

Nobilis Care Limited

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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

This inspection took place on 31 August and 08 September 2016 and was announced. The provider was given 24 hours because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Nobilis Care Limited provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 184 people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age. The agency is managed from a centrally located office base in Southampton.

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. The service was currently in the process of registering the manager for the regulated activity of personal care.

We received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke highly of the care staff.

People and their families told us they felt safe and secure when receiving care. Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. Staff received training in safeguarding adults and child protection for when they came into contact with children. Staff told us they felt supported and received regular supervisions and support. There were sufficient numbers of staff to maintain the schedule of care visits.

Risk assessments relating to people's individual risks and those relating to their homes' environment were detailed and helped reduce risks whilst maintaining people's independence. People received their medicines safely and staff contacted healthcare professionals when required.

People felt they were treated with kindness and said their privacy and dignity was respected. People were supported to eat and drink when needed. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in care plans. Care plans provided comprehensive information which helped ensure people received personalised care which met their needs. The agency paid each care staff member an extra two hours per month which they could use to enhance a person's life.

People felt listened to and a complaints procedure was in place. Staff felt supported by the management

and felt they could visit the office and be listened to. There were systems in place to monitor quality and safety 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 was safe.

People received the support they required to ensure they received their medicines safely and as prescribed by their GP.

Appropriate recruiting practices were followed. People's needs were met by sufficient numbers of staff who were seen as reliable.

People felt safe when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Risk assessments were carried out and plans were in place to reduce the risks to people.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion. Their dignity and privacy was respected at all times.

The agency paid each care staff member an extra two hours per month which they could use to enhance a person's life.

People were involved in their care plan and encouraged to remain independent.

Is the service responsive?

Good ●

The service was responsive.

People told us the care they received was personalised and their needs were reviewed regularly to ensure they continued to receive the care and support they required.

People's views were listened to and complaints were responded to appropriately.

Is the service well-led?

The service was well led.

People and staff spoke highly of the management team who were described as approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

Good ●

Nobilis 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 August and 08 September 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke with sixteen people who used the service or their relatives by telephone. We visited two people in their own homes and received completed surveys from thirteen people. We spoke with the registered manager, the manager and nine staff members. We looked at care records for ten people. We also reviewed records about how the service was managed, including six staff training and recruitment records.

Nobilis Care Limited was registered with the Care Quality Commission in April 2014 and has not previously been inspected.

Is the service safe?

Our findings

People told us they felt safe and the agency provided staff who kept people safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and or harm from my care and support workers', showing they felt safe with their care staff. One person said, "I feel safe with them certainly." Another person told us, "I feel safe, pretty good bunch." Other comments included, "It makes you feel safe when someone comes in at night." Also, "No complaints at all, I'm thrilled with them and I feel very safe with the staff."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the agency. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff records also included copies of staff's business car insurance; this meant that staff were insured to use their vehicle to drive around to people's homes. However, there were a couple of unexplained gaps in staff employment histories. We spoke to the registered manager and the manager who informed us they would take action immediately to address our concerns.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. Most people told us that they had regular care staff and that staff were usually on time. One person told us, "They're always on time. They don't rush and if they have time afterwards they stay for a chat." And "I feel safer now I've got them coming in." They also told us they get regular staff and this rarely changed. A family member told us, "The carers do change, but enough of them are regular, so they all know her." And "They're all very nice, nothing is too much trouble." However some people told us, there had no continuity in staff and have seen lots of different staff members. They felt this was due to the summer holidays and it was now getting back to normal. One family member said, "He used to have regular staff, but over the past few months there have been quite a lot of changes." They said, "He doesn't like that as he can't get used to them and it's a very personal thing to have personal care done to you." And "They send me a rota, but they do change it an awful lot, sometimes two or three times a week. In a typical week we see 15 or 16 different people."

People told us that staff were usually on time or came within 30 minutes of the time on the rota and the office is instructed to call if a staff member is over 30 minutes late. One person said, "There is a system where the carers come at a certain time. If they are more than 15 minutes late you can call the office and ask what is happening. But nine times out of ten the office has already phoned you to say there is a problem and your carer may be late. Like yesterday, the office called me to say there had been an emergency and my carer was running half an hour late". Another person said, "They are usually on time. Sometimes if there is an emergency they can be late". They also said, "Sometimes they [the office] ring to tell me other times not".

There were safe medication administration systems in place and people received their medicines when required. One person told us, "They come out in the morning and put cream on my legs. They ask me if it is

okay for them to do it. They take their time and are patient and very gentle". People were happy with the support they received with their medicines and told us their independence was respected and that they managed their own medicines where possible. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. One staff member told us, "I always check the blister packs and check against the labels. If something doesn't look right or I'm not sure I will phone up the pharmacy to check." However, on some medicine administration records (MAR) in people's homes there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines are required to initial the MAR chart to confirm the person had received their medicine. We spoke to the registered manager about our concerns, who explained the actions they had taken as a result of recent audits and informed us, "After training I bring staff in for an overview of their training and carry out practical training of medicines, so staff can retain information. I have found this has helped and we really have seen a difference because of it, but it is a continuous process."

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, infection control, medicines, falls and equipment. For example, one staff member told us, "One person needed a hoist and the carpet was very worn, and the hoist would catch which might cause it to tip. This meant the carpet had to be pulled up before we could use the hoist to make it safe." Another staff member said, "Risk assessments are updated every six months as part of the review of care. Good to know where the electric's and gas supply is located, as if I am in the home and something happens, I know where it is."

Systems were also in place to help keep staff safe. The agency had a lone working policy. The manager informed us staff had to contact the on call service at the end of their shift in the evening to let the agency know they had returned home safe. They said, "If a staff member works after 17.00 they need to phone through so we can make sure they are safe. Otherwise if I need to I will pop round to staff homes to make sure they are safe."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I have completed safeguarding training. If I had any concerns I would speak to the office and put my concerns across and the office would deal with it." Another staff member said, "I would speak to my team leader, or go direct to the manager if they weren't available. If nothing was done I would go further and contact the director."

The agency had a business continuity plan in case of emergencies. However it was not very clear and did not contain much information with clear guidelines of what to do where staff could not get to people's homes. We spoke to the registered manager who informed us that all events that may occur and become emergencies are escalated to them to manage regardless of time or day and agreed to add more information to the plan.

Is the service effective?

Our findings

People we spoke with felt staff were well trained and carried out their duties to a high standard. One person told us, "Staff seem trained and I have no complaints." Another person said, "[My main care worker] has been doing her job for quite a long time. She knows what she's doing." A third person told us, "Yes the owners, a man and a wife are hot on that. My carer has an NVQ 2. She has been with me so long we know each other very well. We have a laugh". A family member said, "Sometimes you get one of the lads come and they're magic." And "They're very well trained. We had a supervisor in checking on them this morning. It's good, it keeps them on the ball." Another family member told us, "Staff are very good, and know what they are doing. I'm very impressed."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One staff member told us, "I had a five day training course and the training was excellent. It was very interesting and we were able to ask questions and the trainers took their time. Can't fault it, it was brilliant." Another staff member said, "Training the best I've done is here, very informative." Everyone responded positively to the survey question 'my care and support workers have the skills and knowledge to give me the care and support I need.'

The service had appropriate procedures in place for the induction of newly recruited members of staff. People told us, if a new staff member started; they were accompanied by a regular carer and shown how people like things done. One person said, "Yes Nobilis are very strict with that. They make sure I am happy. Someone follows them around every couple of months and checks they are doing things right and I'm happy". New staff were supported to complete an induction programme before working on their own. Training was provided over five days and was classroom based. New staff were then ready to complete the Care Certificate. The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "I shadowed with an experienced staff member for two weeks and even now if I have a new client I still go out to shadow first." Another staff member said, "New staff have a two week assessment to check that they are okay and to nip any concerns in the bud."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff said, "I have regular supervisions and a review every six months, if I have a problem in between I can ask to have a meeting." Records of supervisions were kept by the agency. This showed the process used was formalised and covered all relevant areas. Where necessary actions for improvement were identified and followed up.

People told us they were always asked for their consent before care was provided. One person said, "Staff ask me what I want and involve me." A family member told us, "They always check he is ready and explain what they are going to do. They won't do anything if he doesn't want something doing. If he says no, they write it in their book. They just stick to his wishes."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and their families told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide. A staff member told us, "If I had any concerns about someone capacity I would pass it on to the office."

People were supported at mealtimes to access food and drink of their choice. One person told us, "They cook my breakfast and dinner whatever I want. One even goes shopping for me so no problem". They also told us, "They see what I have got in my freezer and ask me what I want. I tell them and they do it no problem". Another person said, "Staff get my breakfast, very much how I like it." Other comments included, "Staff make sure I have drinks left for me, and a bottle of juice and some snacks to nibble on." As well as, "Staff always make sure I have plenty to eat." The support people received, varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. Care plans contained information about any special diets people required and about some specific food preferences. However, additional information, about people's likes and dislikes, would help staff support people who had difficulty making a decision. We spoke to the manager who agreed to speak to staff and to add more information on people's food preferences.

People were supported to access healthcare services. One family member told us, "Today the carer spotted he was sore on his bottom, so they contacted the district nurse to visit." Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know. This meant the next staff member was aware of the person's current health needs and any action needed. One staff member said, "If a GP has visited we will record this on the communication log so the next staff member can easily view it."

Is the service caring?

Our findings

Without exception people felt staff treated them with care, compassion and kindness. One person told us, "[The] girls have been wonderful, every one of them couldn't wish for a better bunch of girls." Another person said, "They are very caring, very friendly. They make you feel comfortable and relaxed when they are here." Also "They treat me excellently." Other comments included, "The staff are very caring, very friendly. I suppose you would say they are very professional". A family member told us, "They [the staff] are very good; they always talk to him, even when he doesn't respond and bring him into the conversation." And "The staff are very nice, very considerate." Another family member said, "The carers are patient, they're not rushed and have plenty of time for her. She's quite happy and enjoys their company." Everyone who completed a survey told us the carers were kind and caring. One person using the service told us, "On my 70th birthday they sent me a big bunch of flowers, which was really nice to get. It is great they are thinking about you as a person".

People were treated with respect and dignity. One person told us, "The staff treat you respectfully. That is one of the best things. They call you by your surname until you say call me [person's name] and then they call you [person's name]. In the morning they give me a wash as I am disabled. They are very respectful and make sure I am happy before they do anything." Another person said, "Staff are very respectful. They are always checking I am okay. They talk to you properly like you're a human being". A third person said, "Staff very much treat me with respect." Everyone who completed our survey responded that their care and support workers always treated them with respect and dignity. One person told us although they had a key safe so staff could let themselves in, "They still knock before they come in and call out it is me. So I know it is them and don't have to worry, which I like. Sometimes I am still in bed and asleep. They come in and wake me up gently in a quiet voice". A family member told us, "They shut the doors so mum is totally private when they're dealing with her." Another family member said, "When delivering personal care to my relative, staff close the doors and make sure no one else can come in."

People were supported to participate in a range of social and leisure activities in line with their personal interests. Staff informed us they were given two hours free care a month to use with a person of their choice. This should be used to do something out of the ordinary for people and give them something to look forward to. A staff member told us, "All staff get given two hours free time a month that we can use as we wish for people using the service. For example if I had any concerns about a person and needed to stay longer for an emergency I can. But it can also be used to take a person for a walk or to visit a [loved ones] grave for example." Another staff member told us how one person was cared for in bed all the time so some staff got together and painted their bedroom and hung up pictures of their favourite things to brighten their day. The manager told us, "Support staff get an extra two hours free time to use as they want. One staff member took pictures of the Christmas lights and put them in an album for a person to see as they couldn't get out to see them and they used to enjoy looking at the lights at Christmas." They also said, "Once a month I print a report and look for the most interacted way a staff member has spent the extra two hours and they are then rewarded with £50.00 as an incentive to be imaginative with their time."

People were supported by staff who adjusted their communication style to meet people's needs. We observed some people's care taking place in their own homes. This was conducted very professionally and

the staff member was putting the people at ease. They explained why they were there and chatted to put people at ease. Their knowledge of people was obvious. They showed an interest in each person and listened carefully. People were given choice all the way through support being provided, with staff checking if people needed any additional help. People we visited were very happy with the service they were receiving from the agency. One person told us, "I have one special carer [staff member's name] if it wasn't for her I would be in a home. Always on time, always smiling. I would have her live with me if I could; I really enjoy her visits to me."

People told us they had a copy of their care plan and had been fully involved in discussing their needs and the way in which the service should meet these before their care package started. One person told us, "I'm involved in my care plan." A family member said, "They review his care plan every six months and involve him as best they can." People were asked if they had any gender preferences of the care staff who supported them with personal care. This was then noted on the computer which would prevent allocation of a staff member unless they were the same gender as the persons stated preference. Care plans provided information about how people wished to receive care and support. Information seen in care plans was very detailed and provided care staff members with the person's life history and their desired outcomes. This enabled the care staff members to communicate effectively with the person and know and understand what was most important to them. Care was planned and delivered in a way that was intended to promote people's independence. People also told us they were encouraged to be independent. One person told us, "Staff try to involve me in tasks, but I can't always do it."

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the care agency's office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Is the service responsive?

Our findings

People received individualised care which met their needs. One person told us "I'm really impressed with the care; [they] do what they need to do then have a chat afterwards. The care is when I expect it. Always on time and the staff stay the full time." Another person said, "It is very good. Very reliable". A family member told us, "I never feel they're rushing him or want to get away. They stay as long as needed." Another family member said, "They do everything they say they'll do and they go the extra mile. Last week she needed some personal care just before they left, so [both staff members] stayed an extra half hour with her. They always stay until she is clean and comfortable."

People received care that was personalised and focused on their individual needs. One person told us, "I have a care plan and a folder here, which they [the care staff] check. They send a senior member of staff out every so often [about every six months] to go through it with me and make sure it is up to date". Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping, dressing and attending appointments. Care plans reflected people's individual needs and were not task focussed. People's likes and dislikes and what was important to people were also described in the care plan. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care. People's plan of care was person centred and easy to follow, with clear instructions on where to find items in people's homes as well as details on how people liked things completed for them. For example for one person, staff were advised that they liked to have their crusts cut of their sandwiches and cut into three rectangles.

Staff were issued with a mobile phone and used this to access the care plans electronically on a computerised system. One staff member showed us the portal on their mobile phone and how to access care plans and their roster. They told us, "When you log in if there are any changes to people's care it will say and you have to accept the changes." They also told us, "Care plans are good. Really handy to have on your phone, so if I am going to a new person I can read what to expect before I go in." Another staff member said, "If I have a new client I can look at the care plan before I go in on my phone, and if there is something I am not sure about I can ring the office to confirm."

The care plans were updated regularly to ensure a true reflection of the person's current needs. They provided comprehensive guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. People were involved in regular reviews of their care and encouraged to provide feedback on the service they received. One family member told us, "Staff do whatever is needed for [my relative]." They told us supervisors reviewed the person's care regularly and "I had them in today to update the package [or care]." Another family member said, "They reviewed her care a little while ago. They changed it all when she needed bed rest and updated the number of visits." The manager told us, "We review a care package usually two weeks after it starting by telephone to make sure people are happy with their care. Then it is usually every six months, unless anything is brought to our attention in which case we would bring the review forward." We observed some comments from some reviews and comments included; 'all the girls are lovely, helpful, and kind and would do anything for me.' And 'I am achieving the life and

lifestyle that I wished for.'

The provider sought feedback from people or their families through the use of an external web based review service. The manager told us they sent out questionnaires forms for people to fill in and these were then sent to the external review service. This meant people could feedback anonymously on what they thought of the service. Results were then posted on the internet for everyone to view. One person told us, "They have sent out a questionnaire a few times since I've been with them". However, when we asked the manager about action or improvements made as a result of the surveys they told us, "The registered manager has always managed feedback with clients and responded accordingly when required."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been a few complaints in the past year and these had been investigated thoroughly and people were satisfied with their response. One person told us, "I know how to make a complaint I have the number, generally happy." Another person said, "Really happy with the care and the staff, I can't say a wrong word, can't complain." A family member told us that when they had complained about new staff shadowing regular staff, meaning three people were present; the agency took action and stopped this. They said, "If there's anything we're not happy about, I can mention it to them and they do listen. For example, I have to go to hospital sometimes and they accommodate someone to sit with him while I'm there." They have never had to make a formal complaint, but they "would ring the office if they had any concerns".

Is the service well-led?

Our findings

People and their families felt this was a well led service and that they would recommend the service to others. One person told us, "This is an excellent service much better than where I was before". Another person said, "Office staff are good on the phone and let me know if there are any changes to my care." A family member told us, "We're more than happy with the service. They serve the purpose." They added that it was easy to contact the office and they would recommend the service to others. Another family member said, "They're on the ball with everything." And "I would definitely recommend them to others. Every time I've phoned, someone has always answered or they've got back to me straight away." A third family member told us, "I would recommend the company. They're always very organised. I'd give them 10/10." And "We don't have any problem getting hold of them. There's always someone there to answer the phone, even in the evening." they added "They're one of the nicest companies I've ever dealt with."

There was a clear management structure including a registered manager. The registered manager was assisted by the manager who had been working as a manager for 18 months and who had applied to be registered with CQC. They were assisted by a team leader, customer services staff, recruitment, finance staff and senior care staff. The registered manager told us they were proud that all the staff working in the office had started as support workers with the company and been promoted. Staff spoke highly of the service and were pleased to work there. They felt supported by the manager and team in the office. One staff member said, "I love working with the manager, very supportive. So approachable she is my rock."

The management team promoted a positive culture and had an 'open door' policy. Staff said the management and office staff was approachable and they were always made welcome at the office. One staff member said, "Any time you have a problem you can just ring the office. I phoned this morning about something and it has already been dealt with." Another staff member told us, "I feel supported, I have a health condition which means I struggle with long hours and these are the only company who have been supportive towards my needs." Other comments included, "Even thou a big team, I worked for the company a long time and I feel well supported." They added "Management in office, if you have a problem you can phone up and it is sorted straight away."

Staff were involved in the running of the agency and were asked for ideas. A yearly questionnaire was sent to all staff. The latest survey was sent out in April 2016 and was predominantly positive. Results showed staff were happy working at the agency. Staff were satisfied with training and support and felt valued. Comments included, 'very good company, very flexible with me in relation to hours, give a good amount of time with clients, if not they try to extend time.' 'Well-run company that looks after its carers and treats them with respect.' 'The office staff are very supportive and will help whenever possible.'

The manager held regular meetings with the staff in the office but there were no regular meetings with staff providing care in the community. They told us, "We have no regular staff meetings but have good communication with our staff. If we have any changes in policy's or care plans this goes onto our electric system and is sent out with the staff rotas." We received some mixed feedback from care staff about meetings. Some care staff thought it would be good to have staff meetings others thought they were not

needed and that felt any information they needed was passed on. We spoke to the manager about our findings who informed us they would speak to staff and if staff wanted to receive more formal staff meetings this would be arranged.

The manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, training, incidents and accidents. The manager told us about a report which she sent each week to the registered manager which identified any complaints, safe guarding issues, recruitment, and concerns about people using the service. They said, "I am able to look at this report and check for example that reviews were happening on time or overdue and take action if necessary." They also told us how auditing the service has helped make improvements and gave us an example. The manager told us, "After auditing complaints I noticed more information was required on the actions that had been taken." The manager said as a result they had informed staff completing these records to add more information which was now occurring. They said this had helped identify any concerns quicker.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member said, "I'm aware of the whistle blowing policy, and would know what to do."

The manager told us they valued care staff and were concentrating on keeping staff. They told us one of the ways they were doing this was, "By recognizing staff birthdays by getting them flowers, as well as if staff go the extra mile." Staff confirmed this and said they got sent flowers and a card on their birthdays. They also told us about other personal touches by the manager. One staff member told us, "Management very good. Family are important and I feel management support us with this." Another staff member said, "Manager very good at recognizing staff with personal touches."

The manager informed us they kept up to date by reading the commission's website and through other professional websites. They also informed us they attended training as they were in the process of completing their level 5 diplomas in care management.