one member of staff had suggested a mentoring scheme for new staff. New staff were given a named mentor who they worked with initially and then went to for advice and guidance once they were working alone. We spoke with a mentor and a new member of staff who were both extremely positive about the scheme. This meant people were supported by skilled and experienced staff who were confident in their role.

The care manager had developed a system to analyse trends and patterns in relation to accidents and incidents. We saw that all accidents and incidents and been recorded and any actions identified had been completed. For example, a medicines error had been reported by a member of staff. The correct action had been taken to

Outstanding ☆

Is the service well-led?

ensure the person's safety. An investigation had been carried out and staff had completed additional medicine training and was to be assessed as competent before administering medicines unsupervised.

There were effective quality assurance processes in place. This included regular audits of medicine administration records, care plans and staff records. Where issues were identified action was taken to address the issues. For example, an audit of staff files identified that spot check records and supervision records were not always being completed in a timely manner. An action plan identified this was to be addressed with staff responsible. This action had been completed and we saw that spot checks and supervision records were complete. This ensured people were supported by staff who were regularly monitored to ensure they had the skills and knowledge to meet people's needs.