

The Home Service (Care Agency) Ltd

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Inspection report

The Old Gallery
Grange Road
Midhurst
West Sussex
GU29 9LT

Tel: 01730817999

Website: www.thehomeservice.uk.com

Date of inspection visit:

05 June 2018

15 June 2018

Date of publication:

11 September 2018

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 5 and 15 June 2018 and was announced.

The Home Service [Care Agency] Ltd is a domiciliary care service that provides support to people in West Sussex, including in Midhurst, Petworth and Fernhurst. The service has been providing personal care to people since 2009. At the time of our visit the service provided personal care support to 42 people who were living with a range of care needs. This included support being provided to people living with dementia, physical disability, sensory loss, long term degenerative conditions and long term chronic illness.

The service had a registered manager. 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.

At this inspection we found the evidence continued to support the rating of 'Good' overall and there was no evidence or information from our inspection or ongoing monitoring that demonstrated any serious risks or concerns regarding this service. Previously the Caring section of this report was rated as Outstanding. Following the previous report CQC's methods of inspection have changed and the areas that are now reviewed under the Responsive section. The report format is slightly shorter because the overall rating of the service is 'Good' overall.

People, without exception, all spoke very positively about the service they received from this agency and evidence showed that people received a service that met their needs which they were fully involved with. People were 'matched' to care staff who knew them well and exceptionally positive relationships were developed between the carers, the people and people's relatives. We observed that staff who provided care and support were very kind, compassionate, caring and respectful in their approach towards people and their relatives.

People received an exceptionally person-centred service which placed them at the centre of the care and support received. The staff and management team consistently went above and beyond to go 'the extra mile' to help and support people in many individual ways. This enabled people to be as independent as possible and to enjoy active participation in community activities. The wider community benefitted from the kindness of the registered manager with a donation of equipment that enabled people to bird (and squirrel) watch when they may have been unwell while staying in a local hospital. People told us that the support they received from the agency made a real difference to their everyday lives, with one person telling us that the agency had "saved" their life and enabled them to take pleasure in their lives again with strong relationships being developed between the dedicated staff team, people and their relatives. Relationships with external professionals were also very positive and people were supported by the agency to attend medical appointments and to access healthcare professional support when they needed it.

Care staff were well-trained and very well supported with evidence seen of regular supervisions, observations and 'spot checks' that took place to monitor that high standards of care were maintained for people.

Systems and processes, including safe recruitment practices ensured that people were safeguarded from abuse. People received their medicines safely. Care staff were aware of and practiced safe infection control, using the protective equipment that was provided to them appropriately. Staff understood how to support people with behaviours that may challenge at times and did this sensitively with support from the registered manager.

The service provided to people by this agency was extremely person-centred and driven by a passionate team of dedicated care and management staff. Examples were seen of exceptionally kind and caring actions taken by the provider to support not only those people who used the service, but also the wider community. The provider went above and beyond to support people whilst in a local community hospital with their compassionate generosity which enabled people to benefit from the positive effects of observing nature as they convalesced.

This agency was in the process of further developing their expertise in relation to the provision of compassionate end of life care for people who used the service. Health professionals told us that the agency offered a professional service and that the staff at the agency communicated well with professionals involved with people's healthcare needs. The agency provided opportunities for people to engage in coffee mornings and Christmas celebrations which were greatly enjoyed by those who attended.

People were listened to and were involved with their day to day care decisions about the care they received. They were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People and their relatives were asked for their views of the service which were included in the way the service was run and developed further.

The service was very well-led by a dedicated and extremely caring workforce. The registered manager was evidently passionate and motivated to provide a positive service for people with a caring approach. The registered manager was actively involved in the day to day running of the service and knew people and care staff very well which enabled them to 'match' people to their carers. People told us how much they enjoyed the positive relationships they had developed with the carers that worked with them.

Further information is provided in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service was Good.

Is the service responsive?

Outstanding ☆

The service was now Outstanding.

Is the service well-led?

Good ●

The service remained Good.

The Home Service (Care Agency) Ltd

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 was a comprehensive inspection that took place on the 5 June 2018 and 15 June 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be available to assist with the inspection process.

The inspection team consisted of 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. The expert-by-experience had experience of caring for older people who used a regulated service and people who were living with dementia.

We reviewed the information that we held about the service which included the provider information return (PIR) We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make and questionnaires that we had sent to people who used the service. We received nine questionnaire responses from people.

We spoke to the registered manager who was also the registered provider for this service. Telephone calls were made to people in their homes to seek their views of the service they received from The Home Service (Care Agency) Limited. We spoke with the office administrator, office coordinator, two carers, three relatives of people and 13 people who used the service. Following the inspection, we also spoke with a healthcare professional.

We reviewed records for four people and three care staff. We also reviewed policies and procedures regarding the day to day running of the service, staff training and supervision records, accident and incident logs and complaints and compliments for the service. Copies of care plans for two people we visited in their homes, were sent to the inspector following the inspection, as requested.

Is the service safe?

Our findings

The service remained safe. People told us that they felt safe with the support they received from the agency. One person said, "Oh yes I feel safe. They [staff] are very attentive. Very prompt. I like to see them all. I have never felt insecure." Another person told us, "I'm very happy with home care. I can't think of anything better they could do for me. Certainly, I feel safe. I get the same carer 6 days out of 7. I love her. They are all very good."

Systems and processes protected people from the risks of abuse. Staff were appropriately trained and understood what action to take and who to report concerns to if they were worried about a person's safety. This included referring their concerns to their manager in the first incidence or to the local safeguarding team or the police, if a crime had been committed. Staff also knew that they could report any concerns to the Care Quality Commission (CQC). Risks to people were assessed and people felt safe from harm. One person told us, "I am very confident when they [staff] are with me. I am terrified of falling over and they make me feel very safe."

People told us there were enough staff to support them and that they had continuity of care from staff that they knew well. One person said, "They [staff] make the bed, see to my breakfast and if I can persuade them, they join me for a cup of tea. They always seem to have time for me and are very helpful." People told us that the staff were on time and that they knew staff well. One person told us, "Yes they [staff] are on time and I know most of them quite well." Another person told us, "They [staff] are usually on time. I do know the carers well and it's usually the same set of staff who come to me. They get to know my ways and I get to know their ways."

Medicines were managed safely. Most people were able to take their medicines without support from the agency, but for some people staff provided appropriate help and people were able to take their medicines as prescribed. One person said, "They [staff] put my morphine patch on for me every Thursday and write it up in their book. They have to put it on different parts of my body each time." This indicated that staff understood the importance of rotating the location of a morphine patch on people's bodies to ensure that the medication was used correctly and effectively and that risks to people were mitigated appropriately. The registered manager had introduced a system to monitor controlled drug 'patches' used for people. Records were completed by care staff each time they applied a new patch which ensured patches were rotated safely and not placed in the same position. The registered manager had devised body map charts which were clearly highlighted to show staff where medicines patches should be placed upon a person safely. The person told us, "They [staff] put my morphine patch on for me every Thursday and write it up in their book. They have to put it on different parts of my body each time".

Staff completed medicines administration records (MAR) correctly when they had given people their medicines. A person told us, "They [staff] help me take my medication every morning. They do it very well." We also saw that the registered manager clearly monitored any medicines errors that had happened. One example seen detailed that a staff member had identified a medicines error made by a pharmacy which ensured that this was addressed safely for the person, avoiding any harm occurring. This demonstrated that

safe systems were in place to manage medicines for people.

People were protected from the risks of infection by staff who were suitably trained and understood how and when to use their personal protective equipment (PPE), such as gloves and aprons. The registered manager told us in the provider information return (PIR) how they had learned from an incident where staff had not always had enough PPE. They had adapted their practices and had stored PPE within people's homes which ensured that staff always had access to appropriate equipment when they needed it. People told us that staff always wore gloves and aprons. One person said, "Yes, when I have a shower and the carers dry me, they always wear gloves and an apron. They are very good." Another person told us, "They [staff] always wear gloves and an apron."

Is the service effective?

Our findings

The service remained effective. People said that they were involved in decisions about their care, that they received an initial visit to assess their care needs and that they had given appropriate consent for the care and support they needed. One person told us, "When I came out of hospital I had reablement services for 6 weeks but then they decided I needed a bit more help. Contact between my daughter and the local care people, who came and asked questions about my situation and what I needed. I was involved with that discussion. It was all pretty thorough." Another person told us how the registered manager had visited them to complete their initial assessment. They said, "[Registered manager] came out to see me in October last year to discuss what I needed. She was very thorough and so caring. Nothing was a trouble. I was part of the discussion so did consent to it. If it needs to be changed, I know it will be done." Another person said, "Yes I have a care plan and it's very flexible really. I did consent to it - I was part of the discussion that put it together." Care plans were written with a clear person-centred focus with people remaining at the core of the support and care they received from the staff.

Records showed that staff received regular supervisions, observed practice and 'spot checks' which ensured all staff were reviewed for their competencies in all aspects of their role, in practice. People confirmed that staff were observed by senior staff when delivering care. A computerised system effectively monitored all staff training completed and listed when training was due to be refreshed. Staff received training in topics which included, moving and handling, medication, safe food hygiene, first aid, fire awareness, infection control, risk assessment, safeguarding vulnerable adults and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People received a service from appropriately skilled, competent and well supported staff. A person told us, "I think it is very good. They [staff] obviously know what they are doing." Another person said, "Oh I think so. They [staff] are pretty slick and know what they are doing. They go about their business well. They change my weekly catheter bag when they shower me and know exactly what to do there, and do it well." A further person told us, "Yes they [staff] are well trained. They seem to know their job."

People were able to consent to their care and treatment and for those people who may lack the mental capacity to consent, staff understood how to support people in the least restrictive ways. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The Human Rights Act tells us that no one can be "deprived of their liberty" except in certain situations and only when very specific procedures are in place which must be used. This is to protect people from being deprived of their liberty without anyone looking at the circumstances and approving the actions. For people living in their own homes in the community the authorisation must come directly from the Court of Protection and a Deprivation of Liberty Order (also known as Community DoLS or Judicial Authorisations) may be granted.

People were asked for their consent by care staff before care and support was provided for them. We observed a carer seeking a person's consent before they washed their face to remove foods that remained from their lunch time meal. People were supported appropriately with foods of their choice at meal times. We observed a member of staff happily singing with a person whilst supporting them to eat, this improved

their mealtime experience. Care plans detailed the level of support people required at meal times and stated that food charts were maintained to demonstrate that people received a balanced diet.

The registered manager communicated in an open and transparent manner and appeared very approachable for staff who came into the office throughout the inspection process. We observed how effectively the registered manager communicated with the staff to update when a person's needs had changed before the staff member went to visit the person in their home. The registered manager expressed the need for the person's independence to be maintained to the staff member who would visit them.

The registered manager worked openly and proactively with health and social care professionals outside of the agency and people received timely access to healthcare services when they needed it. The registered manager said that they "worked closely with CPN's" (Community Psychiatric Nurses) and that they agency had a "great team" who worked well together to access the right support for people. The registered manager also said that the, "District nurses and Doctors are brilliant" and that they "all work really closely together here." We were told that staff had often supported people to attend important appointments. A healthcare professional told us that the staff at the agency were, "very professional" and stated that they [staff and registered manager] "communicated well." The healthcare professional also noted how the agency staff, "Did their utmost to help us and a person's family" to support a person to return home from hospital care. This demonstrated that the service staff work well with external agencies and other staff within the organisation to provide a coordinated service to people when they move between services.

Is the service caring?

Our findings

The service remained very caring. At our last inspection this key question was rated as outstanding. At this inspection we found the service continued to provide an extremely compassionate and dedicated service to people. The Care Quality Commission (CQC)'s Key Lines of Enquiry (KLOE's) had changed since the last inspection report was written. The evidence that previously sat under the 'Caring' domain is now reported on under the 'Responsive' section of this report.

People told us that staff went above and beyond to support them in ways that were valued by them. People were listened to by the staff and they told us that the service was flexible to meet their needs, when they needed it to be. A person said, "If I wanted the care to change for some reason, I would just ring the office and ask for it. They [office staff and registered manager] always listen to me". One person said, "When my carers come each morning and afternoon, they sit and listen to me and we have a chat." This indicated that this agency provided a service that responded to people's emotional needs as well as their physical health requirements.

People were supported in very deeply compassionate ways by the care staff and management team alike. For example, the registered manager had very sensitively supported a person to maintain their independence with their medication by initially actively listening to the person's distress regarding the progression of the condition they lived with and empathising with them. The registered manager then contacted the person's GP, at the person's request, to support them to have their medication placed into a monitored dosage system. This meant that they could continue to 'feel' independent with their medicines despite their progressing condition which had prevented them from being able to manage other aspects of their lives independently. This was one example of many of how this service continually demonstrated 'outstanding' characteristics in the way they went the 'extra mile' to make a real positive difference to people's everyday lives.

Confidentiality was understood and respected by staff and the registered manager knew about the new data protection legislation that had come into practice in May 2018. Records were held securely for people at the office location in locked cabinets and also on password protected computers. Paper records were held in people's homes in locations of their choice and where staff could easily access them and update them as required following each visit to people.

Staff had time to care for people and those who received a service felt they were valued and treated with respect and sensitivity. One person told us, "I must say without exception they [staff] have all been good. Friendly, caring and never seem to be rushing you. Always tell me not to worry if they over-run." People's privacy and dignity was respected by care staff. A person said to us, "I haven't had carers for that long, but I have arthritis and cannot get about. They [staff] come here every other day and they make a lot of difference. They really cheer me up. They shower me and wash my hair. They really respect my privacy and dignity. It's difficult having to shower with a stranger with you." This showed that the care staff were skilled, compassionate and demonstrated empathy towards the people they supported which enabled people to feel at ease with the care they received.

Is the service responsive?

Our findings

The service was exceptionally responsive to people's individual and specific needs. People received a very person-centred service which placed them at the heart of the care that was delivered to them by a dedicated, professional staff and management team, who made sure they really 'knew' people. People's emotional and psychological needs were well known and were supported in very compassionate and sensitive ways. Staff and the management team not only knew people's needs, but also those of their relatives and had provided proactive support to relatives of people, at times of personal crisis in their lives. This had reduced worry and anxieties for both people and their relatives during these challenging times. One relative said, in response to being asked for ways that they could 'improve the service', "When something is so good, why change it!"

People and their representatives, where appropriate, were always fully involved in the review of the care they received. People felt very confident to make any changes required to the care they received from the service. One person told us, "I can make changes to it [care plan]. They [staff] are very receptive to changes." Staff and the management team consistently went above and beyond to go that 'extra mile' and to provide a service that was exceptionally responsive to what people needed, when they needed it. A person told us, "The agency goes the extra mile, coming in at 7:30 when I had an early appointment." Another person said, "Fantastic service and people [staff]." Staff spoke with real empathy and were clearly very dedicated to the individual needs of people which they placed at the core of all they did in their roles with the agency. The registered manager told us that staff, "went out of their way to help [people]" and that they were "an excellent team."

The agency went above and beyond to support people's personal interests in very sensitive ways, when they may have been unwell. National best practice guidance provided by the Social Care Institute for Excellence [SCIE] states there is a direct link between an older person's wellbeing and exposure to nature gardens, to improve mood for those who may be living with dementia. The registered manager told us of how they had supported their own mother, who used the service, when they were staying in the local community hospital. Their mother was upset that they couldn't continue to watch the birds in the bird box at home. They had watched the nest being built and the eggs hatching but then went to hospital. The registered manager said, "Each day we would video the birds and take it to her but we ended up showing all the other patients and staff too, who got very involved and loved seeing the birds develop!" The registered manager used the positive impact for their own mother to benefit others in the wider community. For those who received a service from the agency, but also to those who did not. They [registered manager] went on to say that because of this positive impact for people, "we [The Home Service] have donated a bird box with camera and TV to the community hospital so that the patients can watch the birds. "I [registered manager] have linked up with the 'Friends' of the hospital and have installed bird tables, to encourage small birds who will hopefully use the box next year. Already the patients are able to see the birds (and squirrels) use the feeders and this does lift their spirits. The tv should be installed next week!" This demonstrated that the registered manager practiced the 'mum test' [would a service be good enough for your own mum], for all people both who used the service and for those who were part of the wider community, with a depth of compassion to "lift their spirits." The service went that extra mile to find out what people were interested in, accommodated and facilitated this being introduced to the hospital and actively worked hard with others

which made it happen.

People were supported to maintain their mental health when they may be living with anxiety. The registered manager demonstrated how they had helped a person to protect their privacy from unwanted telephone calls at home. These phone calls had caused the person distress and placed them at some degree of risk as they had taken their phone 'off the hook' to avoid 'hoax' calls from unwanted sales companies. The person's relative had contacted the agency, concerned for the welfare of the person as they were unable to contact them by telephone. The registered manager again, very sensitively listened to the person's concerns and offered their support to contact the 'telephone preference service' on behalf of the person to prevent them from receiving such future calls. This was agreed and the registered manager actioned this for the person. This service may take up to 28 days to commence so as an interim measure the registered manager recommended that the person let all incoming calls go to their answer machine so that they could hear who was calling and choose whether or not to answer the call. This was agreed by the person and ensured relatives could maintain contact with the person which reduced their worries for their relative's wellbeing.

The agency held a Christmas party each year for people to attend to support people to access the wider community and reduce the incidence of social isolation. The agency hired a local hall, with carol singers also invited to attend. Last Christmas children from a local school were invited to sing at the party. The registered manager told us how much people loved to be a part of the celebrations at that time of year, especially when some people can experience loneliness during festive periods. People were bought individual gifts by the staff and management team that were tailored to their preferences. This demonstrated how well staff knew people and their personal likes and dislikes. A raffle was also held. Coffee mornings were held in "accessible" locations for people who maybe wheelchair users, which ensured everyone was appropriately and positively facilitated to attend, should they wish to. The registered manager spoke of their future plans to hold further coffee mornings with local farmers invited to attend and to bring farm animals for people to interact with. As a number of people who used the service came from farming backgrounds. The registered manager spoke of how people had enjoyed interacting with animals and the positive benefits seen when they had previously supported people to do this. The registered manager talked of the wider therapeutic benefits for people to be involved with such activities with animals which included improvement of mood and mental wellbeing. This was of particular importance for those who may have been living with dementia, low mood or loneliness.

Staff always provided additional support for people when this was needed. For example, the office coordinator had significantly adjusted the time of an evening call for a person who had been delayed waiting for hospital transport to take them home, following a medical appointment. The person contacted the agency and was concerned that they would miss their vital evening visit, due to this delay. The office coordinator reassured the person and asked that they contacted them when they had arrived home. Contact was made and the office coordinator provided evening care for the person, almost two hours later than scheduled. The person lived with a physical disability and would not have been able to get into bed that evening without the senior staff member's assistance and their willingness to be so flexible to help when the person most needed it. This was an example of the consistently supportive nature of the staff and management team at this service. People were supported equally, regardless of how their care was funded.

Individual communication needs for people were recorded and understood and the registered manager understood the legal requirements of the Accessible Information Standard (AIS). This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services. People's care plans clearly illustrated specific communication needs which also included sight or hearing

loss and action staff needed to take to promote and maintain positive interaction with people such as cleaning a person's glasses and ensuring hearing aids were worn when required. People told us that the information they received from the agency was "clear and easy to understand."

People were supported sensitively and proactively by the agency. Staff assisted people to use their communication aids, to aide their communication. An example of this in practice was discussed with the registered manager. They supported a person who came into the agencies office and thought their hearing aids weren't working properly. The registered manager had showed them how to clean the aids which worked well afterwards, this enabled the person to hear more clearly and to engage in communications around them. All people we spoke to who used the service expressed their thanks for the care they received from the agency. People spoke highly of the quality of the care they received, the compassion shown to them by the staff and the dignity and respect they were shown by staff. All were very positive about the leadership of the staff who worked for the agency.

People were provided with clear information that would enable them to make a complaint. Complaints and concerns were managed appropriately with no formal complaints recorded at the time of this inspection. A letter was seen which detailed correspondence between the registered manger and the relative of a person regarding overdue costs for the service provided. The registered manager told us of how they did not wish to "worry" the person about the unpaid monies as they knew this would cause them distress and so wrote to an appropriate relative to resolve the matter compassionately. People told us they understood how to raise a complaint should they wish to do so. A person told us, "If I had a reason to complain, I would, but I've had no reason to complain."

The contract that people received when they started the service contained clear information of how they could complain and who they could complain to which included contact details for the Care Quality Commission (CQC). The 'principles of care and care values' of the agency stated that they, 'uphold the right of every individual to complain' and that the agency 'regard this [complaints] as an essential part of our quality assurance system for monitoring service provision.' Feedback from people and their relatives as well as professionals was welcomed by the registered manager. Any concerns raised were responded to in a proactive and professional manner and ensured that positive outcomes were achieved following any concerns being raised. The registered manager had a depth of knowledge and understood people's individual needs and requirements and how to best meet those which resulted in positive outcomes for them.

People received compassionate care from dedicated care staff at the end of their lives. The registered manager was further developing their end of life care provision to people by reviewing best practice guidance and local end of life care strategies. Friends and relatives wrote to the agency to thank them for their "kind, gentle, capable and cheerful" care and support that was provided at the end of a person's life. One person, lived in a local Convent and was supported by staff at the end of their lives. The Sisters were extremely complimentary and thanked the staff for supporting their friend so well at this time of their lives. This showed that the service was able to accommodate and respect people's individual religious needs and beliefs as required. Another person told us, "They [staff] are wonderful. They have saved my life. They are such kind caring people. They are extraordinary, what they will do for you. They go shopping, cook me wonderful food, they give me a sit-down bath, they sit with me, amuse me and come and spend the night with me if I need them to. I feel very safe with them. I know they will do more if I am in trouble." The person told us that they were terminally unwell and really reinforced that the carers they had brought them out of a very depressed state of mind.

Is the service well-led?

Our findings

The service continued to be well-led. The staff at the service worked to a clear set of 'principles of care and care values' that were provided to all people who received a service from this agency. These included the 'right' for people 'to expect' a service that provided, 'individuality and identity, choice, privacy and dignity, independence, respect, partnership, confidentiality, equality and the right to complain'. People that we spoke to were highly complementary about the agency, the care staff and the management of the service. People told us that they knew the registered manager and stated they received visits from them at home. One person said, "I know the manager well and have known her since 2002." There was a stable and dedicated workforce who knew people and their individual needs very well. The registered manager told us that they were part of, "a small team and we believe in going above and beyond [for people]" and that "carers have been with us for years, they bond with people."

People, their relatives and staff views were listened to and used to monitor the quality of the service. Surveys were sent to people and their relatives each year and staff were also now being sent surveys to complete. A person told us that they felt the management listened to them, "completely" and said that, "I think they'd [management] bust a gut to do what I wanted." Another relative said in response to being asked for any suggestions they may have about the service, "Carry on as before, absolutely satisfied. At last, a care company professionally run, fantastic service."

People spoke very highly of the management team. One person said when asked if they knew who the registered manager was, "Yes I know who [registered manager name] is. She has been here before if a carer is off sick. She always mucks in." Another person said, "I've known [registered manager name] since October 2017 when she came to discuss my care plan and she's been out several times to see me and she's lovely. The registered manager passionately communicated their 'love' for the role they had with the agency and the benefit this had for people and their staff team. The registered manager told us that they found their role "really rewarding" and said "we have some amazing clients. It's really nice being able to do something positive for people." The registered manager had developed strong positive relationships with the relatives of people and external health and social care professionals. We observed how engaging and attentive the registered manager was when they provided offers of genuine support to people, their relatives and professionals. There was an "open door policy" at the agency's office location. Relatives and staff came into the office on an 'ad-hoc' basis and the registered manager always made themselves available to speak to them.

We observed a staff member being given a thorough verbal handover of changes to a person's needs when they visited the office. We also observed very professional positive interactions between the registered manager and people's relatives and heard telephone conversations between people and health and social care professionals with the registered manager. Nothing was too much trouble for them. They remained polite, kind, helpful and very empathetic as they spoke with others despite being faced with some challenging situations and always found a workable solution for those concerned.

Systems and processes were established that successfully monitored the service, this ensured that a

consistent and safe service was provided to people by appropriately trained and skilled staff. The registered manager understood their responsibilities and demonstrated a very approachable, open and friendly, yet professional manner and were willing to learn and try new ways of developing the service further. We also saw that records of 'issues' that had been reported to the office by people who used the service. All the issues recorded related to personal matters in their lives that the service had provided support with in a very compassionate manner. Clear 'actions' and 'outcomes' were documented to evidence what input the management team had and the difference this had made to people. This demonstrated a service with an ethos to continually improve positive outcomes for people, their friends and their relatives.