

Sarum Home Care Limited

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Inspection report

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28 August 2018

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20, 22 and 28 August 2018 and was announced.

Sarum Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. The service is registered to provide care for people living with dementia, older people, physical disability and sensory impairment. At the time of this inspection the service provided care and support to 49 people.

The service had a registered manager. 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. At the time of our inspection the registered manager was away from the service however we did have a telephone conversation with them following our inspection.

People continued to be cared for by staff who provided kind, compassionate and respectful care. Without exception, people and their relatives told us about the very kind and caring approach from staff. People and their relatives consistently told us they were treated with kindness and respect when receiving care and support.

Staff went the 'extra mile' to support people and showed an outstanding kind and caring approach to people.

Respect for people's privacy and dignity remained at the heart of the service's culture and values and people who used the service, their families and care workers felt respected, listened to and valued.

Staff continued to be highly motivated and delivered care and support that was exceptionally compassionate, caring and person centred.

There was a well organised management team who had clear roles and responsibilities. The registered manager acted as a role model for staff.

The management team promoted strong values and a person-centred approach.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

People received effective care from trained staff who had the skills and knowledge to meet people's individual needs and choices.

Staff were motivated, passionate and proud of their jobs. They spoke positively about the management team and that they felt involved in the running of the service.

Staff completed annual development training on a number of subjects that related to the people they were supporting.

Staff were supported through one to one supervision, on site observations, team meetings and dedicated and responsive office staff and management.

People's rights were protected in line with the principles of the MCA. Staff were knowledgeable about the five principles of the act. This ensured people were supported in least restrictive ways and would enable people to have positive experiences.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's individual needs.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

Systems were in place to monitor and improve the quality of the service provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sarum Home Care 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 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 20, 22 and 28 August 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one adult social care inspector and one 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.

Inspection activity started on 20 August 2018 and ended on 28 August 2018. On the 20 August 2018 we spoke with seven people and the relatives of five people by telephone to obtain feedback on the delivery of their care. On the 22 August we had telephone conversations with four members of staff. We visited the office location on 28 August 2018 and spoke with a company director and team leader.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also received feedback from two health and social care professionals on the provision of care and support delivered by the provider.

Due to technical problems, the provider was not able to complete a 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. We took this into account when we inspected the service and made the judgements in this report.

We reviewed care records and documents central to people's health and well-being. These included care records relating to four people, recruitment records for four staff members, staff training records and quality

audits.

We last inspected the service in June 2016 and rated the service as Good.

Is the service safe?

Our findings

At our last inspection in June 2016 we rated this section as Good. At this inspection, we found this section remained Good.

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. One person told us, "They are very friendly but also very professional. No one ever gives the impression they are rushed. They are very methodical and I feel very safe". Another person added, "My carer comes regularly and they are absolutely excellent. When they are not available we get a substitute and I've always found them very good. I have always been cared for safely". A relative told us, "They fill in a book on each visit stating what they have done and its very accurate". A health and social care professional told us, "Yes it's a good safe service. I have no concerns at all".

The service had policies and procedures which protected people from the risk of abuse neglect or harassment. The provider had recently introduced the role of a safeguarding champion. Safeguarding champions have a commitment to safeguarding and promoting the health and welfare of people using the service, to act as a resource and a point of contact for colleagues who require support to offer guidance with safeguarding issues and to maintain safeguarding as a standing agenda item at team meetings. The safeguarding champion told us, "The role was created to enhance staffs understanding of our responsibility in protecting people from harm. Our role is to share new skills obtained through further in-depth training for all staff employed by Sarum Home Care. To embrace, fully understand and put into practice the six safeguarding principles, Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability. We also ensure we follow the nine protected characteristics as outlined in the Equality act 2010 in how we protect and support people daily". The team leader shared the minutes from a recent meeting which explored additional training resources for staff and the introduction of a 'safeguarding handbook' for care staff and told us, "This is an area we feel passionately about, protecting people. Sarum Home Care strive to provide safe support that makes sure people experience good healthcare outcomes.

All staff had received training in safeguarding and all staff were required to complete regular refresher courses. Training records and discussions with staff confirmed this. Staff could describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

There were enough staff deployed to meet people's needs and time between care calls was built in to allow staff to travel easily to the next person's home. Staff told us, and we saw from the rota's, that people were offered excellent continuity of care and had regular care staff who provided the majority of their care. People received a visit schedule each week which gave details of the staff who would be providing care. Staff told us they knew the people they supported and were allocated to work with them on a regular basis so they could provide a consistent service. This was confirmed by the people we spoke with. One person told us, "One thing I ask for is a time and I get a schedule by post which includes the name of the carer as well as the time they will visit. Usually it is the same person each time. I think it's important to have the same person". A relative told us, "I get a schedule posted to me every week with the morning and evening times and the name of the carer who will be visiting. Then I can arrange an evening meal for [name] around the time which suits us very well". This ensured people who used the service had the opportunity to get to know staff who were supporting them.

Safe recruitment processes were in place. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. One person told us, "I've told them [Sarum Home Care] they are to be complimented on their recruitment process".

Risks to people were assessed and managed to enable people to live in their own homes safely. Risk assessments were comprehensive and clearly identified the risks posed to people's healthcare needs. The assessments also contained guidance for staff detailing how to reduce and mitigate any risk of harm. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medication. The service had a positive attitude to 'risk-taking' and this enabled people where appropriate to maintain their independence.

There were systems in place to ensure that medicines were managed safely. Most people receiving care or their relatives managed the ordering, storage and disposal of medicines. Medicine administration records (MAR) where applicable were accurate, up to date and contained no gaps. People told us they were supported with their medicines and told us they were confident staff 'knew what they were doing'. Where possible, people were encouraged and supported to take responsibility for their own medicines.

We looked at the registered provider's arrangements with regards to safe infection control practices. People told us staff wore aprons and gloves when providing care and staff confirmed they had sufficient supplies of Personal Protective Equipment [PPE] which they accessed from the providers office. One person told us, "There is a bin in the garage and a door from the hall into the garage. They put all the rubbish into that bin once they have bagged it [gloves and aprons] up". Staff told us and records confirmed they received infection control training and spot checks were completed by the management team to ensure effective infection control measures were in place and being followed by staff.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

Is the service effective?

Our findings

We found this section remained Good.

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care workers that supported them. They told us they were well trained and competent in their work. One person told us, "They are very good at providing my care. They know what they are doing". Another person told us, "They are excellent, very skilled". A third person told us, "They are top notch". One relative told us, "My wife's carers are excellent. Very attentive and good at what they do. We have no complaints at all".

People had access to healthcare services to maintain good health. People told us that their health care appointments and health care needs were organised by themselves or their relatives. One person said, "On one occasion I really felt unwell and I took my carers advice and let her call the surgery because she was worried about me. The doctor came out to see me and gave me some tablets and I got better". People's care records included the contact details of their GP's and other health care professional so staff could contact them if they had a concern about a person's health. A health care professional said, "We have good communication links and regular contact with carers regarding any issue about joint clients we are both looking after. The carers have a good awareness and understanding of therapy plans and if they notice any changes contact us immediately for support".

The provider's induction programme embraced the 15 standards that are set out in 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. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate.

There was an on-going programme of development to make sure that staff were up to date with required training subjects. These included health and safety, moving and handling, emergency first aid, infection control and safeguarding. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively. A health care professional had written to the provider and said, "I would like to say how nice it is that your staff are always very happy when they come to us for training. It's so nice to see their [staff] smiles when I say hello. It really is a testament to you your professionalism and enthusiasm that starts at the top and continues throughout".

Staff told us they felt supported in their role, and were provided with regular spot checks / working supervisions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "Senior staff regularly turn up on our calls unannounced. They sometimes just observe us delivering care and then feedback to us afterwards so I do feel supported".

The service had a dementia champion. A dementia champion is someone with the knowledge and skills in the care of people living with dementia. They are an advocate for people living with dementia and a source

of information and support for co-workers. The team leader told us, "As a service we actively support the learning and development of our staff to understand people we care for who live with dementia. Our dementia champion receives regular updates from the Alzheimer's Society and shares the information with staff through staff meetings. The dementia champion told us, "We are there for the people we care for but also their loved ones who may at times need support. Sometimes they just like to chat and offload but they also have many questions. My role as dementia champion and a dementia friend is to support people in any way I can". One relative who complimented the service said in a letter, "As you know [Name] suffers from dementia and without your help would not be able to cope. Your care and understanding is absolutely first class".

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They [staff] always encourage me to do what I can for myself even if it's with their support but they always ask me if its ok for them to help me. They never assume its ok". A relative told us, "They always start by asking how [person] is and how they can help them today". A member of staff told us, "We encouraged people to maintain as much independence as possible. We always ask how they are and how we can support them. We never assume they can or can't do something for themselves".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The team leader and director told us they would work with family members and healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest. A health and social care professional told us, "They liaise with us if they have any concerns at all".

Most of the people we spoke with did not require support with food preparation or eating however staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Our findings

At the last inspection in June 2016 we rated this question as Outstanding. At this inspection, we found this section remained Outstanding.

People and their relatives consistently told us staff were exceptionally caring and always treated them with great respect and empathy. Sarum Home Care continued to promote a caring and compassionate approach to people receiving care, their families and staff. Their focus included the promotion of dignity and valuing people's diverse needs to provide a very high standard of person centred care. Without exception, people and their relatives told us about the very kind and caring approach from staff. Comments included, "The carers are all lovely", "Absolutely fantastic care", "I'm very happy to tell someone how excellent [service] is.", "It is a godsend, they have never let us down in over three years. 99% of the time we get the same carer which is quite impressive", "I am used to my carer and the carer is used to us", "It's brilliant, I sing their praises" and "Exceptionally caring staff who have achieved results far beyond our expectations, we are so impressed with the quality of care and their very kind approach".

Respect for people's privacy and dignity remained at the heart of the service's culture and values and people who used the service, their families and care workers felt respected, listened to and valued. The provider had a policy for promoting equality and diversity within the service. Discussion with staff demonstrated how respect for equality, diversity and human rights was embedded within the service and integral to everything the staff did. They gave us examples of how they had supported people with their disability, sexuality, culture and faith. One person we spoke with told us, "The staff always treated me as a person and not a disability. It made a real difference to our relationship".

The team leader told us, "We are in the process of appointing a Dignity Champion to work alongside colleagues to fully support and embrace a person-centred approach, the dignity challenge philosophy [part of the Dignity in Care campaign] and its 10 principles which are very much part of everyday life within Sarum Home Care's practice for all staff". A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. All staff we spoke with understood these principles and confirmed they were reflected in every aspect of their work. Daily notes and medicine administration records [MAR] which had been returned to the office showed respect for people's dignity extended to the written documentation left in their homes. Discreet and appropriate language was used when describing care and support which had been given and all entries were neat and well presented.

Every person we spoke with said their privacy and dignity was respected and preserved at all times. They also told us staff promoted their independence. The Team Leader told us, "We encourage and promote life choices, equality and dignity to support people to regain their confidence and or daily living skills so they could continue to manage independently at home. Records showed this happened with each person setting outcomes to achieve whilst using the service.

The service had a strong and visible person-centred culture. The team leader gave us examples of how the

team routinely went 'the extra mile' for people. These included supporting one person regularly to follow their interest in stamp collecting and escorting them to visit antique shops and stamp collector's fayres to enable them to fulfil their hobby. Other examples of the team 'going the extra mile' included supporting people to access holidays for disabled people. The service had captured information from companies specialising in this area and this was available in a folder to people using the service. The team leader told us, "I have researched holidays and respite care for people that provide support for individuals with the following: personal care, dressing, meals, mobility, hoisting, and transport. I have passed this information on to two service users who are both very excited about the service and are looking forward to booking a holiday in the UK. One person has no immediate family and can at times be depressed with their situation. We have supported them to do this and they are looking forward to having a holiday for the first time in years".

The service also supported people with arranging home improvements. For example, the laying of laminate flooring to allow easy and safer manoeuvrability around the home for a person who used a wheelchair. The service had also supported two people to access funding to acquire specialised mobility aids [electric wheel chair, access ramps to their property and electronic door entry system] that gave them access to the outside environment and promoted people's independence. When people required general maintenance to be carried out on their properties for example help with decorating, gardening, the service the service promoted the 'Trust in Blue' service. The trust in Blue service is staffed by former police officers and provides an indoor and outdoor maintenance service and helps to ensure people find a trusted and reliable handyman or tradesperson.

Staff continued to be highly motivated and delivered care and support that was exceptionally compassionate, caring and person centred. People and relatives told us care staff supported the well-being of both them and their families in their care. They spoke of how close they were to care staff and how they had built up positive and meaningful relationships together. Every member of staff spoke proudly about their roles and responsibilities. They spoke about the importance of treating people with compassion, of understanding people's needs and providing the best possible care. Comments from staff included, "We fit the service round people and person-centred care is at the forefront of everything we do" and "We always respect people and our organisation respects us" and "We get to know people well and our team provides excellent individualised care support".

The provider recognised the importance of valuing people who received care and support. This included recognising birthdays and when bereavement had taken place. Cards were sent to people and families on these occasions and events. One person said, "It's lovely they remember things like that. It's not important to them but it's lovely to have it recognised. They [service] go that extra mile".

People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home. These were then taken into consideration when planning all aspects of their care. The management and staff team were determined and committed to enabling people and their relatives to live their lives as they wished and found ways to overcome obstacles. Care plans we viewed showed people had been consulted and empowered to be an equal partner in planning their care and people we spoke with confirmed they were included and listened to. People's care and support plans were sensitive to their needs and reflected how they wished to receive care and support. People were asked if they were aware of and happy with the content of the care plan whenever this was reviewed. This meant open, honest and meaningful discussions took place to ensure the service understood what people wanted from their care and support, and the individual ways in which this should be provided. People we spoke with told us they felt changes could be made to care plans whenever they wished.

The provider had received many compliments from people who used the service and their relatives via a national website or in personal letters of thanks to the service. Examples of comments made included the following, 'Sarum provides well trained carers and responds readily to program adjustments which are routinely reliable. All employees we have encountered are pleasant, cheerful and respectful', 'Sarum provide me with daily care during the week, helping me to shower, dress, take medication'. Personal compliments included for example, 'Your organisation, care and visits are outstanding. You provide us with reassurance, comfort and confidence'. One relative had sent a thank you in the form of a poem, it read, A wonderful carer- [Name] [Name] [Name]; Comes early each morning and our day can begin; They help my dear [person's name] from bedroom to shower; To attend to her needs for almost an hour; Behind closed door I hear laughter and chat; But I know not what's said-I'm not privy to that; Once bathed and refreshed and helped to the lift; My wife is returned-she's my most treasured gift; Some folk open oysters-searching for pearls; But we find them here daily 'our Sarum girls'; We value their visits like never before; And they'll always be welcome to come through our door.

The service matched staff with people as far as possible to promote positive relationships which would put people at ease when receiving care. One person told us, "I did have one particular carer that I didn't get on with. There was nothing wrong we just didn't 'gel'. I called the office and they came out to see me to make sure it was just that. They didn't send them again and I now have a carer I get along fine with".

During our visit to the office every member of staff we spoke with was polite, professional and respectful. When answering queries on the phone staff were patient and knowledgeable about people's histories and current situations. It was clear staff were very familiar with people's likes, dislikes and preferences and we observed this attention to detail was built into the practicalities of care provision. A member of staff told us that they knew peoples' personal preferences, for example how they liked to look and what clothes people particularly liked to wear. This was confirmed when people told us, "My carers will always ask me what I think and take my opinions, choices and preferences into account", "I only speak to them [the office] if I want to cancel or change an appointment. Then I speak to someone and they are very accommodating" and "I find them very good".

Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. We found information was held securely within the service and access was restricted to ensure it was not viewed by unauthorised people.

Is the service responsive?

Our findings

At our last inspection in June 2016 we rated this section as Good. At this inspection, we found this section remained Good.

The service continued to be responsive. People's care records contained details of people's likes, dislikes and preferences. Staff were knowledgeable about people's needs and reviews were carried out to ensure the records matched how people wanted to be supported. Staff completed records of each visit which provided a brief overview of the care provided and any changes to their wellbeing.

People's care plans detailed the level of care and support people required. People received a service based upon their individual needs. People's needs were assessed in relation to what was important to them. This meant the service was planned and delivered considering what people needed and what they wanted. Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. The team leader and director told us that all staff were completely conversant with people's needs before they started to provide people's care and support and people who were receiving care and support had the capacity to communicate their needs. They added that the ethos of Sarum Home Care was to provide people with consistent person-centred care.

Staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. One person told us, "I had an assessment at the very beginning and have regular reviews of my care and support and I feel very involved in my care".

Care plans were reviewed regularly. The director told us, "We review care records formally on a regular basis, however as people's needs change this would prompt us to proactively review peoples care more frequently".

The provider kept a complaints and compliments record. The director told us and we saw that there had been no complaints since our last inspection. Everybody we spoke with said they had never needed to complain. People were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. People said they would not hesitate to speak with staff if they had any concerns. People knew how to make a formal complaint if they needed to. One person we spoke with told us, "If I had any complaints at all I would not hesitate in contacting the manager who is very approachable".

We found that feedback was encouraged and people we spoke with described the managers as open and transparent. Some people we spoke with confirmed that they were regularly asked what they thought about their service and were asked to express their opinions.

At the time of our inspection people understood the information they needed regarding all aspects of their care and support and did not require information to be in specific format. For example, large print, pictorial or picture exchange cards (PECS). However, one person who had difficulty in communicating verbally used

their laptop or electronic tablet to converse with staff. The service had policies, procedures and systems in place to ensure that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Is the service well-led?

Our findings

At our last inspection in June 2016 we rated this section as Good. At this inspection, we found this section remained Good.

Due to technical problems, the provider was not able to complete a Provider Information Return [PIR]. 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. The commission requested a PIR on the 7 March 2018 however the provider could not find a record of receiving it. The provider had continued, as part of its own governance to update an internal document in line with the questions we ask in our PIR as part of its own quality monitoring. On the first day of our inspection the director was able to present this document, dated, August 2018 to us and we used this information to inform our inspection. We took this into account when we inspected the service and made the judgements in this report.

People receiving care, their relatives and staff all told us the registered manager and senior staff [management] were hands on and led by example, promoting an open and inclusive culture. People spoke positively about the care staff and the management team. For example, "They are very approachable" and "If I have a problem I call them and they deal with it". People and relatives told us management contacted them throughout the year to check they were happy with the service. One person told us, "I get regular calls and visits from the managers. They like to know that I am happy with my care and how they can make it even better. They even ask me if I have any complaints, but I don't have". Other comments from people we spoke with included, "I think the service is well managed". "I feel listened to" and "It is always easy to contact the office".

Staff told us that they were proud to work for the service, felt they were valued and part of a supportive team and told us the registered manager and management team were approachable and listened to them. One staff member said, "I am enjoying working here, they [registered manager and directors] have a good vision, and high values and expectations. You can only provide a good service if you have good care staff and we have a very good team". Another staff member said, "I think the service is well managed. I can honestly say I have never worked in a more happier and caring environment. The management not only care about the clients they also care about their staff. We all try our hardest to make sure the clients receive the best care possible and genuinely care about every client. The management really do make their staff feel appreciated". Another staff member told us, "I feel so well supported by the management, everything is well organised and it's a lovely atmosphere to work in".

The management team had clear visions and values to deliver a service that they would be happy for their family and loved ones to receive. These values were also shared by staff we spoke with. The director told us, "We aim to support people to maintain their independence and lifestyle by providing the highest quality of care. To achieve this we will provide high quality, flexible, person centred care and support that helps people maintain independence whilst living safely in their own homes".

The provider sought people's views on the quality of service provision during any review and annually using

a satisfaction survey. We reviewed the Quality Assurance Satisfaction Surveys for the period January – July 2018 which were very positive. For example, 100% of people indicated care staff arrived on time, that they enjoyed a good relationship with staff and office staff were polite. People also indicated that they were confident that staff were professional and competent and that the service met their needs.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people they supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service was shared.

There were systems in place to monitor, analyse and improve the service. Management carried out regular quality monitoring reviews to assess the quality of the service. The registered manager or senior management completed regular audits which included: staff files, care plans and training. Where improvement actions were identified these were passed to the staff for action and the registered manager monitored to ensure actions were completed.

Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a reoccurrence. There had been no incidents that the registered manager was required to notify us of, however they were aware of the circumstances in which they would be required to do so.

There was a business continuity plan. This informed the staff what to do if an emergency happened that could disrupt the service or cause danger to someone who used the service or staff. This included severe weather, absence of key personnel, and computer failure.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The management team were aware of their responsibilities and had systems in place to report appropriately to CQC when required to do so.