

AH Care Ltd

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Inspection report

15 Ullenwood Court
Ullenwood
Cheltenham
Gloucestershire
GL53 9QS

Tel: 01242513203

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11 May 2016
12 May 2016

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 11 and 12 May 2016. The last inspection took place in November 2013. There were no breaches of regulation at that time.

AH Care also known as Home Instead Care provides a personal care service for people who require support in their own home. At the time of our inspection around 60 people were using the service.

There was a registered manager in post. 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.'

Care staff spoke highly about the service provided. One said, "I love working here". Another person said, "I am very proud to be working here". People told us they would recommend the service to others. There was a genuine sense of fondness and respect between the staff and people. People we spoke with told us staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring", "Excellent" and "Highly motivated" to describe the staff. All of the people we spoke with told us they felt staff went over and above what was expected of them and they couldn't ask for more from the staff. Staff were positive about the people they supported. One member of staff stated, "I love helping the people I work for". Another person said "It means so much to make somebody smile and their compliments mean so much to me".

The feedback from people, their relatives and staff was a vital part of the quality assurance system. This was achieved either through annual surveys, meetings with people, complaints or reviews. They were listened to and action was taken to make improvements to their quality of life. The registered manager monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home. Staff, people and their relatives spoke highly about the registered manager. It was evident there was high level of leadership from the registered manager and this resulted in excellent staff morale. The registered manager participated in various forums and community events to ensure best practice was sustained.

Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. People were 'very happy' with the service they received. We received positive comments about their views and experiences. People told us they felt safe because the staff were "Caring and enjoyed what they did". The registered manager demonstrated their responsibilities in recognising changing circumstances within the service to help ensure that staffing levels and skill mix was effective.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role meaning staff had the knowledge and skills they needed to carry out their roles effectively. Staff informed us training was excellent and met their learning needs. Staff received regular supervisions and

appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA). The registered manager had met with people to ensure their needs and preferences were recorded and they were matched with staff with similar interests. Each person had a core group of staff to ensure continuity of care.

Care plans were person centred and provided a high level of detail to provide safe, high quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

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 the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good ●

The service was effective

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People and relevant professionals were involved in planning their care.

Is the service caring?

Outstanding ☆

The service was caring.

The registered manager and staff were committed to providing the best possible care.

People and where relevant their families were involved in making decisions relating to their care.

People were treated with dignity and respect.

People received support from staff who were caring and

compassionate.

End of life care plans were developed where required.

Is the service responsive?

Good ●

The service was responsive.

Each person had their own detailed care plan.

The staff worked with people, relatives and other professionals to recognise and respond to people's needs.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Outstanding ☆

The service was well-led

Regular audits of the service were being undertaken.

The registered manager was approachable and provided excellent leadership.

Staff morale was excellent.

Quality and safety monitoring systems were in place and were used to further improve the service.

The registered manager attended various forums and community events to ensure the service was maintaining best practice and sharing their experience and knowledge with others.

AH Care 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 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 11 and 12 May 2016 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

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

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we spoke with seven people using the service and looked at the records of seven people and those relating to the running of the service. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with six members of staff and the registered manager of the service. We spoke with five relatives to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. People stated "I have received an excellent service and couldn't have asked for more. The staff are very good". Another person stated "I feel safe in the presence of the carers". One other person who required support to be hoisted for all transfers stated "I feel safe with the staff and they always tell me what they are doing".

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, moving and handling and risks associated with specific medical conditions. For example, one person was at risk of malnutrition. Their risk assessment contained clear guidelines around this and how staff were to support them. Each person's care file clearly detailed all of their medical conditions and contained detailed information regarding each condition. For example, one person had Parkinson's and their care file provided a robust overview of the condition and how this affected the individual. When speaking with staff they informed us they found this information to be very useful as this made them well equipped to support each person in a personalised manner.

Each person's care records contained an environmental risk assessment and there was evidence these were being regularly updated by staff. Staff told us they had access to other risk assessments in people's care records and ensured they used them. Staff had received training in risk assessment and felt confident in doing this.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to support people. Staff worked on a rota basis covering day and evening shifts. The registered manager also informed us there was an on call system to respond to emergencies and cover emergency staffing shortages.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at a sample of recruitment records. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm. We were shown evidence of a recent disciplinary incident and there was clear evidence this had been dealt with promptly and effectively.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the

registered manager or team leaders. Staff we spoke with informed us there was an open culture and felt confident reporting concerns to the registered manager. Staff informed us all concerns were taken seriously and prompt action was always taken when concerns were identified, Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. This equipment was stored in the agency office. Staff had been trained in the prevention and control of infection.

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff are excellent". Another person said "The staff are very skilled". Relatives also said the service met people's needs.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt the training provided was excellent and enabled them to do their job effectively. Training records showed all staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid, food hygiene and fire safety. Staff received training around dementia and Alzheimer's care which was City Guilds accredited. Staff informed us this further enhanced their knowledge base and increased their confidence when supporting people with dementia.

Staff had completed an induction when they first started working. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete which was in line with the Care certificate. This was checked and signed off by the registered manager when a person completed their induction. One member of staff we spoke with had never worked in care before. They informed us they had found the training to be very informative and felt it had prepared them well for their role.

The registered manager informed us they would meet with each person to get to know them. This would be followed by a staff matching process. This was done to ensure each person received staff who had similar interests to them in order to provide a personalised service to each person. The registered manager informed us each person was matched to three individual staff members to cover for any absences and ensure continuity of care for people. People we spoke with informed us they found this to be hugely beneficial as they were confident of building positive relationships with staff. People told us this also reassured them of continuity of their care by staff who knew them and their needs well.

The registered manager also informed us all staff would complete a client specific induction in addition to their formal induction every time they worked with a new person. This included working alongside the existing care team of a specific client. This ensured new staff working with this person got to know their needs and preferences well. The registered manager and staff informed us they felt this was very important as each person was different and this method of training enabled staff to get to know individual needs and preferences. People we spoke with informed us this made them feel safe, as they were confident their needs would still be met effectively if there were any changes to the personnel providing their care. One person who had experienced a change of staff stated the process was seamless and there had been no negative impact on the quality of their care despite the change of staff. The person stated they felt this was mainly due to the additional induction process of staff.

Staff had received regular supervision. Supervisions are one to one meetings a staff member has with their

supervisor. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals. One person who was new to care and had started in her post recently informed us they had found supervision a positive experience, as it allowed them to discuss their progress with the registered manager and were reassured they were doing a good job through the positive feedback received.

We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Because people were living in their own homes the DoLS legislation does not apply.

We checked whether the service was working within the principles of the MCA. Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

The registered manager informed us they used evidence from health and social care professionals involved in people's care to plan care effectively. There was evidence strong relationships had been formed with other professionals to ensure people received an effective service. For example, there was evidence of support from Occupational Therapists to develop the care plans of those people who required support for hoisting. On another occasion, when a person's mobility suddenly deteriorated, prompt contact was made with the relevant health professionals. This ensured they received a holistic assessment of their needs from all of the professionals involved in their care. The correct care plan along with assistive equipment and technology was provided quickly to ensure a high quality of life was sustained for that person.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans. For example, one person was at risk of malnutrition due to lack of motivation. Staff had worked closely with this person to learn what their likes and dislikes were and then worked with this person to go out to do their shopping and then use a cook book to identify specific recipes and then helped the person to prepare their own meals. Staff said this had given the person a sense of achievement and had aided in their increased nutritional intake. Prior to staff intervention, this person had all of their meals prepared for them. When speaking with this person, they informed us the fact others were making such an effort on their behalf motivated them to engage with the staff. The person informed us they were very grateful to the staff for all of their efforts. The person stated this had made a massive impact to their emotional and physical well-being.

People's changing needs were monitored to make sure their health needs were responded to promptly.

Care staff had identified when people were unwell and contacted people's GP's and other health and social care professionals when required. The outcomes following appointments were recorded and were also reflected within care files.

Is the service caring?

Our findings

Throughout this inspection it was evident that people were cared for with compassion and kindness and the actions of staff showed that people really mattered. Staff at every level wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with informed us the staff were caring and dedicated. A number of people informed us they felt the staff went over and above their role to ensure they were providing high levels of care. Care staff spoke highly about the service provided. One said, "I love working here". Another person said, "I am very proud to be working here". People told us they would recommend the service to others.

We observed positive interactions between people and staff. There was a genuine sense of fondness and respect between the staff and people. People were given the information and explanations they needed, at the time they needed them. For example, during one visit to a person's home, the person enquired about what activities they would be doing that day. The staff sat with this person and explained to them what had been planned for the day. People appeared happy and relaxed in staff company when we visited them in their homes. People we spoke with told us staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. They used words such as "Compassionate", "Caring", "Excellent" and "Highly motivated" to describe the staff. All the people we spoke with told us they felt staff went over and above what was expected of them and they couldn't ask for more from the staff. Staff were positive about the people they supported. One member of staff stated, "I love helping the people I work for". Another person said "It means so much to make somebody smile and their compliments mean so much to me".

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. The registered manager informed us each person receiving support was involved in a matching process to ensure they received support from staff with similar interests. For example, one person held great belief in her horoscope and requested a care worker who was a Virgo. The registered manager informed us this was discussed with staff and the person's request was fulfilled.

People were involved in planning their care and support. The service provided to people was based on their individual needs. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences, likes and dislikes, what made them happy and things that were important to them.

It was evident from talking with people the staff had listened to them and had worked hard to provide the level of support they required. For example, one person had a background of farming. However, due to his age they were no longer able to go out in the evening to herd the cows. We were informed care staff would support the person to get into a tractor and drive them around the field every evening whilst a relative herded the cows. Feedback from this person and their family had been positive indicating it had given this person a purpose again and it was something he looked forwards to. Another person's relative informed us how their spouse had become very low in mood following the onset of dementia. They said staff had

supported them to start baking. This included picking a recipe, going out to the local shops to buy the ingredients and prepare the dish. The relative stated they felt this had given the person a new lease of life and provided them with a sense of worth again. Care staff informed us how this person looked forward to baking days and would regularly ask carer staff about baking days during care visits. Another person's spouse had recently passed away and they had become very lonely. Following discussions with the person, staff had supported them to adopt a cat to provide her with companionship.

Staff, people and their families informed us management routinely consulted them on ways to improve the service. For example, following a recent consultation, a 'Happy Bag' was introduced. Staff informed us this bag contained various items such as a foot spa, e-books, puzzles, garden seeds, knitting equipment and other items which could be taken out to people to support them with activities within their own home. One person stated "It has had a massive impact on my life. I now have something to do and look forward to again".

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. For example, one person had previously managed all of their finances independently. However, due to personal circumstances could no longer do this. The person informed us how staff had spent time with them during care visits to learn computer skills and manage their finances and bills online. The person stated they felt this had given them more control over their life again.

Staff treated people with understanding, kindness, respect and dignity. Staff demonstrated a good understanding of dignity and respect. The registered manager informed us how staff would only complete shadow shifts with those people they would be working with to further ensure people's dignity was maintained. People only received personal care from staff who would support them regularly.

Where required, end of life care plans had been developed. There was evidence people were receiving a high level of end of life support where staff worked very hard to ensure people's needs and preferences were met. For example, one person was in a hospice but wanted to return to their home. The service had acted quickly and liaised with the person's family and relevant professionals to provide a prompt transfer of this person to their home. Upon returning home, this person expressed a desire to return to their home town by the sea so they could relive childhood memories. The GP advised against this as the person was not well enough to complete the journey. In order to meet this person's needs the registered manager and the staff liaised with a local contact to have a sticks of rock delivered to this person from their home town. We were shown a video where this person expressed their gratitude to the registered manager. The person stated "This is much appreciated. Thank you".

On another occasion, a person who was terminally ill in hospital wanted to return to their home on a Saturday afternoon. The registered manager worked closely with this person's family and visited the house on Saturday morning to ensure the necessary equipment was delivered and in the correct places. The registered manager placed personal photographs where they would be in clear view, gathered the person's favourite flowers from her garden and placed them in a vase. The person's favourite music was playing when they arrived home. The person had also requested to have a roast dinner on their return home and the staff ensured there was a fresh chicken roasting in the oven when she came through the door at lunchtime. On a subsequent visit, the person expressed a wish to have a burger from a burger van. The care worker for that call went out in her car and bought a burger which pleased the person very much. This again demonstrated a passion to ensure people's wider needs were met and they were being listened to.

Is the service responsive?

Our findings

The service was responsive to people's needs. Throughout our inspection we saw the service was person centred. This was achieved through working in partnership with the person, their families and other health care professionals.

Care records were held at the agency office with a copy available in people's homes. Each person had a care plan and a procedure to record and review information. The support plans detailed individual needs and how staff were to support people. Care plans included people's likes, dislikes, their hobbies and interests. Staff said the care plans held in people's homes included a high level of detail to enable them to provide safe care to people. Each care file had daily notes which contained information such as what care was provided, details on people's emotional state, whether any medication had been administered, whether people had engaged in any activities and where required, people's nutritional intake. The registered manager informed us this was very important as it meant if a different carer were to visit a person they could read the notes and be well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least every six months and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff informed us the registered manager ensured any updates to people's care files were reflected accurately in both copies of the care files.

The people we spoke with indicated they were happy with the staff who supported them and felt they could raise any concerns they had. One person said "I will tell the carers if I have any concerns or will call the office. There is always somebody on the other end of the phone". Another person said "They (the management) listen to me and will take action to resolve any issues quickly".

Complaints and compliments were managed well. Where complaints had been received there was evidence these had been dealt with effectively and had resulted in positive outcomes for people. The registered manager was able to demonstrate the learning which had been gained through the complaints process. Formal feedback was also provided to the registered manager complimenting the care provided. One person stated "Your approach and philosophy really sets you apart". Another person had stated "We really value what you do and how you do it". One other person had stated "Thank you so much for all your kindness and support in looking after X (person receiving service)".

Staff members we spoke with informed us feedback received from people was shared with them and they found this to be motivating as it reassured them they were doing a good job. Staff said they used any complaints as part of their personal development to ensure they took learning from issues raised in order to provide a better service in the future.

Is the service well-led?

Our findings

The service was well-led. There was a registered manager who had been in post for four and half years. Staff spoke positively about management. Throughout the inspection, the registered manager demonstrated commitment to provide effective leadership and management. They were keen to ensure staff were well supported and a high level of service was provided to people. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as "Approachable", "Brilliant" and "Easy to work with" to describe the registered manager. One person stated "The people who use the service really like the manager and that is important".

The staff described the registered manager as being "hands on". We were given examples of when the registered manager would go out on care calls in emergencies to support staff and also provide extra support to staff when the agency took on the care of a new person. Staff we spoke with told us they felt morale amongst staff was high and this was down to good leadership from the registered manager and owner. Staff stated they felt the regular social activities organised by the service contributed positively to staff morale. For example, the management had recently recreated a county fayre at the agency office which included a barbecue, games and massages for the staff. It was clear from speaking with the owner and registered manager that they recognised the importance of valuing, supporting and rewarding their staff. We also saw evidence of 'You Said....We did' posters around the office which detailed the suggestions made by staff and how these had been implemented in the service. For example, there were regular staff forums which were used to enable staff to make suggestions as to how the service could be improved. A new initiative had been implemented called 'Great Little Ideas' which encouraged staff to put forward innovative ideas which could improve the quality of life for people using the service. One member of staff informed us how they had suggested having a set of items which could be taken out to people in their homes to enable them to engage in activities. This was successfully developed into the 'Happy bag' which is currently being used. Staff informed us this bag contained various items such as a foot spa, e-books, puzzles, garden seeds, knitting equipment and other items which could be taken out to people to support them with activities within their own home. One person stated "It has had a massive impact on my life. I now have something to do and look forward to again".

We were also shown staff surveys which contained very positive feedback regarding the management of the service. In addition to this, staff had nominated the service for the 'Best place to work' award at the Gloucestershire business awards in recognition of the positive working environment created by the management. Staff informed us there was an open culture within the service and the registered manager listened to them.

Quality assurance systems were in place to monitor the quality of the service provided. This included an annual audit from the national office of the whole service. Where issues had been identified, an action plan was developed with clear timescales. There was evidence these timescales had been met. For example, the last audit recognised the need for higher staffing levels in order to ensure the service was meeting its target of providing each person with a core group of carers. Following this, a recruitment drive had been implemented and new staff had been recruited.

In addition to annual audits of the overall service, the registered manager also completed audits of the care files and daily notes on a regular basis to ensure information was up to date and clear. The registered manager informed us each new client's care file will initially be audited after 48 hours to ensure the information originally recorded was accurate and relevant. This was followed up by a combination of quarterly quality assurance visits and phone conversations to review the quality of the care being provided and to ensure choice and dignity were maintained.

In order to ensure the staff were providing a high level of care, the registered manager informed us they would carry out random spot checks on carers whilst they were delivering care. The registered manager would also take some time during these visits to talk to people receiving care to obtain their views about the carer. The staff informed us they found this beneficial as it meant the registered manager was able to identify any developmental needs for the staff and these could then be explored during formal supervision.

People were sent surveys annually to enable them to provide feedback regarding the service they received. People said they felt they were listened to. The overall feedback from the surveys was positive and reflected the positive comments we heard from people during the inspection. In addition to these, the owner and registered manager informed us they had introduced joint visits to people to provide them with opportunities to discuss new developments in their care with senior management. People said they had found these to be positive experiences as it gave them a sense the owner and registered manager genuinely cared about them and also gave them a chance to get to know the owner and registered manager. We were shown evidence of one meeting with a person who had multiple sclerosis and was unable to leave their bed but expressed a desire to be able to go out and socialise with friends again. Following on from this, the registered manager liaised with an Occupational Therapist, the person's representative and the wheelchair service to support this person to have an electric wheelchair and a ramp which allowed her to access the community independently and regain some independence. When speaking with this person they told us they felt management had listened to them and did their best to ensure their wishes were fulfilled. Another person was previously supported by their nephew with their shopping. However, due to the nephew's poor health he was no longer able to support his relative. This was identified during the meeting with the registered manager and a further visit was arranged to support with shopping. The person informed us this had reduced their anxiety levels as they were no longer anxious over their weekly shopping.

The registered manager attended various meetings and forums to keep up to date with service developments and best practice. This included meetings with the local authority as well as care provider forums. The registered manager stated this was important to her as she believed the service "Could not stand still" and had to "Continually evolve to ensure excellent care was always provided". For example, the registered manager informed us how they attended the 'Dementia Forum' and had shared their practice of introducing the 'Great Little Ideas' initiative with other providers. The registered manager informed us how they had attended the 'Parkinson's UK Train the Trainer' forum and discussed the 'Happy Bag' initiative. This was met with positive feedback from other care providers who were particularly impressed with the use of tablet computers to aid people with communication. We were informed how other attendees had taken these ideas back to their own services to develop similar initiatives. Following on from this, the registered manager was working on using video calling to enhance people's communication with their family and loved ones.

The registered manager also took part in Gloucestershire County Council's 'Stay Well in Winter' forum meeting at the end of 2015 and was involved in discussions on how the sharing of information between emergency services and health and social care providers could be improved. The registered manager put forward the idea of a new sticker which could be used in the homes of people receiving care and support at home. The aim of the sticker is to alert the emergency services immediately on arrival to the fact that the

person they are assisting is currently receiving care and to direct them to vital information relating to their care including key contacts. The final prototype is now being developed and feedback is being used to ensure the best content, design and location of the sticker are achieved. The registered manager informed us the benefit of this simple sticker to people at home will be to enable a faster and better informed response by the emergency services when called to people's homes.

The owner and registered manager contributed to community awareness of dementia by providing dementia care training to local community groups such as church representatives, the fire service, library staff and the families of people using the service. The registered manager informed us how this had enabled them to build stronger relationships with the people they directly support as well as a range of local services which support people with dementia. The registered manager informed us how this had enabled them to share their own knowledge as well as learn from other people's experiences. For example, the registered manager told us how they had gathered stories from families who had developed their own ways of approaching particular behaviours for people with dementia. The registered manager informed us staff had benefitted from reciprocal talks from attendees through the service's 'Professional Talks' at team meetings. Staff stated they felt this had increased their knowledge, professionalism and practical ability to support people at home.

We were shown feedback which the registered manager had received following these training sessions. This was very positive and reflected the positive impact the sessions had on other professionals. For example, one person said, "Great workshop enhancing our tools as dementia advisers to empower our service users to live as well as they can through their journey of dementia". Another person said "This was my first session with X (registered manager) and X (owner) and I was really delighted with their approach, the help, advice and support in the way the workshop was delivered.". A representative of the British Red Cross stated "It was great to learn about the legal and safeguarding issues...The quality of the workshop was great". A representative of the local police force stated "We deal with a lot of people with dementia/symptoms and this is really useful to us."

The owner and registered manager would also attend community groups and deliver talks on finding good care and also staying safe at home. We were shown evidence of the positive feedback received from people following these sessions. We were also shown evidence of how the registered manager had taken part in community days and presentations at the 'Churn project' to raise awareness of fraud amongst older people. This was done under the 'Senior fraud protection' initiative. The registered manager and owner also visit schools and unemployment groups to talk about careers in care to attract more people to care work.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing high quality person centred care to people using the service. The registered manager and staff told us it was most important to get to know people otherwise there was no way they could provide a person centred service.

The registered manager had a clear contingency plan to manage the service in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how the senior carers would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

