Safe Harbour Homecare 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

The inspection took place on 25 and 26 January 2016 and was announced to ensure people and staff we needed to speak with were available. Safe Harbour Homecare Ltd is registered to provide personal care to older people living in their own homes, some of whom experience dementia. They also provide a service to people with a learning disability or who are on the autistic spectrum disorder, people with mental health issues, people who misuse drugs and alcohol, people with a physical disability or sensory impairment and younger adults. At the time of the inspection there were 43 people using the service.

The service has 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 provider is also currently the registered manager. A new manager was appointed to run the service in September 2015 and they are in the process of registering with CQC.

People and their relatives provided positive feedback about the service. Their comments included "It's amazing", "Brilliant", "Very pleased with them" and "The standard of care is good."

People and their relatives told us the service was safe. Staff had undertaken relevant training and understood their role in relation to safeguarding people and the actions they should take to keep people safe from the risk of abuse.

Risks to people had been assessed and measures were in place to manage risks safely for people. Staff had access to written guidance which they followed and understood the risks to individuals.

People received a high degree of continuity in the staff providing their care. If people needed two staff to provide their care safely this was rostered and provided. The manager ensured they did not overcommit the service and did not accept requests for care which they could not meet safely. People were kept safe because the service operated robust recruitment practices.

People received their medicines safely from trained staff. Processes were in place to ensure people's medicine administration records were audited monthly to identify and address any gaps with staff. Processes were in place to ensure people had sufficient supplies of their medicines.

People told us staff were well trained. Staff underwent an induction when they commenced their role. Staff had the opportunity to update their training and the provider monitored staff training needs and requests to ensure the training they provided supported staff effectively in their role. Staff received regular supervision and spot checks on the quality of their work with people.

Staff had undertaken relevant training on the Mental Capacity Act (MCA) 2005 and understood their role in seeking people's consent. Staff had not needed to complete any MCA 2005 assessments to date but understood who might lack the capacity in the future to continue to provide their consent to the provision of their care.

People were happy with the quality of the meals staff prepared for them. A person told us "It is a good lunch, but then it always is." Staff understood and met people's dietary needs and preferences when providing their care in relation to food and drink.

Staff were observant to any changes in people that might necessitate a referral to a health care professional and alerted the office to any concerns they had about people's health. The service worked with a range of health care professionals to ensure people's health care needs were met.

People and their relatives made positive comments about how staff ensured they developed positive and caring relationships with people. A person told us "It's heaven to know the girls are coming they are lovely." A person's relative told us "The carers are quite jolly and he responds to them well." Staff were provided with information about people's backgrounds and interests. They used this information to engage people in conversation and were genuinely interested in them as individuals.

People their relatives and professionals told us the way care was provided reflected people's preferences. Staff understood the need to enable people to make choices in their daily lives as far as they were able and were active in enabling people to make choices. Staff understood people's different communication needs and ensured they followed the guidance provided in people's care plans to enable them to communicate their views.

People and their relatives told us all personal care was provided to people in a private and dignified manner. Staff understood the need to uphold people's privacy and dignity when providing their care and ensured this was done.

People and their relatives told us the service was responsive to their needs and that staff understood their care needs. A person commented "I would be in a home if it wasn't for the girls." People's needs had been assessed with them prior to the provision of their care in order to identify what they needed and how they wanted their care to be provided.

People's independence was respected and promoted. Staff had supported people both through the provision of a six week re-enablement programme and through their care planning to retain or regain their independence. People were also supported to attend activities they enjoyed within the community either by staff taking them or by their calls being arranged to facilitate their attendance.

People told us they felt able to raise any issues or complaints with staff and that they would be listened to and appropriate action taken in response. Records demonstrated that when any complaints had been received, the manager had investigated them, in accordance with the provider's policy and responded to the complainant with the actions taken. The service was responsive to people's feedback.

The provider had a mission statement and a set of values which outlined their expectations of how staff should work with people. Staff were observed to treat people with care and dignity throughout the inspection. They supported people to remain independent and to make choices about their care. People received care from staff who demonstrated the provider's values in their work with them.

People we spoke to were complimentary about the management of the service. There was a clearly defined management structure in place and the provider had good oversight of the service.

The manager had identified areas of the service that could be improved in relation to staff records and had made the required improvements to ensure they contained all of the relevant information. They had also ensured that people's medicine records were reviewed monthly in order to identify any issues for people. A customer survey had been circulated and the manager had met with people as a result to identify if there were any ways they could improve the service people experienced.

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 had been safeguarded from the risk of abuse.

Risks to people had been identified and measures were in place to manage them safely and to protect people.

People's care was provided by sufficient numbers of suitable staff to meet their needs safely.

People received their medicines safely from trained staff.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills they needed to carry out their role and responsibilities.

People's consent to their care and treatment had been sought. Staff had received relevant training and understood their responsibilities if a person lacked the capacity to consent to their care.

People were supported by staff effectively to ensure they ate and drank sufficient for their needs.

People were well supported to maintain good health and to access healthcare services as required.

Is the service caring?

Good

The service was caring.

Staff had developed very positive, genuine and caring relationships with people who used the service.

People were supported to express their views and to be actively involved in making decisions about their care and treatment.

People's privacy and dignity were upheld in the provision of their

care.

Is the service responsive?

Good

The service was responsive.

People were supported by staff to receive care that was responsive to their needs. People were enabled to retain or regain their independence wherever possible.

The service listened to people's complaints and feedback and where required took action to improve the service for them.

Is the service well-led?

Good

The service was well-led.

Staff felt supported and valued by the provider. The manager and provider had created a culture whereby staff were encouraged to share their views and to raise any issues which could impact upon people receiving good quality care.

The service had a clear management structure and was well managed.

The service had processes in place to monitor the quality of the service people received. The manager had taken action to address identified areas for improvement.

Safe Harbour Homecare Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 25 and 26 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff we needed to speak with would be available. The inspection was completed by two inspectors.

Before the inspection the provider completed 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 information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we sent 21 questionnaires to people who use the service to seek their views and 12 were returned. We sent 15 questionnaires to staff and 10 were returned, 21 questionnaires to people's friends and relatives, of which three were returned and five questionnaires to community professionals of which one was returned. We spoke with a GP, a physiotherapist and two nurses who specialised in the provision of palliative care for people. The professionals we spoke with all provided positive feedback about the service.

During the inspection we spoke on the telephone with seven people and four people's relatives. We visited a further four people to speak with them and their relatives about the care they received. We spoke with five staff, the provider and the manager.

We reviewed records which included seven people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in August 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe in the care of the staff, a nurse also told us the care was very safe. Staff told us they had undergone safeguarding training, and this was confirmed by records. All the staff who responded to our questionnaire said 'I know what to do if I suspect one of the people I support was being abused or was at risk of harm.' Staff were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. Staff were clear about their responsibility to report any concerns they might have about people's safety. Staff had access to the provider's safeguarding and whistleblowing polices to provide them with written guidance about the actions they should take in the event a person was at risk from abuse in order to keep them safe. People had financial record sheets in their homes in order for staff to document any financial transactions they carried out on people's behalf. This ensured people were safeguarded from the risk of financial abuse. Although the provider had not needed to report any safeguarding concerns to the local authority they understood what and how to report in order to safeguard people.

People and their relatives told us risks to them were well managed. A relative told us their loved one had thin skin and that staff were fully aware of the risks associated with this and managed them well.

Potential risks to people associated with the provision of their care had been assessed. Risks to people associated with moving, skin care, communication, falls, mood and the environment for example, had been assessed and any control measures identified. Where the person used equipment to manage risks to them such as a hoist, hospital bed, ripple mattress, a sling or commode this had been documented and there was written guidance for staff about how to manage the risks to the person safely.

Staff were observed to use equipment safely to support people to move. For example, staff used a riser chair to support a person to get up safely. Staff were aware of the risks to the person when mobilising from a step in their home and ensured they provided clear guidance to the person about how to negotiate this. If people used an emergency lifeline to ensure their safety at home this was documented in their records. We observed people we visited were wearing their lifeline to ensure they could access assistance if they fell. Where a person was identified as at risk from sore skin, records demonstrated action had been taken to manage this risk to them through the application of a preventative cream and staff monitoring the area. Staff understood the risks to people and followed guidance to protect them.

The manager told us there was an on-call system to ensure people could access staff assistance if required out of office hours. The manager and office staff discussed people's care needs for the weekend on a Friday to try and identify any potential issues that might arise for people in the provision of their care over the weekend. This ensured potential risks to people were identified and managed.

People told us that they received care and support from a small number of carers who visited them regularly and this provided them with a consistent service. One person's relative told us "The carer arrives on time and does the full half hour." Another told us they thought the provider was "Discerning in who they recruit."

The manager told us "We have very static rosters so staff going to people know them, in this way staff build trust with people," this was confirmed by records. They also told us "We don't take packages of care that we cannot cover safely." They gave an example of how they had turned down a request for a package of care as they had only been able to provide three of the four calls the person needed. The provider ensured there were sufficient staff to provide people's care consistently before committing to provide people's care.

Rosters demonstrated and staff confirmed that the assigned number of staff needed to care for and support each person were always met. Some people required the assistance of two staff and these were present at each visit and arrived on time to prevent any delay in providing the person's care.

Staff recruitment records included applications forms which explained any gaps in employment history, interview records, references, a health question and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These records had all been obtained before the staff member started to work with people, to ensure they were fit to work with people at risk. People were kept safe because the service operated robust recruitment practices.

Staff shadowed more experienced staff upon commencing work for the provider; this was confirmed both by staff and records. This enabled them to learn about their role and the specific needs of the people they would be supporting.

People told us staff ensured they received their medicines where this was part of their care plan. Two nurses confirmed they had no concerns about how people's medicines were managed.

The field supervisor told us all staff underwent medicines training and this was confirmed by records. Staff's competence in administering medicines was then assessed during spot checks on their practice to ensure they were administering medicines safely for people.

Staff were observed to administer people's medicines safely. They ensured they put on gloves before handling people's medicines. They then checked the person's medicine administration record (MAR) sheet to ensure they were giving the correct medicine. We heard them ask a person if they wanted any 'As required' medicine. These are medicines people only take if needed. This ensured staff only administered the medicine if the person needed it. Once staff had administered the person's medicines they ensured they signed the MAR sheet to provide a written record. People received their medicines safely.

The field supervisor told us they audited people's MARs monthly in order to identify if there were any gaps. They were able to demonstrate to us that where they had identified gaps in two people's MAR sheets, they had taken appropriate action to reduce the risk of repetition.

People's records documented their arrangements for the provision of their medicines. For example, whether the person was self-medicating, if a family member provided their medicines or if staff were to administer the person's medicines. Staff were able to tell us the arrangements for the ordering and delivery of people's medicines. Staff ensured they informed the office promptly if people's medicines were running out in order to make the arrangements for them to be provided for people. There was guidance for staff about who was responsible for the provision of people's medicines to ensure they had a sufficient supply.

Good

Is the service effective?

Our findings

People we spoke with told us they thought staff were very knowledgeable, well trained and put into practice the training that they received.

Staff told us they were provided with an induction work book when they began to work at the service, which had to be completed within the first three months of employment. Records confirmed this. The workbook covered relevant aspects of the staff's role including providing personal care, manual handling, the use of equipment, food hygiene and principles of good practice. These had been completed by the staff member and each area was "Signed off" as assessed by a senior member of staff. This ensured staff were competent in the specific aspects of their role.

Staff told us that the training provided by the service was very good and one staff member said it was better than at other services where they had been employed. A training record was held for each member of staff. Staff had received training which included: moving and handling, safeguarding people at risk, infection control, food hygiene and health and safety. Staff training records included an evaluation of the training subject to ensure staff had understood what they had learnt and would be able to put it into practice when working with people. Staff received appropriate training to enable them to support people effectively.

The manager told us that they had recently reviewed staff training and had prioritised the training planned according to the needs of people using the service and of staff. As a result, staff training in the Mental Capacity Act 2005 (MCA) and safeguarding people at risk had been recently carried out. This training enabled staff to support people effectively. The provider was responsive to requests from staff when additional training needs were identified. A number of staff had requested dementia awareness training to increase their knowledge in this area and this scheduled. Staff received appropriate training for their role.

Staff told us that they received supervision from senior members of staff to ensure they were meeting the requirements of their role and as an opportunity to discuss their development. Notes were taken at supervision meetings to record the discussions and staff told us they were provided with a copy for their reference, which records confirmed. The provider told us spot checks were also carried out by senior staff to ensure staff were meeting the needs of the people they provided care to effectively, this was confirmed by records. Staff received a good level of supervision to ensure they were supported effectively in their role.

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. We checked whether the service was working within the principles of the MCA.

People and their relatives told us staff sought consent for the person's care. Staff were observed to constantly seek people's consent in the provision of each aspect of their care. If people could not communicate verbally staff were observing people's body language to understand if they were

communicating their agreement. Records demonstrated staff had discussed the use of the MCA 2005 at a staff meeting, in addition to their training on the subject. Staff understood their role in seeking people's consent.

People's records demonstrated the service had sought their written permission to provide their care and treatment. People had also been asked for their written consent before any information was shared about them with healthcare professionals. The manager told us everyone currently using the service had the capacity to consent to their care and treatment. Therefore they had not had cause to complete any MCA 2005 assessments for people to date. If people had a condition which had the potential to impact upon their capacity to make decisions this had been noted at their initial assessment, to ensure staff were alerted to this information. The manager was mindful that people may lack capacity to consent to their care at some point in the future and had ensured this was documented.

People told us staff supported them to ensure they had sufficient to eat and drink where this was part of their care plan. A person we visited told us they were eating better now with staff support and becoming more independent in their meal preparation.

People's care records noted what the arrangements were to ensure they received their meals. For example, whether the person or their family were responsible, or if this was an area of support staff were providing for the person. People's care records documented their food and drink preferences. Staff understood people's likes and dislikes and were observed to prepare people meals and drinks of their choice. For example, a person enjoyed baked potatoes prepared in a particular manner and this was how they were prepared for them. Staff understood and met people's dietary needs and preferences when providing their care.

Staff were observed to tell a person who was visually impaired what they were serving them for their lunch and where each food was on their plate. They then sensitively supported them to eat in an unhurried manner. Staff were seen to ensure people were left with food and drink within easy reach if they were unable to access these themselves between visits, as per the guidance in their care plan. Staff supported people to ensure they received sufficient to eat and drink.

Staff were observed to complete a food diary for a person who was at risk from malnutrition; this enabled them to monitor the person's intake. The manager told us they had also weighed people where required. If people received support with their catheter, records were kept to document their urinary output. This enabled staff to monitor people's fluid output and to quickly identify if any issues arose. Staff recorded people's food and fluid intake where required to ensure they were supported effectively.

A person's relative told us "Staff are very observant and alert the office about any changes." A nurse told us staff were very quick to contact health professionals where required and to seek advice if they needed assistance.

People's records demonstrated that staff had documented information about changes to people's health that they had reported to the office to ensure the person's welfare. Staff were able to describe to us how they had supported a person to have an issue with their eyes addressed to ensure their health. Staff were familiar with people's usual presentation and were observant to changes which might indicate they were becoming unwell. Staff told us one person we visited was quieter than normal and that they would be monitoring to assess if any intervention was required. People's records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GP's, nurses, physiotherapists and occupational therapists. People were effectively supported by staff to ensure their health care needs were met.

Good

Is the service caring?

Our findings

People told us the service was caring and that they had noted the difference between the service and other domiciliary care services they had used. One person told us that the difference was like "Chalk and cheese" as Safe Harbour Homecare Ltd appeared to really care whilst for another service supporting the person was "Just a job." One person told us they looked forward to visits as staff chatted to them whilst providing their care and involved them when completing their care plan record. Another person said they would recommend the service to anyone needing it. A GP told us staff were "Exceptionally caring" and "Went the extra mile" for people. A nurse commented that staff had gone "Over and above' the call of duty in the provision of a person's end of life care. The provider had received a number of compliments from people's relatives about the service delivered. One person's relative had said 'They gave mum the time to be supported the way she should be.' Another had commented that the staff member was 'Very thoughtful and kind.'

People's care records documented their past history and what was important to them. People's daily care records demonstrated staff had taken the time to sit and speak with people. A relative told us "They engage her in chat." Staff were observed interacting with people; they were warm, friendly and caring. They demonstrated a good knowledge of each person and used this to engage in meaningful conversations with them, for example, about the individuals personal interests. A person's relative told us "The carers are quite jolly and he responds to them well." People were seen to enjoy the company of staff and to have fun with them. Staff were supporting a person who experienced dementia. They spoke with the person constantly, providing them with reassurance and explaining to them clearly what they were doing and why. This ensured the person remained relaxed and comfortable with the care provided. People were seen to respond well to staff as they demonstrated a genuine interest in them.

People and their relatives told us the way the care was provided reflected the person's preferences. A nurse told us "They definitely take into account people's wishes in the provision of their care." Another nurse told us "I would have them look after my family member."

People's preferences about their care were documented and followed. People's records documented that it was important for staff to support them to make choices for themselves. A person's relative told us "The carer does try to give control to my husband." One person's care plan described the support they required with their mobility and how they liked to return to their chair once they had been for a walk. Staff were observed supporting this person and following their wishes. Although the person could not communicate verbally, staff involved the person in making choices throughout the process. They did this by continually communicating with them offering support, guidance and encouragement and by watching the person's non-verbal communications through their facial expressions. This enabled the person to decide if they wanted to get up and walk at all and to determine where to go.

People's care records documented any needs they had in relation to how to communicate with them. A person's relative told us how their loved one had a hearing impairment and staff ensured they faced the person and communicated clearly when speaking. Another relative said "They always make sure she has her

hearing aids." A person's care records noted they had impaired hearing and staff 'Need to speak clearly.' We heard staff speaking with this person and saw they positioned themselves at the person's height and ensured they communicated in a steady and clear voice. If the person did not hear the first time they were patient and re-framed the information for the person to enable them to understand. Staff had guidance about people's communication needs which they followed to ensure they were supported to express their views.

People and their relatives told us all personal care was provided to people in a private and dignified manner. A nurse told us staff were 'Always very respectful to people.'

Staff were able to give examples of how they ensured and promoted the privacy and dignity of people. One staff member explained how they always ensured the curtains and doors were closed before providing care to people. They said that they tried to have everything ready and to hand to minimise having to leave the person unattended. Another member of staff said they supported a person to wash themselves as far as they were able and that they provided privacy with the considerate positioning of a towel.

Staff were heard speaking with a person who had just had a key safe fitted. They discussed with them the circumstances in which it was to be used. For example, in the event they could not get to the door and staff had to use the key to gain access. This ensured that the risk was managed for the person in a manner which upheld their right to privacy and dignity.

Good

Is the service responsive?

Our findings

People and their relatives said the service was responsive to their needs and that staff understood their care needs. A person told us "They know what I need." Another person commented "I would be in a home if it wasn't for the girls." A person's relative told us the carer "Understands and knows how to cope with people with dementia." Two nurses told us the service was very responsive to any changes in people's needs. One said if a person required end of life care they were very quick at setting the package up.

People and their relatives told us their needs had been assessed prior to them receiving a service and then regularly reviewed, records confirmed this. A physiotherapist told us they had seen staff completing an initial assessment with a person and told us the person was fully involved in planning and making decisions about their care. Staff ensured that where people's care had been commissioned by outside agencies such as Social Services they obtained copies of relevant assessments which provided them with detailed information about the person's care needs to contribute to their care planning. People's care needs had been assessed prior to them receiving a service and reviewed as their care needs changed.

People told us the service was responsive to their individual needs. A person told us "I go to the day centre so I have my care before then." A relative told us that after their loved one's care had commenced staff had quickly realised the person did not want their mid-day meal at lunchtime as commissioned by an external agency and changed the timing of the visit accordingly. Staff told us that the care and support they provided was personalised to meet people's specific needs and was recorded in their care plan. We saw an example of this in a person's care plan, which recorded that the person could be reluctant to get up to receive care. Staff had noted that the offer of a specific warm drink worked well to encourage the person to get up and this had been included as part of the care plan. People's care plans contained expected outcomes for staff to achieve in the provision of the person's care. For example, to give the person choices, or to support them to wear their perfume. The service listened to how and when people wanted their care.

People's independence was respected and promoted. A person's relative told us "Mum can walk now; they were good at supporting her walking." People's care plans reflected how they were to be supported to retain or to regain their independence. A health care professional had written to the service to commend them on the level of support they had provided to a person to regain their independence. We observed staff supporting this person and saw how well staff worked with them to support them with their mobility.

One person we visited had started to prepare their meal and staff then supported them to complete and serve the meal. The person was able to retain their independence with meal preparation whilst receiving support with the aspects that they needed assistance to complete. Staff understood the importance of respecting and supporting people's independence.

The service provided a six week enablement service to people referred from the local hospital for support in regaining their independence on their return home. This was a short term intervention for people that was reviewed with them at four weeks and either concluded at six weeks or continued with a reduced amount of support depending on the person's needs. People were supported to retain or regain their independence

wherever possible.

People's records showed they had been supported to engage with their local community. A person had been enabled to attend a day service again which had been an activity they had previously enjoyed. Another person's care records noted their social support needs in relation to being taken out shopping by staff. There was guidance for staff about where the person preferred to be taken on their outings to ensure they were aware. People were supported to pursue their interests.

People said they could ring the service at any time to discuss any queries or concerns and they felt confident these would be listened to and responded to. People told us that any needs they had on top of their usual visits such as for additional support or occasionally for care to be provided at a different time were accommodated wherever possible. One person's visit time was extended as the person and staff agreed it was required to meet the person's needs. People felt listened to by staff and that action was taken if they raised an issue.

The provider had a complaints policy which outlined to people how and to whom they could address any concerns they had with the service. The policy detailed for people how their complaint would be handled and how to take it further in the event people were not satisfied with the response. Records demonstrated that when any complaints had been received, the manager had investigated them, in accordance with the provider's policy and responded to the complainant with the actions taken. Any required actions from complaints such as changes to staff, for example, had been completed. People had been provided with information about how to complain, staff understood their role and the service had been responsive to any issues raised.

Good

Is the service well-led?

Our findings

The provider had a mission statement which outlined what the service aimed to deliver for people: personalised care, dignity, choice, independence and well trained staff. The provider told us they had also recently developed a set of values for the service. These included caring, honesty, integrity, excellence, dignity, teamwork and trust. They told us "We look for these values in staff from recruitment on when we ask them what makes a good carer." The manager told us staff learnt about the service values during their induction. Although not all staff were explicitly aware of the provider's values when we spoke with them. All staff spoken with and observed demonstrated the provider's values in the way they worked with people and provided their care. People received care from staff who demonstrated the provider's values in their work with them.

Staff told us they felt supported and valued by people and by the service, this was confirmed by the staff responses received from our questionnaires. Two members of staff spoke of the support they received from the service when they had previously had difficult times, such as personal or family problems for example. The manager told us the service had an 'Open door' policy where staff were encouraged to visit the office as they wished to raise any issues of concern. Staff told us the management team was open and approachable and that they could and would seek support from the management team about any queries, questions or concerns. Staff meetings were held regularly to enable staff to discuss any issues. The manager told us that if they received feedback, either positive or negative from people, this was passed to the appropriate member of staff for their learning. They gave an example of recent positive feedback that had been received from a person who had felt a member of staff had gone 'Over and beyond' what was expected and had been very appreciative. The manager and the provider had worked to develop a culture where staff felt supported and able to speak up about any issues which could impact upon the delivery of people's care.

People we spoke with were complimentary about the management of the service. One person told us that using the service was a "Most positive experience" and that the "Leadership set very clear standards." People said that there was a lot of regular communication with the service. One person's relative told us this had enabled them to "Get things right" for their loved one. Two nurses and a GP also confirmed there was good management and leadership of the service.

Staff gave positive feedback about the management team. There was a clear defined management structure in place. The provider was based in the office as part of the management team and so had daily oversight of the service. There was also the manager, a field supervisor and two senior care staff. This ensured there was sufficient management to oversee the service for people across the week.

Records were well organised, easily available and accessible by appropriate staff. We heard telephone interactions with people and noted they were conducted in a friendly and professional manner. People's records were stored safely and securely.

No notifications have been received from the service. However, on checking their records there was no evidence of any incidents having occurred that should have been notified to CQC. The manager understood

under what circumstances they were required to submit notifications for people.

The manager told us that upon commencing their role in September 2015 they had identified what improvements they needed to make and taken appropriate action. They told us they had reviewed all of the staff recruitment, supervision and training files to ensure they were fit for purpose and contained all of the relevant information. Staff records reviewed were found to contain all of the required information. The manager had taken action to ensure all staff records met regulatory requirements for the provision of people's care. The manager told us they had reviewed the flow of communication between staff. As a result they now discussed the outcomes of people's initial assessment with the staff member who arranged the staff rosters before allocating staff. This ensured consideration was given to which staff member would be best matched to people's care. They had also ensured that people's medicine administration records were now audited each month to ensure any gaps were identified and addressed for people. The manager told us they were in the process of reviewing and updating people's care plans. People's care plans we reviewed demonstrated this work had been commenced for people and was ongoing. The manager had identified which areas of the service they needed to review first and had taken the required action to make improvements.

People and their relatives told us they had received questionnaires about the quality of the service provided. The manager told us and records confirmed they had issued a customer satisfaction survey to people in October 2015, the results of which had been received and reviewed. People's responses demonstrated they had a high degree of satisfaction with the service. Of 20 people who responded 14 had rated the service as excellent. The manager explained to us how they had met with people who had rated the service as good to try and identify if there were any ways they could further improve the service provided for them. The manager told us that following their meeting with a person they had made a change to their care staff in response to their feedback. Another person's questionnaire noted that when they requested a change to their care this had been made. People's feedback on the service had been sought, listened to and changes to the service made to improve people's experience.

The manager had just finished reviewing and revising the provider's statement of purpose which they were about to submit to CQC. This ensured people had access to up to date, relevant information about the service. We noted many of the service polices had not been reviewed since 2012. This was discussed with the manager who was already aware of the need to review and revise them and planned to action this imminently.

The Great British Home Care Awards celebrate excellence and good practice across the care sector. A staff member had been awarded the national Home Care Worker Award in 2014. The quality of the service provided by this staff member had been formally recognised and celebrated in the achievement of this award.