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Duchy Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Duchy Care provides personal care to people who live in their own homes in the Newquay and surrounding areas of Cornwall. At the time of our inspection the team of 22 care staff were providing support to approximately 44 predominantly older people.

Everyone told us they felt safe and were well cared for by Duchy Care. People's comments included; "I feel safe", "The carers are very good," "They are very good, very caring and always respectful", "I am well cared for, they know how I need help" and "We are one big happy family." Relatives told us they were fully involved in the planning and review of their family members support needs.. Two relatives told us they had experienced other care providers before and were not positive about their experience. However both stated they would recommend Duchy Care. One said "This is my second time of receiving care, I would recommend them to people as they have restored my faith."

People told us they had 'never' experienced a missed care visit. The registered provider said "Missed visits are not an option. People in the community are vulnerable and we must and do visit when we say we will. It's not acceptable for visits to be missed." The service had robust and effective procedures in place to ensure that all planned care visits were provided.

We found people's visits were provided on time, staff visit schedules included appropriate travel time and staff consistently provided the care visits of the correct visit length. People told us staff supporting them were on time. They were never rushed and staff stayed for the correct duration of their visit. People said it was "rare" that staff were late, commenting, "If they are late, they call us to tell us they are on their way. It's understandable why they are late because they get held up at their last visit because of an emergency or because of traffic." They also said "Sometimes they stay over their time if they don't finish their job, they don't rush me."

The service's visit schedules were well organised and at the time of our inspection visit there were a sufficient number of staff available to provide people's care visits in accordance with their preferences. This meant people received home visits at their preferred time.

The registered manager was confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any issues and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People said staff were well trained and understood how to meet their specific care needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they had 'lots of training' and found the training to be beneficial to their role.

The service's systems for the induction of new members of staff were effective and fully complied with the

requirements of the Care Certificate. Training was provided in accordance with the 15 fundamental standards. Staff said they were encouraged to attend training to develop their skills, and their career.

The registered provider and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. We found that the service acted in accordance with legal requirements.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People told us they were introduced to new staff before they supported them in their home and said they had consistent carers to support them and had built up positive relationships with staff. The staff team comprised of male and female carers of differing ages, from 22 years to retirement age. The registered provider said it was important to "match" carers with the person they supported. For example, if the person wanted a male or female carer or if they wanted a younger or older carer to support them. People preferences in relation to the gender and age of their care workers were respected during the visit planning process.

Care records were up to date, had been regularly reviewed and accurately reflected the person's care and support needs. Details of how the person wished to be supported with their care needs were highly personalised. They provided clear information to enable staff to provide appropriate and effective support. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

Duchy Care worked effectively with other health and social care services to ensure people's care needs were met. The service had acted to ensure people's needs were recognised by health professionals. The service's managers had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct.

People told us they understood how to report any concerns or complaints about the service. People reported they had never wished to make a complaint and the minority who had raised concerns with managers were happy with how the service had addressed and resolved their concerns. The registered provider believed they did not receive complaints because they had good communication with the people they supported, their relatives and staff.

The importance of communication was shared by all who worked at Duchy Care. The registered provider had introduced a new process so that staff visited the office at the end of each shift. This allowed staff the opportunity to "debrief" so that the management team had up to date information on the current situation for every person they supported. The registered provider said "With this system I feel I know what's going on out there."

The management team had a clear set of values which was also apparent in our discussions with staff. The registered manager said "I am really proud of my team." Staff told us they were proud of how they provided care and said "It's rewarding work, I come to work with a smile on my face." The registered manager provided effective leadership and support to the staff team. Staff told us "I can talk to (manager's names) they are easy to approach and talk too." All staff felt that the registered provider was approachable and motivating. Staff felt that as the managers undertook care visits in the community themselves this gave them a better understanding of their role and how they needed support. People and relatives told us the service was "well managed".

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 understood both the provider's and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and designed to protect both people and their staff from harm.

There were sufficient staff available to provide all planned care visits and the service's staff recruitment procedures were robust.

Is the service effective?

Good 

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service's visit schedules included appropriate travel time between care visits and call monitoring information demonstrated care staff normally arrived on time.

Is the service caring?

Good 

The service was caring. Staff were kind, compassionate and treated people with dignity and respect

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence.

Is the service responsive?

Good 

The service was responsive. People's care plans were detailed,

personalised and provided staff with clear guidance on how to meet people's care needs.

People were able to make choices and have control over the care and support they received

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

Good ●

The service was well led. There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

People, their relatives and staff were asked for their views of the standard of service provided.

Quality assurance systems were appropriate and designed to drive improvements in the quality of care provided by the service.

Duchy Care

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 11 December 2015 and was announced 48 hours in advance in accordance with our current methodology for inspecting domiciliary care services. The inspection team consisted of one inspector. The service was previously inspected in October 2013 when it was found to be fully compliant with the regulations.

The provider had recently changed their legal status. Previously the service was registered with two providers jointly overseeing the service. One of the providers has retired and therefore the service was re-registered in the name of a sole provider. This is the first inspection undertaken with the sole provider.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met with the registered provider and deputy manager and spoke to nine care staff. We also inspected a range of records. These included four care plans, five staff files, training records, staff visit schedules, meeting minutes and the services policies and procedures. Following the inspection we spoke with six people who used the service, five relatives and nine members of care staff.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while receiving care and support from Duchy Care staff. People's comments included; "I trust them", "I feel safe." Relatives shared this view commenting, "The carer's are fantastic. My mum trusts her carers."

The registered provider and staff fully understood their role in protecting people from avoidable harm. The provider said "If you report it that's how we keep everyone safe. You'll be in trouble for not telling or hiding something but be open and honest and we will deal with it." All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the Local Authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. The registered provider had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it had been recently updated to reflect changes in the local authorities safeguarding procedures.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

Where accidents, incident or near misses had occurred these had been reported to the service managers and documented in the service accident book. All accidents and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

The provider had appropriate procedures in place, for use during periods of adverse weather and other emergencies. Four wheel drive vehicles were available for staff transportation. The staff team lived throughout the geographical area covered by the service. There were procedures in place for prioritising care visits based on each person's specific needs during periods of adverse weather. Staff understood these procedures and described how they had worked effectively in the past.

We found people were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners. The registered provider and deputy manager then undertook their own assessment to decide whether they could meet the person's care needs within the resources available to the service. The registered provider told us they had a waiting list of people to support in the community. They turned down care packages for people where they felt they did not have the capacity to meet them and gave us of an example when this had happened.

People told us they had "never" experienced a missed care visit. The registered provider said "Missed visits are not an option. People in the community are vulnerable and we must and do visit when we say we will."

It's not acceptable for visits to be missed." The service operated an on call system. In the last few months the on call system had been reviewed. The on call rota identified which member of the management team was on call: the registered provider, deputy manager or two senior carers. The on call cover started at 6.30am so that if a member of staff called in to work at short notice due to ill health peoples planned visits would not be affected. The on call manager was also available for staff if there was a query about a care package or advice needed. This meant that staff were available to cover for sickness or emergency situations at short notice. On call managers were able to access call monitoring information from home and were responsible for ensuring all planned visits had been provided at the end of each evening.

The registered provider had recently introduced a system for all care staff to visit the office at the end of their shift ,so that they could provide an overview of the people they supported that day. From discussion with staff and the management team all were positive about this saying that "communication had improved". This also ensured that people's needs were met and all planned care visits had been provided. Staff commented regarding on call, "They are always available. We aren't on our own when we visit if we need to ask a question or ask for more support they are they to help."

Recruitment processes for new members of care staff were robust. References had been reviewed and necessary Disclosure and Baring Service checks had been completed before new members of staff provided care visits.

All staff were provided with photographic identification badges to enable people to confirm the identity of carers who they did not know. However, people and their relatives said new carers were normally introduced by a member of staff who they already knew.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. The staff were each provided with a Duchy Care bag which they took on all home visits. Included in the bag were personal protective equipment, such as gloves and aprons and hand sanitizer.

Staff had received training on how to support people to manage their medicines. The service generally supported people with medicines by prompting or reminding them to take their medicines. People confirmed that staff supported them to do this. Where staff administered people's medicines this was done from blister packs prepared by a pharmacist. Where medicines were administered staff completed Medication Administration Record (MAR) charts. These charts were returned to the service office each month and audited by one of the managers. We reviewed the MAR charts in the care plans we inspected and found they had been correctly completed.

We saw there were systems in place to enable staff to collect items of shopping for the people they supported. Staff felt the systems were robust, as did the people they supported. We also noted that consent had been gained in how to access people's property's safely. We reviewed care documentation and risk assessments which confirmed appropriate systems were in place and consent had been gained by all parties.

Is the service effective?

Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments included; "I think they are well trained" and "I am well cared for, they know how I need help." Relatives were also positive about the support their family member received. Two relatives told us they had experienced other care providers before and were not positive about their experience. However both stated they would recommend Duchy Care. One said "This is my second time of receiving care, I would recommend them to people as they have restored my faith."

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The registered provider told us "I am proud of this agency and my team, they know the people well."

We spoke to two newly recruited staff who told us their induction to Duchy Care was comprehensive. They were new to care and the training and support they received was thorough. Induction training included in-house training then shadowing experienced care staff on home visits. New members of staff were 'spot checked' and the quality of their care provision assessed before they were permitted to provide care independently. Care staff told us "We weren't thrown in at the deep end, we were supported throughout. We didn't care for people on our own until we felt comfortable to do this."

New employees were required to go through an induction programme in order to familiarise themselves with the service policies and procedures and undertake some training. Duchy Care had fully integrated the new Care Certificate into their staff induction process. Staff received training in all of the 15 fundamental standards of care during their probationary period. Some new staff were currently working through the care certificate process. The service had accessed training companies to provide additional training courses to their staff team. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults, medicines and, dementia. Staff told us; "We have lots of training." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example end of life care and Parkinson's disease. Staff said they were encouraged to attend further training to strengthen their skills and knowledge.

Staff told us they attended monthly meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Some of the supervisions were also undertaken as observations of the staff members work practise, to highlight if any further training was needed. Staff had an annual appraisal to review their work performance over the year.

The services staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits and commented, "There is enough travel

time" and, "They take into account our family commitments so we don't have to change our shifts." People said their staff were, "Always on time" and "Always punctual." People told us; "I get a rota in advance so I know whose coming."

We reviewed daily care records. We found care staff normally arrived on time and provided the full planned care visit. People told us; "They're here for the time they are meant to be," and "Sometimes they stay over their time if they don't finish their job they don't rush me."

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. The registered provider and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. We found that the service acted in accordance with legal requirements.

The provider was also aware of the Deprivation of liberties Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. A specific issue of supporting a person in their own home and potential restrictions had been highlighted by Duchy Care so that the Local Authority could take appropriate action.

The care plans we reviewed had been signed to formally to record the person's consent to the planned care. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "They always ask me what I want", and "They always ask what I want doing and the same when they leave." Relatives echoed these comments. Staff recognised the importance of gaining consent before providing care and told us, "I ask to check what the person wants me to do, just in case they want something done slightly different."

People were supported to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People's care plans included guidance for staff on the support each person needed in relation to food and drinks. For example one person wanted to purchase their food from a particular food store and this was respected. Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks.

Records showed Duchy Care worked effectively with other health and social care services to ensure people's care needs were met. The service had acted to ensure people's needs were recognised by health professionals. The service's managers had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example, to check that the right equipment was in place at a person's home.

Is the service caring?

Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Duchy Care staff on the caring and compassionate manner in which they provided support. People told us, "The carers are as good as gold," "We can't fault them," "There isn't one we dislike, they are all so kind, very effective," "They are very good, very caring and always respectful" and "We are one big happy family." Relatives told us "The carers are all very caring, they are marvellous," "They look after (family members name) and me so well," and "The staff are so patient they never rush, they genuinely care."

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop further. Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people's care needs and individual preferences. We heard staff at handover expressing pride as a person had become more independent in areas of their self-care. Staff were celebrating this positive improvement. We also heard staff ask the registered provider if they could get more flannels for a person as they had a limited stock. The registered provider agreed the carer needed to check on the persons toiletries and ensure that there were sufficient in stock.

Staff told us they enjoyed their role and aimed to care for people as they would for their own relatives. Staff comments included; "I adore them" and "I love working with people. Its rewarding work, I come home with a smile on my face." The registered provider said, "I personally know all the people we support, I visit them and get to know them."

People told us they were treated with respect and their privacy was upheld. People's care plans described how they wanted and needed to be supported in order to protect their dignity. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

The staff team comprised of male and female carers of differing ages, from 22 years to retirement age. The registered provider said it was important to "match" carers with the person they supported. For example if the person wanted a male or female carer or if they wanted a younger or older carer to support them. People preferences in relation to the gender of their care workers were respected during the visit planning process. Care documentation showed each person's preference about the gender of care staff they would prefer visited them and their wishes were respected. From our conversations with people, relatives and from care records this showed that people's preferences had been respected.

Daily records showed people were regularly supported by the same carers. People said they knew and got on well with their carers. Staff recognised the importance of their role in the social networks of the people they supported and told us this allowed the person not to have to keep repeating how they wanted to receive support. A family member commented how important it was for their relative to have the same carers to lessen their anxiety. The relative said this had been acknowledged by the service and the same

carers visited. This reassured their relative and both people felt their wishes had been listened to and respected.

People told us staff supporting them always responded to small changes in their care needs and one person commented, "They do everything, and a bit more sometimes, they really do care". Staff explained that if a person was not feeling well they always reported this information to the service managers. Staff told us they were able to request additional time to meet people increased needs and that when this was necessary managers would contact their other clients to inform them of any delay.

Staff recognised the importance of enabling and empowering people to make decisions. Staff described how they always offered people choices and provided care in accordance with people's requests. One carer said "It's important that we respect not only them but their home. It's all about inclusion; we need to talk to people not over them."

Is the service responsive?

Our findings

People told us staff were responsive. One said "They do things willingly for me, no one has ever refused to do anything for me." People and their relatives confirmed they were involved in the development and review of their care plans. People told us, "I've got a care plan. I've a copy in my house. I signed it."

Staff told us people's care plans were 'useful', 'very thorough' and available in each of the homes they visited. Staff comments in relation to care plans included; "They are clear", "They tell you what you need to do, they are easy to understand." The management team wrote the care plans with input from carers and the person and if they wished, their representative. They were reviewed regularly or when a care need has changed.

Care plans were detailed and personalised and provided staff with clear guidance on how to meet each person's specific care needs. Care plans included details of people's preferences about how their care should be provided. We observed carers discussing with managers changes to a person's health needs. It was then agreed that discussion with local commissioners was needed to ensure the person received appropriate support.

People's care plans were developed from information provided by the person, the commissioners and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a member of the management team, who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff then provided care and support in accordance with the interim care plan for two weeks. After this period the interim care plan was reviewed in light of experiences of both the person and their care staff. The initial care plan was updated and expanded to ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was then signed by the person to formally record their consent to the care as described.

Each care plan included specific objectives that had been developed with the person in need of support. For example, for people who had several visits each day, the care plan was written for that time period. One was written for the person's morning routine, the next for lunch and the last one for the evening routine. Each provided details of the care to be given as well as if household tasks were required. For example the person may need 'assistance' from care staff to encourage the person to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background impacted on who they are today and provided useful tips for staff on topics of conversation the person might enjoy. A carer said "The care plans are a good point of reference, so I know what I am doing."

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure

times of each member of staff and included details of the care provided, food and drinks the person had, as well as information about any observed changes to the person's care needs. The daily care records were signed by staff and were audited by the managers monthly. This confirmed that staff had attended the visits for the agreed duration, and to monitor if changes to the care plans were needed.

People described how staff provided support and encouragement for them to do things independently and engage with their local communities. For example, care plans gave the person choices in how to spend their time stating 'If (person's name) does not want to go out staff can spend social time with (person's name).' The daily records then gave an account of how time was spent with the person and how the person responded to the different activities both in and out of their home.

People told us they understood how to report any concerns or complaints about the service. People reported they had never wished to make a complaint and the minority who had raised concerns with managers were happy with how the service had addressed and resolved their concerns. For example, when relationships broke down people were able to exercise choice about who supported them. People told us; "I can't find fault" and "if I needed to raise a concern I would call the office." Relatives shared this view. The registered provider believed they did not receive complaints because they had good communication with the people they supported, their relatives and staff. The management team undertake home visits to provide care, as well as to do spot checks. They believed this provided an additional opportunity to raise any issues that could then be addressed promptly.

Duchy Care regularly received compliments and thank you cards from people who used the service and their relatives.

Is the service well-led?

Our findings

People and their relatives told us of the consistently high standards of care and support they received from Duchy Care. People said, "We are very happy with Duchy Care. They do a great job," "We can't fault them" and "The carer's, managers all make sure they look after me and my mum well." No one could think of any improvements in respect of the care provided that could be made.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered provider showed effective leadership. People told us the service was organised and well managed. Their comments included; "I think it's very well managed". Staff reported the management team were "approachable", "motivating" and, "so supportive." Staff felt that as the managers undertook care visits in the community themselves this gave them a better understanding of their role and how they needed support.

The management team had a strong and positive working relationship and told us they, "Support each other and recognise each other's strength." The management team had resourced external training to provide mandatory and bespoke training for their staff. This meant they were able to keep up to date on developments in the relevant areas of care.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us, "I have worked for other care agencies and this one is the best. It really cares about the people we support. It's a great company", Staff celebrated peoples achievements, as outlined in the caring section of this report. Staff shared the view that they were to support people to be as independent as possible.

As the service was newly registered as a sole provider, it was acknowledged that the registered provider was reviewing and implementing new processes. For example policy and procedures were being reviewed. This also meant that gaining views on the new systems from people, relatives, staff and commissioners were also in process.

The registered provider had introduced a new process so that staff were to visit the office at the end of each shift. This allowed staff the opportunity to "debrief" so that the management team had up to date information on the current situation for every person they supported. The registered provider stated that from doing this, they had noticed that the number of incident reports that staff completed had reduced significantly. They felt this was due to better communication as staff were now verbally telling the management team what was happening, rather than completing a form. Plus as it was carried out daily there was a quicker response to resolving any issues that arose. For example they identified a person's health needs had changed and were quicker to ensure that more support was provided. The registered provider said "With this system I feel I know what's going on out there."

People, relatives and staff told us they felt involved in developing and running the service They felt their

views were sought and acted upon. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. The registered provider acknowledged that it was "imperative" to get views from people, relatives and staff about how the service was run, so that any improvements would be identified and acted on so that the service could continually improve.

Staff told us the management team were approachable. There was an on call system in place, which meant staff and people could access advice and support at any time. One staff member commented, "The managers are always available and approachable." "I love the company I would not want to work anywhere else. They value their staff."

The registered provider valued their staff. Staff turnover was low and they believed this was because they respected their staff and valued their skills and commitment to their work. They met with all their care staff at the end of their shifts. This allowed managers to check with care staff how they were and if there were any issues they wished to discuss. We saw this occurring during the inspection.

Staff meetings were held regularly. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented, "They are amazing, so supportive and take good care of all their staff." Another said, "I love working here it's the best company I've ever worked for. It's a great team."

There were systems in place to monitor the quality of the service provided to people. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

People told us managers regularly completed "unexpected" spot checks on their care staff. People felt these visits were "useful" and provided them with an opportunity to share their experience of the support they received. In addition care plans were discussed and reviewed with people to gather feedback on people's initial experiences of care and to discuss any changes the person would like to their care plan.

Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation. Where appropriate, meetings took place with care staff who were supporting people with specific needs. These focused care team meetings enabled staff to share their knowledge and discuss and review any changes to the person's care needs. The team meetings also provided an opportunity to discuss care practice issues, such as safeguarding and mental capacity to ensure that staff all had up to date knowledge.