

Caring for You Limited

# Caring for You Limited - Portsmouth

## Inspection report

82 Locksway Road  
Southsea  
Hampshire  
PO4 8JP

Tel: 02392738417

Date of inspection visit:

08 August 2018

09 August 2018

10 August 2018

Date of publication:

14 September 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 8, 9, and 10 August 2018. 72 hours' notice was given as we needed to be sure the registered manager would be available when we visited the agency offices. This time also enabled the registered manager to arrange home visits. This allowed us to hear about people's experiences of the service.

Caring for You Limited – Portsmouth is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Additional services which are not regulated by the Commission were also provided for example support with housework, companionship services and support to remain active.

At the last inspection in April 2017, the service was rated Requires Improvement. That inspection found staff induction and training, and the governance processes in place to monitor these and check people's care records were always accurate, required improvement. At this inspection we found the provider had addressed these previous concerns. We found the service had improved from "Requires Improvement" to "Good."

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.

Why the service is rated Good.

At the time of the inspection, the service was providing personal care to 99 people.

People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion for people through their conversations and interactions. People's privacy and dignity was promoted. People were actively involved in making choices and decisions about how they wanted to live their lives and receive their support. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's

independence was encouraged and staff helped people feel valued by engaging them in everyday tasks where they were able, for example by encouraging them to wash the areas they could reach.

The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. Staff underwent a thorough induction and ongoing training to meet people's needs effectively. People's medicines were managed safely by competent staff.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

Policies and procedures across the service ensured information was given to people in accessible formats when and if required, for example information in larger fonts. People were treated equally and fairly and staff had received training in equality and diversity. Staff adapted their communication methods dependent upon people's needs for example simple questions and information was given to people with cognitive difficulties and information about the service available in larger print for those people with visual impairments.

The service was well led by the registered manager who was also the nominated individual. They were supported in their role by the company directors and a small, dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. Complaints and incidents were reflected upon to ensure improvement. The registered manager / provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care.

## 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 remained Good.

### Is the service effective?

Good ●

The service was effective.

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People's eating and drinking needs were known and supported.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider / registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team and underpinned policies and practice.

People, those important to them and professionals were involved in discussions about the service and their views were valued and led to improvements where required.

# Caring for You Limited - Portsmouth

## **Detailed findings**

### Background to this inspection

This inspection took place on 8, 9, and 10 August 2018. 72 hours' notice was given as we needed to be sure the registered manager would be available when we visited the agency offices. This time also enabled the registered manager to arrange home visits. This allowed us to hear about people's experiences of the service.

Caring for You Limited – Portsmouth is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Additional services which are not regulated by the Commission were also provided for example support with housework, companionship services and support to remain active.

At the last inspection in April 2017, the service was rated Requires Improvement. That inspection found staff induction and training, and the governance processes in place to monitor these and check people's care records were always accurate, required improvement. At this inspection we found the provider had addressed these previous concerns. We found the service had improved from "Requires Improvement" to "Good."

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.

Why the service is rated Good.

At the time of the inspection, the service was providing personal care to 99 people.

People and their relatives told us staff were caring and kind. Staff demonstrated kindness and compassion

for people through their conversations and interactions. People's privacy and dignity was promoted. People were actively involved in making choices and decisions about how they wanted to live their lives and receive their support. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs and preferences. Support plans were personalised and guided staff to help people in the way they liked.

Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People were supported by consistent staff to help meet their needs. People's independence was encouraged and staff helped people feel valued by engaging them in everyday tasks where they were able, for example by encouraging them to wash the areas they could reach.

The registered manager and provider wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. Staff underwent a thorough induction and ongoing training to meet people's needs effectively. People's medicines were managed safely by competent staff.

People received care from staff who had undertaken training to be able to meet their unique needs. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. People were supported to access health care professionals to maintain their health and wellbeing.

Policies and procedures across the service ensured information was given to people in accessible formats when and if required, for example information in larger fonts. People were treated equally and fairly and staff had received training in equality and diversity. Staff adapted their communication methods dependent upon people's needs for example simple questions and information was given to people with cognitive difficulties and information about the service available in larger print for those people with visual impairments.

The service was well led by the registered manager who was also the nominated individual. They were supported in their role by the company directors and a small, dedicated team. There were quality assurance systems in place to help assess the ongoing quality of the service, and to help identify any areas which might require improvement. Complaints and incidents were reflected upon to ensure improvement. The registered manager / provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care.

# Is the service safe?

## Our findings

The service continued to provide safe care.

People and relatives said the service was safe, "I feel perfectly safe with them, they always lock up for me when they go and pull the curtains at night" and, "Always check I'm alright before they leave; they ask if I'm ok, do I need anything else."

The systems, process and practices at Caring for You – Portsmouth enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place located at the office which staff were aware of. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff confirmed that they had undergone training in this area, knew how to safeguard people and care for their property and belongings. Staff all confirmed they would not hesitate to raise concerns. Healthcare professionals also confirmed staff had a good understanding of safeguarding. They cited an example where a care worker was concerned about how much money a person was withdrawing from their bank account, even though the money was then not used, the care worker alerted their senior to review this as they felt it was placing the person at risk.

Some staff supported people to buy their shopping and go on outings. Where staff were handling people's money, clear processes were in place and receipts of expenditure kept.

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe. The registered manager told us staff values were very important during the recruitment process, "Common sense, caring values – would I want them looking after my relative?"

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. There was a flexible, stable staff team; this helped to provide continuity for people and meant if people had appointments there was flexibility with the times of visits. As far as possible, staff told us they worked as a team to meet people's needs so people were supported by staff they knew. People confirmed home visits were never missed and they were notified if staff were running behind schedule. One person told us, "It's the same carer, no problems with time delays. I get a rota and if there's any change they let me know. Sometimes if someone's off sick they will ring and ask if they can come early or late which is fine by me. It's more than likely what's on the rota so I know whose coming." People had information about the staff who would be visiting so they knew which staff to expect on particular days. For people with visual impairment, rotas were available in large print if required and emergency office contact numbers. Contingency plans were in place for bad weather. For example, in the snow the previous winter, people had been triaged according to need and those who might have family close to support them.

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take to ensure their safety. Lone working guidance was in place and an out of hour's service to support staff safety. A call monitoring "check-in" system was used which ensured people received their visits and staff arrived and left. Staff vehicle driving licenses, MOTs and car insurance were checked to ensure people were safe if they were travelling with staff.

People were supported by staff who managed risk effectively. Staff informed us when a person's health had declined, people's doctors were contacted, equipment arranged, environmental hazards considered, and the staff visiting schedule considered. One relative said, "They're all fine with him, they make sure he has everything he needs, his frame and his wheelchair are there for him and see he uses his frame properly. He's a bit wobbly in the morning so they make sure he's steady before he gets going with the frame."

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but being mindful of potential risks and ready to step in and support as required.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed and the role staff were required to take. Staff who were responsible for administering medicines received training and their competency was checked to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines.

People were protected from the risk of infection. People told us staff took the necessary precautions when undertaking personal care for example wearing protective clothing.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff had received fire training and were aware of the exits in people's homes and emergency procedures to follow in the event of a fire. Incidents which occurred were recorded, analysed and reflected upon to improve safety. For example, following one person being discharged from hospital without their medicines, the office staff now always called the chemist to alert them the person was returning home.

# Is the service effective?

## Our findings

The service provided effective care.

At the last inspection in April 2017, we found the induction and training required some improvement to ensure all staff completed these within the provider's timescale and all staff undertook the provider's essential training. Staff had also commented at this inspection that a greater variety of training rather than just using the "training packs" would be helpful. We found the provider had listened to feedback and addressed these concerns.

People were supported by staff that were trained to meet their needs. Staff underwent training on essential subjects such as moving and handling, food hygiene, infection control and safeguarding as well as training that was specific to the people they supported, for example dementia care. All staff confirmed the training was good. Training was delivered through workbooks, in house training and external training as required. All staff confirmed training was robust and worthwhile. People shared, "They seem to know what they're doing, some are more experienced than others but I've no complaints" and "They are all very well trained so I do feel safe with them; they use a stand aid to move me and they all know how to use that!" A professional confirmed they felt staff were well trained saying, "We had a client who had complex needs and required staff to be competent in a specific procedure, the service ensured that the carers who were involved in the package of care had the specific training before the package started."

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of the induction. The registered manager advised the induction and shadowing continued until new staff felt confident with people. People confirmed staff had shadowed others until they were competent.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and staff and the registered manager confirmed an "open door" policy. They told us, "Staff can pop in for a chat or discuss people's care needs anytime". Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

The registered manager told us most of the people they currently cared for had the ability to make their own decisions. Staff however were knowledgeable about how they would support people who had difficulty in making decisions for themselves if people's needs changed. All staff gave people opportunities to help them make choices and decisions for themselves wherever possible, for example what people wanted to wear or eat on a particular day. Consent forms were in place for aspects of care and support where required, for example property and key access, and sharing information. People told us they felt in control of their care, "I am in control and tell them what to do and how I like it done. Sometimes I might come across as a bit too demanding but I think it helps new people learn the routine" and "On the whole I feel in charge but they

know the routine and at my age I just let them get with it. It's fine."

Healthcare professionals confirmed good outcomes for people. One told us, "The staff at "Caring for You' are a delight to work with, very proactive and very committed to maintaining people's independence" They cited an example where a person had returned home from hospital and was being cared for in bed. The service questioned why the person's package was not geared towards independence. Within a few weeks the package of care was reduced, physiotherapists were involved, the package changed from double to single carers and the person was walking independently again. The healthcare professional told us without "Caring for You – Portsmouth" having the care and commitment to question the initial care package, the person might still be looked after in bed.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available. We saw where required, these meetings had taken place and been recorded.

People's nutritional needs were met. People's care plans provided details to help staff know what people's nutritional likes and dislikes were for example, what people's preferred breakfast and drinks. Support plans guided staff in this area for example if staff were required to make a sandwich and drink in a flask for lunch. Care plans also described if people required help or support with eating and drinking, so staff were informed about what action they needed to take. The registered manager told us one staff member had taken a particular interest in how this area of support could be improved for people suffering with cognitive health needs to ensure they continued to receive good nutrition. They were sharing their research with the staff team. Staff knew who required their food and fluid intake to be monitored and when they needed to encourage people to eat and drink. A staff newsletter reminded staff of the importance of encouraging a good fluid intake in the hot weather.

People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. Changes in people's health were communicated to staff via their mobile phones so staff were aware. If staff noted a change they would discuss this with the individual and with consent, seek appropriate professional advice and support. A relative shared with us, "One of them (care staff) spotted he was getting an ulcer on his foot and called the nurse out. Another said she was worried because his urine bottle had not been used over night and told me to keep an eye on it. My husband is taking 8 paracetamol a day and this week she [the carer] suggested that we speak to the doctor to see if he really needs them."

Caring for You – Portsmouth used technology advances such as "staff rota planner" to organise the visits people required. Mobile phones communicated essential information to staff quickly and staff rota's were sent via an encrypted email. The service was looking at other options such as tablet computers to enhance care planning and visits to enable "real time" recording of information which the office would be able to see instantly.

## Is the service caring?

### Our findings

The service remained caring.

The registered manager told us the caring nature of staff was monitored closely through spot checks, feedback and supervision with staff. Positive feedback we received included, "The girls are lovely, so kind to me, they get me sorted out with my clothes and a wash or a shower and set me right"; "They are so helpful, the girl that just left has made me a lovely cup of tea, so kind"; "They have been very pleasant, always polite, they always say 'is there anything else I can do for you' and 'I go to Church on a Sunday and the other agencies wouldn't alter the times so I could go, but this agency has done it without a quibble and that is so important to me."

People and relatives all told us staff were kind and caring and feedback forms we looked at also confirmed this. People we visited at home told us, "They sort out her [spouses' name]'s clothes and earrings and make her look beautiful and then sort out my shirt so we match!"; "My wife classes them like her daughter – non stop talking, they never talk down to her, they are all lovely"; "If I have something on my chest, I can talk to them and they understand."

Staff spoke of people in a caring, thoughtful way. Staff told us how much they loved their jobs and the people they cared for, some staff had been with the company over 20 years. Staff maintained people's privacy and dignity when supporting them with personal care sharing examples of closing people's curtains, covering them with towels and giving privacy when they wished for example if they wanted to use the bathroom alone. People and relatives commented, "Oh yes they always knock before they come in the bathroom when I'm washing"; "They make sure he's comfortable. When's stripped off for his wash, they put a towel over him and cover the bottom half up" and "They always pull the curtains and ask if I want to be left alone when I'm on the commode." Another person told us, "I'm very pleased with them, I can't think of anything that they could improve." Confidentiality, the Data Protection Act and personal boundaries were understood and respected by staff.

Staff ensured people were supported and cared for as they would their own family. Staff rota's were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. If people were unwell during a visit, either staff would stay or staff from the office would come and support people. The values of the organisation ensured the staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with staff and people's descriptions of the care they received. People, where possible, received their care from the same staff member or group of staff members. This suited people and they told us they appreciated not having to repeat information. It supported relationships to be developed with people so they felt they mattered. One person told us, "It is so nice to get to know them because they get to know you" and another commented, "I'd give them 20 out of 10! They all love me, all like coming here, and they are all good – every one of them."

People's social interests and preferences were recorded. Caring for You Limited – Portsmouth also offered a companionship / sitting service and supported people to go shopping or to other activities if they wished,

for example have a hair cut or drive. People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enable them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care and shared that staff were observant, "He definitely gets on with all of them. They seem naturally caring, we can ask them any questions and they will find out for us or give us advice. They're all really lovely people. They notice if there's any problems." Regular reviews with people and those that mattered to them were in place. No one we met required care plans presented in an accessible format; however, care reflected people's diverse needs and social situations.

## Is the service responsive?

### Our findings

The service continued to provide responsive care to meet people's needs.

The registered manager / provider's referrals usually came through the local authority system. The service undertook their own holistic assessment of people's strengths and needs. A professional told us, "When they do the initial care assessment they always have a carer and a manager working together on assessing needs." Comprehensive, individualised care plans were then developed based upon people's physical, mental, emotional and social needs. If people had protected characteristics under the Equality Act, the registered manager assured us the provider's policies reflected people be treated equally and fairly. This assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition.

People had support plans in place which were individualised and encouraged choice and independence. Support plans included information for staff about how people liked their visits, for example their shower and how to communicate with people. People's care plans were personalised and written using their preferred name. People's care records were reviewed with them regularly and where appropriate, those who mattered to them. People confirmed they reflected their needs. One person told us, "They came out to do the assessment and I must say they gave me time and really listened to me. The completed care plan came out quite promptly afterwards."

Staff shared examples of personalised care they provided, for example staff knew the items people liked near them when retiring to bed, and how people liked their pillows and blankets arranged.

The registered manager told us staff were confident caring for people at the end of their life but this was an area they hoped to develop with further training. Care planning at this time in a person's life considered the person's and families wishes and preferences. Staff worked with the district nurses, palliative care nurses and people's doctors to ensure people's care at this time was kept under regular review.

There was a system in place for receiving and investigating complaints. People we spoke with had no complaints and told us they found the office staff friendly and approachable, "If there's anything wrong I tell them. If I phone the office with a problem there's always been a good response." Information about how to raise a complaint was in people's homes. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager office would resolve these. We reviewed one concern which had been thoroughly recorded, investigated and reflected upon according to the provider's policy. The registered manager was keen to share learning from any concerns received to prevent a reoccurrence. Following this particular concern, staff were now being supported to consider the language used in their documentation. If people using the service or their families required the complaints policy in an accessible format, this would be arranged by the registered manager.

Some people had a companionship / sitting service where care staff supported people with housework,

cooking, shopping, a cup of tea and a chat or took them out to local places. People enjoyed this aspect if it was a part of their care package. Staff shared examples of how sometimes people just enjoyed staff sitting with them whilst they watched their favourite television programmes. This helped people who were at risk of social isolation within the community and often gave their family carers a much needed break.

# Is the service well-led?

## Our findings

At our previous inspection in April 2017, we found the service needing to make improvements to their governance processes to ensure staff completed their essential training and the quality of training improved. Improvements were also required to ensure risk assessments reflected people's support plans. We found these areas had been improved. The service was now well-led.

Feedback from people and relatives was very positive and included, "I think they are very good, although I've nothing to compare it with I think I would recommend them"; "I think the service is run very smoothly, there may be problems if someone's off sick, but we don't feel it at this end" and, "They are all very lovely people. I would recommend them."

Professional feedback was also positive on the leadership at Caring for You – Portsmouth. Comments included, "Probably the best partner we work with in that line of work"; "Communication is excellent, definitely have their finger of the pulse, they operate in a very professional way" and, "I've every confidence with the service and feel they work really hard to deliver first class care."

People and relatives told us the culture at the service was positive. Staff had confidence in the leadership team telling us they were supportive and approachable. The provider / registered manager were open, transparent and person-centred. We were told by the registered manager the focus of the service was to ensure people came first and received good outcomes. The service was organised around people and flexible to their different needs. One person shared with us, "Well, I have had other care agencies and this is by far, very far, the best I have had, they actually do what you want and care enough to do it well, if it stays like this I will be a very happy man."

People and staff told us they knew the staff in the office were and their different roles. The registered manager told us they were always available across the week and there was an on-call facility if staff required advice out of hours.

People's views were actively sought to ensure the service ran smoothly. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous improvement of the service. Results we reviewed were very positive and shared with people via newsletters. People told us, "Well, I am not just saying that but it's been an excellent service, I could not have asked for better"; "I have done a questionnaire recently, I sent that back" and, "I get a questionnaire about twice a year, it works for me" and "[Office staff name] has been out to see me ,to see how things are going, it's doing fine at the moment."

Staff were given the opportunity to share feedback and ideas in staff meetings and in one to ones with the management team. Staff felt supported by the management team, respected and listened to, "any problems and we can ring in".

The service encouraged staff to provide quality care and support. We observed the management team role

modelled the organisation's values and were caring, respectful and kind towards each other. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

The registered manager worked in partnership with other agencies when required for example primary healthcare service, the local hospital, social workers and the local authority. Commissioners told us, "They are very much on the ball, documentation, care planning and risk assessments are always clear concise and reviewed. They are a joy to work with." A healthcare professional shared, "'I rate them very highly, I'm very impressed about how the service is managed and the level of care that is delivered. They really know what they are doing."

The directors of the company monitored the overall governance of the service and audits and was in regular contact with the registered manager. The registered manager / provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office and via the on-call system. The provider's whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.

The registered manager / provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

The service was striving to continually improve to enhance the care and quality of the service. Regular audits on all aspects of care delivery monitored service provision and ensured the service maintained a good, quality standard. CQC registration and regulations requirements were understood by the management team. A monthly quality monitoring form detailed any accidents / incidents, people starting and finishing with the company, new and leaving staff, staff supervisions, spot checks and appraisals undertaken. The registered manager kept up to date with ongoing training and communicated changes to staff through staff meetings, newsletters and one to ones. Updates on relevant health issues such as stroke awareness and sepsis were shared with staff so they were alert to the possible signs and acted quickly. People and staff felt involved and engaged, told us that they felt able to question practice and feedback areas of improvement if required. Staff and team morale was maintained by enjoyable, fun activities. For example, raising money through cake stalls and remembering staff birthdays and people's special occasions.

Robust processes were in place to ensure the integrity of confidential information within working hours and out of office hours in line with the new data protection laws.