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MacDonald Care Services

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 was announced and took place on 14 March 2016.

MacDonald Care Services is a small family run domiciliary care agency that provides personal care to people in their own homes in the areas of East Grinstead, Crawley, Turners Hill, Lingfield and Dormansland. People who receive a service include those living with physical frailty or memory loss due to the progression of age. At the time of this inspection the agency was providing a service to 61 people, the majority of whom were aged between 80 and 90. The frequency of visits ranged from one visit to four visits per day depending on people's individual needs.

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people was excellent. People expressed great satisfaction and spoke very highly of the registered manager and care workers.

The safety of people who used the service was taken very seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People felt safe and secure when receiving care.

People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was very flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. The agency was proactive in involving people and working in partnership with them to access services and facilities in their local community. The agency regularly provided support above that what was required to enhance people's quality of life.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were

processes in place to monitor quality and understand the experiences of people who used the service.

Staff were very highly motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

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 were protected from harm. People had confidence in the service and felt safe and secure when receiving support. Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Care workers were deployed in sufficient numbers who had the knowledge, skills and time to care for people in a safe and consistent manner. There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Assessment and care planning processes ensured people's legal rights were upheld with regard to consent.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Changes in people's needs were recognised and appropriate, prompt action taken, including the involvement of external professionals where necessary.

People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Is the service well-led?

Good

The service was well-led.

The manager and the provider promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was an emphasis on continual improvement which benefited people and staff. There were systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service.

MacDonald Care Services

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 14 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of one inspector who had experience of caring for older people and domiciliary care services.

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 and we checked information that we held about the agency and the service provider. We used all this information to decide which areas to focus on during our inspection.

Prior to our inspection we sent questionnaires to people who received a service from the agency, relatives, staff and health and social care professionals. We received 37 completed questionnaires from people who received a service, 10 from staff, seven from relatives and six from health and social care professionals. The findings from these have been included in this report along with the views of people that we spoke with during and after our inspection.

During the inspection we spoke with eight people who received care and support from MacDonald Care Services by telephone and five relatives. When visiting the agency office we spoke with the registered manager, the administration manager and four care workers. One external social care professional also shared their views of the agency and agreed for these to be included in this report.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for four people and other records relating to the management of the domiciliary care agency. These included staff training, support and employment records, quality assurance

audits, minutes of meetings with staff, questionnaires that the provider had sent to people who received a service and incident reports.

We last carried out an inspection of MacDonald Care Services on 04 November 2013 and found no concerns.

Good

Is the service safe?

Our findings

People said that they felt safe in the hands of MacDonald's Care Services and the care workers who supported them. The relative of one person said, "We have no qualms whatsoever in that area". A social care professional wrote and informed us, 'In my experience this care provider has worked with a focus on the safety of the service users, which has included working collaboratively with me in assessing and managing risks as well as maintaining good communication when there may be issues or concerns related to this'.

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker said, "I would report to X (registered manager) immediately. I know I can also take further and report to social services or the police. It's important if something is not right to report it". A second care worker explained, "If I think something is not right I have to report it straight away to X (registered manager). Also inform the client and explain I am doing for their safety. I have to, its duty of care". Care workers also were aware of the agency's whistleblowing procedure and how this offered further protection to people. No safeguarding concerns have been raised by the agency in the past twelve months however the registered manager understood her responsibilities in relation to this. The registered manager informed us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary.

People were happy with the support they received with their medicines. One person told us, "They only help with one as I do all the others myself". The relative of another person said, "The carers give medicines out of the blister pack. There are other medicines that I give but these are kept separately. I have no concerns in that area at all". Care workers were able to describe how they supported people with their medicines. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and their competency assessed.

People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. We did note that this was an area that could be developed further as some people's records did not make it explicitly clear the exact level of support they required. We did not find any evidence that this had impacted on the support that people received with their medicines. However, there was a potential risk that care workers might undertake a task that a person was able to do for themselves. 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.

Incidents were recorded by care workers and actions taken to ensure people were free from the risk of harm. For example, when a care worker entered the home of one person and found them on the floor paramedics were called and the person was kept warm and comfortable whilst they waited. Afterwards the falls prevention team were involved with the care of the person and a different bed sourced. Care workers that we spoke with were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident. One care worker said, "We have to check that the person is ok, give first

aid if needed and call ambulance. We have to report to the office and record the incident".

Assessments were undertaken to assess any risks to people who received a 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 included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home, transferring in and out of chairs and their bed. Assessments included what equipment should be used, who provided this and when it was last serviced. The relative of one person told us that they were very satisfied with the support their family member received to move. They said, "X (family member) has two experienced carers who always use the hoists. They are experts and definitely know what they are doing".

Emergency contingency plans were in place to ensure people continued to receive a service in the event of bad weather and other events. The agency had two company vehicles which care workers could use if their own vehicle broke down to ensure people would still be visited and kept safe.

People said that care workers arrived on time and if they were delayed for a significant amount of time, they were contacted to inform them of the reason. People also said that they knew the care workers well and generally received a service from a group of known workers. They also said that if their care workers felt that it was necessary to stay for longer than their allotted time, then they did so to ensure that people were safe and all tasks completed to their satisfaction. The relative of one person said, "We normally have regular workers unless one is on leave and we receive a rota every Monday".

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. These could be adjusted according to the needs of people using the service and we saw that the number of care workers supporting a person was increased if required. The agency used an electronic software system for planning care workers rotas. This also matched care workers to people who received a service to ensure continuity of care.

Travel time was planned between visits. Care workers that we spoke with said that travel time helped ensure that people received all of the allocated visit time they were entitled to. One care worker said, "We get good travel time between visits, 15 minutes even if we don't need it so we can use this to do the little extras like sitting and having a chat. That's just as important as providing the care".

Everyone that we spoke with who received a service from the agency said that they had never had missed visits and that on the rare occasion when a care worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed. The relative of one person told us, "We have never had a missed call. They have been late when the snow was dreadful but they rang to inform us of this. They have even walked in the past to make sure they get here as they know it's so important. When they walked here I made bacon butties to show my appreciation".

Recruitment checks were completed to ensure care workers were safe to support people. Staff files confirmed evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity, references, proof of identification and a recent photograph. We did note that for one person their DBS (previously known as CRB) was issued in 2003. Within 24 hours of our inspection the registered provider supplied documentary evidence that action had been taken in relation to this. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes.

Good

Is the service effective?

Our findings

Everyone that we spoke with said that care workers appeared well trained and were competent in their work. An external social care professional wrote and told us, 'I have generally found this care provider to be effective in its practice. A simple answer to this question is that when I need a domiciliary care provider to work with a more challenging or complex situation then MacDonald Care Services are normally the first home care provider I would consider if such care is required as part of a support package. They often provide a level of flexibility and professionalism in their approach that certain other providers fail to match'.

People were supported by care workers who had the knowledge and skills required to meet their needs. All new care workers completed an induction programme at the start of their employment. The induction was based on Skills for Care Certificate, which was introduced in April 2015. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The induction programme included a three month coaching/probation period to assess staff skills and performance in the role. During this time they received one to one meetings (supervision) with a senior member of staff and observational supervision whilst working in people's homes. Care workers confirmed that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people's care records and the agencies policies and procedures. They confirmed that the induction process included shadowing other staff and spending time with people before working independently. Training was provided during induction and then on an on going basis. This included medicines, safeguarding of adults, first aid, food hygiene and health and safety. People that we spoke with confirmed that before new care workers supported them they shadowed their regular workers. One person said, "If they are new they always shadow first".

A training programme was in place that included courses that were relevant to the needs of people who received a service from the agency. Care workers had received training in areas that included aggression and challenging behaviours, dementia awareness, palliative care, diet and nutrition and record keeping and risk assessment. In addition staff had either completed a National Vocational Qualification or were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. One care worker said, "There is on line training. If you are not sure X (registered manager) invites you in and we discuss further and read policies and procedures until you are confident in what you're doing and competent in your job".

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Supervision included spot checks of care workers when supporting people in their own homes. All staff that we spoke with said that they were fully supported by the manager. One care worker said, "I was amazed when I started working here, the support is constant. I have just had my appraisal and have supervisions that include spot checks".

People were happy with the support they received to eat and drink. One person said, "I have wonderful carers. They provide me with drinks". Another person said, "They prepare me sandwiches and snacks and

make me a cup of tea just how I like it".

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. One care worker said, "One person tells me what they want to eat and drink and I prepare this. They are able to eat independently. Others I make sandwiches and drinks for. One person that I visit has charts that we fill in three times a day as we have to encourage and monitor what they eat as their memory can very. That's why it's important to encourage and record".

Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Information was in people's care plans of healthcare professionals involved in their lives. This included details of their GP and district nurses. Care workers confirmed that they and the registered manager liaised with the relevant healthcare professionals where necessary to ensure people received a consistent service. For example, a care worker was concerned that one person they visited was not well. They contacted the agency office who then arranged for a GP to visit. This demonstrated that care workers understood the importance of supporting people to maintain good health.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. One person told us, "I have lovely ladies who come. They always ask me what I want doing". The relative of another person said, "Sometimes X (family member) doesn't want a bath. They only do this after discussion with X".

Staff received Mental Capacity Act training and were able to explain what consent to care meant in practice. One care worker said, "Never presume people don't have the capacity to make decisions. They might not make the right choice but we have to support and allow them to make choices even if we don't agree. If worried they might be at harm then we have to involve others". A second care worker explained, "Assume people have capacity unless you know otherwise. If you think someone doesn't have it you have to bring in other people to help ensure their best interests are met. It's important to involve as much as possible". The Mental Capacity Act 2005 (MCA) provides the 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 is made involving people who know the person well and other professionals, where relevant.

People's records included reference to their ability to consent to care and some people's records included mental capacity assessments completed by their funding authority when it had been identified that they lacked capacity to make certain decisions. We did note that for one person a family member had signed their care plan on the person's behalf but records were not in place that demonstrated they had the authority to do this. The registered manager explained to us how best interest meetings and decisions were made if people did not have the capacity to do this themselves. Records relating to these processes were not always in place. Although we found no evidence of impact on people this is an area we have identified for improvement.

Good

Is the service caring?

Our findings

Everyone that we spoke with, without exception told us they were treated with kindness and respect by the care workers who supported them. One person said, "MacDonald care service are genuine and kind and lead each other to be thoughtful." Another person said, "They are very kind. It's so nice to find people like that". A relative of another person said, "My elderly mother is visited three times a week by very kind and caring staff for personal hygiene help and they all treat her with respect and dignity. I would recommend this care support agency." Another relative said, "I have to say they are all very respectful. They have a bit of banter and a chat when assisting X (family member) with personal care. That's how X copes when personal care is taking place. They understand it distracts and that's what X prefers".

Positive, caring relationships had been developed with people. one relative told us, "The carers that come in to care for X (family member) are always bright and cheerful and have become part of our peculiar extended family in the same way X's live - in carer has. They all seem very knowledgeable about their tasks and responsibilities and it's reassuring to know that X is in good hands as I live so far away from her and can't visit on a regular basis". Another relative said, "Mum has a strong personality and staff allow this to continue. They understand this is part of who she is. Mum has a very good relationship with them". A third relative told us, "They are like friends. X (family member) looks forward so much to their visits, she lives for their visits, it is such a good relationship".

The registered manager was motivated and clearly passionate about making a difference to people's lives. She told us how she would not provide 15 minute visits as this would not allow care workers to provide a good quality service, including having enough time to talk to people. This enthusiasm was also shared with care workers we spoke with. Records confirmed that the registered manager and care workers regularly gave support and attention that was above that what was expected. This included the registered manager taking her own dog to visit a person as they were desperate to pet a gentle dog "one more time". On another occasion they took a person's own dog to visit them when they were receiving rehabilitation treatment.

Care workers were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. With regard to personal care, one care worker explained, "I make sure curtains are closed, people are covered with a towel and doors are shut even to family members". Another care worker explained, "It's important to talk through what you are doing. For example, I visit one elderly client who is partially sighted who uses a hoist and they can get a bit worried. So I explain step by step where my hands are going, what the hoist does. I do this each and every time I use the hoist to reassure them".

People said that care workers helped them to maintain their independence. One person said, "I had an accident and there are some things I can still do and other bits I need help with such as washing my back and feet. They help me but don't do things that I am capable of doing myself".

Dignity and independence were reinforced as one of the main values of the agency within its statement of

purpose, service user guide and business plan. Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own homes. Records confirmed that care workers were assessed in relation to the way they communicated with people and how they promoted choice, dignity and respect.

Care workers understood the importance of promoting independence and this was reinforced in people's care plans. One care worker explained, "I encourage to do as much for themselves as possible. Just because someone can't stand at the sink to brush their teeth doesn't mean they can't do this in bed". We were told of one person who when they first started to receive a service from the agency lacked confidence and was conscience of their image. Care workers spent time talking to the person and as a result they now go out more by themselves.

People were supported to express their views and to be involved in making decisions about their care and support. One person said, "X (registered manager) rings to see how I am getting on". The relative of another person told us, "We are involved in the reviews. X (registered manager) will make suggestions and always seeks our opinion and agreement".

Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care. One care worker said, "Always give choices. Such as would they prefer tea or coffee or what colour socks to wear". Another care worker said, "They are a person and we are in their home and we have to respect this. Always give choices and always explain what we are doing and why beforehand".

The agency had a member of staff who was a dementia champion. Signing staff up as a dementia friend is a national government funded initiative to improve the general public's understanding of dementia. We spoke with this member of staff and they showed us person centred dementia support plans that they were in the process of introducing. The support plans looked at the person as a whole and included information about the person before they were living with dementia, their journey through life and their wishes and aspirations for the future. They also included information about the person's cultural identity, beliefs and how care workers were to support people with these.

Good

Is the service responsive?

Our findings

One external social care professional wrote and informed us, 'I have found that the manager is usually very responsive and does attempt to maintain good levels of communication with me, especially when we are working with particularly challenging or risky situations. I have found that they apply the same responsive approach to the people using their services'.

People's care and support was always planned in partnership with them. Everyone that we spoke with, without exception, said that when their care was being planned at the start of the service a representative of the agency or the registered manager spent time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. The relationship between the agency and each person was interactive. The agency operated on an 'open door' policy which encouraged people to contact them to discuss any changes to their care or support needs. The relative of one person told us, "They (the agency) were recommended to me. They came out and talked to me about what I needed. They were very forthcoming with information. X (the registered manager) rings me to see how I am getting on. They do everything I ask." Another relative said, "I looked at three agencies and chose MacDonald's straight away as they gave so much information. For example, who to contact, what I could expect. They were very informative".

People received personalised care that was responsive to their individual needs and preferences. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. One person told us, "I got ill recently so they provided extra help". The relative of another person told us, "If they can find someone they will send someone at short notice". Another relative said, "If my mother wants a change or to stop something it's acted upon immediately. They are so tuned into her likes, wants and preferences". This relative went on to tell us that the registered manager had been providing additional time in order to meet changes in their family members needs despite funding not having been arranged. The relative said, "Her (registered manager) priority is meeting mums needs".

Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a regular basis in accordance to people's changing needs. For example, one person had recently returned home from hospital and their daily visits had increased in order that they received additional support of a lunch time. Their care plan had been amended to include this change and to ensure care workers had accurate information to meet the person's needs.

The frequency of calls had also increased for another person who had spent time in hospital as a result of a fall. This had affected their confidence and as a result an evening visit had been arranged to support them in and out of bed. We were informed this was hopefully a temporary arrangement until the person's confidence returned. This demonstrated that the agency provided a flexible service based to meet the

persons individual needs.

On another occasion a care worker was initially unable to gain access to a person's home and saw through a window that they had sustained injuries. The care worker immediately gained entry, ensured the person was breathing and called the emergency services. Afterwards a risk assessment was completed and the agency purchased additional equipment to reduce the risk of future accidents. This demonstrated that action was taken by the agency in response to an incident and measures were put in place to minimise future risks to the individual.

Care workers confirmed they were kept fully informed about the changes in visits and the support people required. They said that they received telephone calls from the registered manager and care plans were updated which they were required to read.

People were encouraged to maintain their independence and the agency was proactive in working in partnership with them to access services and facilities in their local community. For example, the agency had visited a local food bank to obtain supplies for one person who was in financial difficulty. For another person they had taught them how to setup, write, send and read emails so that they could keep in touch with their family who lived abroad. On another occasion, they had driven a person to a London art show so that the person could speak to people about works that they were exhibiting. The agency had also arranged special rates with a local oven cleaning business that people could access if they chose. This demonstrated that the agency actively built links with the local community that enhanced people's sense of wellbeing and quality of life.

People were encouraged to give their views and raise concerns or complaints. People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the registered manager would address concerns if they had any. One person said, "I am extremely happy with the service, never had to complain about anything." Another person said, "We know how to complain, they gave us the information about it". The relative of another person said, "We are confident issues would be resolved, definitely. We did raise an issue once and X (registered manager) acted immediately".

The agency viewed concerns and complaints as part of driving improvement. We saw that the agency's complaints process was included in information given to people when they started receiving care. The agency had not received any formal complaints in the twelve months prior to our inspection. The registered manager said that she felt this was due to the good communication systems in place that ensured people felt comfortable to raise issues before they escalated into complaints.

Care workers understood that people who received a service should feel able to raise concerns. As one explained, "It's important to talk to them, try and find out what they are unhappy about and how we can make it better for them. This has to be documented and X (registered manager) informed".

Good

Is the service well-led?

Our findings

Without exception, people using the service and their relatives said that the agency was well-led and provided a good service. The relative of one person told us, "It's good. I thank god we chose them". Another relative said, "We can text or call X (registered manager) and we always get a response".

All of the health and social care professionals that completed questionnaires that we sent to them as part of our inspection said that the agency was well led. One wrote, 'MacDonald Care Services are a relatively small concern and this is probably why they continue to provide such a good service. I would strongly recommend this Care Provider'. Another wrote, 'I have found MacDonald Care Services to be well-managed and in my experience I have found the quality of the service overall to be good. The majority of feedback I have had from service users and their representatives in the last few years has been very positive'. A third informed us, 'I have worked with MacDonald's Care Agency in the capacity of a Care Commissioning Assistant for the past 15 years and have always found them to deliver an exceptional service often offering their customers reliable and very caring support often going well beyond their expected service. I would highly recommend this Care Provider to our customers'.

There was a sustained and positive culture at the agency that was open, inclusive and empowering. Both within the questionnaires that we sent to care workers and during discussions with them when visiting the agency office staff all spoke highly of the registered manager. One care worker said, "Macdonald care services has been a fantastic company to work for and I would highly recommend them to anyone." Another care worker said of the registered manager, "She's hands on and willing to muck in. she supports you, and is a genuine caring person who is here for you as well as the clients".

The registered manager was an excellent role model who actively sort and acted on the views of people. Care workers were motivated and told us that they felt fully supported by the registered manager and that they received regular support and advice via phone calls and face to face meetings. They said that the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. One care worker said, "We receive letters with our rota that inform us of changes and we have meetings or phone calls. This is good as we don't come to the office everyday". Another care worker said, "Information sharing is good. We have meetings and a newsletter which tell us about things and if we want to communicate our thoughts". Minutes of staff meetings evidenced that care workers were informed of important matters that related to their role, the service provided to people and the agency. For example, in October staff were reminded about the agency whistleblowing policy and its importance and the agency's revised health and safety policy and risk assessments that related to safety in people's homes.

MacDonald Care Services had clear vision and values that were person-centred and that ensured people were at the heart of the service. They were initially developed by the registered manager when she set up the agency. These were owned by people and staff and underpinned practice. They included ensuring people were the main focus and central to the processes of care planning, assessment and delivery of care. The aims and objectives were included in the agency brochure, statement of purpose, staff handbook and

business plan. For example, these stated 'Autonomy and independence of personal decision-making, including the assumption of risks as well as responsibilities associated with citizenship', 'Respect for the intrinsic worth, dignity and individuality of the person and his / her racial and ethnic identity and cultural heritage' and 'Equality of opportunity and access to services irrespective of age, race or ethnic origin, creed, colour, religion, political affiliation, disability or impairments, marital status, parenthood, sexual gender or sexual orientation'. These were discussed with people when they started to receive a service and with care workers when they were employed. Care workers that we spoke with were all clear about the agencies aims and values. The attitudes, values and behaviours of staff were monitored by observing practice during staff supervisions.

The agency had recently reviewed its policies and procedures to reflect amendments to the Health and Social Care Act (Regulated Activities) 2014. They had introduced a 'Duty of Candour policy' and reflected this as one of the core values of the agency to 'promote a culture of openness and honesty with its clients even when things do not go right or to plan'. Care workers had been informed about this policy in the October newsletter in order that they were aware of their responsibilities.

The agency obtained the views of people who receive a service in the form of questionnaires. In addition to this the relative of one person told us how the agency also sent letters when changes in relation to the agency were taking place. Questionnaires were sent to 42 people in February 2016. People were asked to grade the services they received from MacDonald Care Services on a graduated assessment scale ranging from A to E. They were then asked three specific questions that related to their overall perception of the quality of the service. At the time of our inspection an interim analysis and report had been completed with a final report planned for April 2016 in order to allow for further responses to be received. The interim report detailed 65 % of people rated the services as 'Excellent' and 17% rated the services as 'Very Good'. No one rated the services as poor. The interim report also detailed actions that would be taken in response to the feedback. These included updating the agency brochure and sharing of the results of the survey with people. This demonstrated a commitment by the agency to obtain the views of people to help drive improvements.

Monitoring systems were in place that ensured staff received regular training and support. Since our last inspection the quality monitoring systems in place at the agency had been reviewed and linked to The Fundamental Standards and the domains of safe, effective, caring, responsive and well-led. Audits had been completed of peoples care records and assessments to ensure they were accurate and reflected the support people required during March. The agency also completed other audits. For example, a health and safety audit was completed in March that identified one action. Records were in place that confirmed action had been taken to address this.

In the main records were accurate and up to date. When examining incident records we did note that on two occasions a statutory notification had not been submitted to us when required. A notification is information about important events which the provider is required to tell us about by law. We noted this as an area for improvement and within 24 hours of our inspection we were supplied with documentary evidence of action taken by the registered provider to reduce the risk of this occurring again.