

Mr & Mrs S Wortley

Wisteria Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Wisteria Care office is situated in Shaftesbury. It provides support to people living in Gillingham, Blandford Forum, and surrounding areas.

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.

People we spoke with told us they felt safe using the service and said they trusted the staff that supported them. People and their relatives were extremely satisfied with the quality of the service they received and the caring approach from staff. People said about the service, "Very good, my dignity is well upheld" and "I'm really happy with the care I get".

Some people needed the support of staff to either give or prompt them to take their prescribed medicines and creams. We identified gaps on the MAR [medication administration records] for both prescribed medicines and creams. The manager told us some of the gaps were linked to family members who also gave out medicines without signing.

Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence. People had a copy of their records in their home and a copy was retained in the office. People told us they looked through the records and were happy with how the information was recorded.

People were supported by enough staff to provide effective, person centred support. Staff were recruited safely with appropriate pre-employment checks and received training and support to ensure that they had the necessary skills and knowledge to meet people's needs. Rotas showed that people had staff who visited regularly and staff told us that they generally visited the same people each week.

People were supported to make choices about all areas of their support and staff understood the principles of mental capacity. Where people had medical decisions in place around their end of life care, these were recorded. Some care plans reflected that end of life wishes and preferences had been discussed. The registered manager told us that they would ensure that people's choices and preferences were consistently discussed and reflected in people's care plans.

People and those important to them were involved in planning the support they would receive and were asked for their views about the support and any changes to people's needs. Reviews identified where people's needs had changed and reflected changes to the support provided in response to this.

People were supported by staff who respected their individuality and protected their privacy. Staff

understood how to advocate and support people to ensure that their views were heard and told us that they would ensure that people's religious or other beliefs were supported and protected. Staff had undertaken training in equality and diversity and understood how to use this learning in practice. Interactions with people were kind and caring, and relatives told us that they had peace of mind

People were supported from the spread of infection by staff who understood their role in infection control and used appropriate Personal Protective Equipment (PPE).

People were supported to maintain a healthy lifestyle. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book.

When people started using the service, senior staff carried out the support visits to ensure the care records reflected what the person wanted. Care planning was reviewed regularly and whenever people's needs changed. Where people's needs had changed or when people went into hospital, they were visited to ensure the service could still meet their needs. People consented to their support and family members were given the opportunity to contribute and agree with the plan.

People were supported to access healthcare professionals when required and the service worked with a number of external agencies to ensure that people received joined up, consistent care.

Staff were confident in their roles and felt supported by the registered manager and office team. Feedback from people and relatives indicated that the registered manager and management team were approachable, listened and took actions where necessary.

The registered manager and office manager told us that they learned from mistakes. To do this they held team meetings and discussed as a whole team what happened and what can be done differently to improve and prevent the same mistake from occurring again

Quality assurance measures were used to highlight whether any changes to policy, processes or improvements in practice were required. The registered manager and provider were working on ensuring that systems were proportionate to the type and size of service and provided consistent oversight.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe

People were at risk of not receiving the medicines and creams as prescribed as records were inconsistently completed.

People were supported by staff who understood how to recognise abuse and the actions needed if abuse was suspected.

People were supported by sufficient staff who had been recruited safely to keep people safe when they received care.

Risks to people had been assessed and there was information about action to be taken to minimise the chance of harm occurring to people and staff.

People were protected from the spread of infection by staff who understood the principles of infection control.

Lessons were learnt and improvements were made when things went wrong.

Requires Improvement ●

Is the service effective?

The service was effective.

Assessments were completed of people's care and support needs and choices which respected people's individuality and diversity.

Staff had completed an induction and on-going training that enabled them to carry out their roles effectively.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

People had their eating and drinking needs understood and met.

The service worked with other healthcare services to deliver

Good ●

effective care.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity

Is the service responsive?

Good ●

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People and their relatives were listened to and felt involved in making decisions about their care. Where changes were required, these were acted on and reflected in care plans.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff spoke positively about the management of the service and told us that they were able to speak with the office when they needed to.

Staff felt supported and were confident and clear about their roles and responsibilities.

Feedback was used to plan actions and make improvements.

Quality assurance measures were used to identify patterns or trends. The registered manager was working with their management team to ensure that systems to provide oversight

were proportionate and consistent.

Wisteria Care

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.

The inspection took place on 12 and 27 March 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits. Telephone calls to people in their own homes took place on 12 March. The inspection continued on the 27 March with visits to the office and people homes.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 80 people.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information during the inspection.

During the inspection we visited four people who used the service and spoke with four people and their relatives. We also spoke with seven members of staff, the registered manager, office manager, team leader, care coordinator. We spoke with one professional who had knowledge of the service, and received information from other professionals by way of email. We telephoned five people who used the service and five relatives.

We looked at a range of records during the inspection, these included seven care records. We also looked at

information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments, meeting minutes and staff training records. We looked at five staff files, the recruitment process, complaints, training and supervision records.

Following our inspection visit, we requested further documentation from the service. This included contact details of relatives who had given consent for us to possibly contact them and also feedback survey responses. This information was provided.

Is the service safe?

Our findings

People and relatives told us that staff provided safe care and treatment. Comments from people using the service included, "I feel absolutely safe I would speak out if I didn't." "Very safe, they [staff] are very good at what they do".

Some people needed the support of staff to either give or prompt them to take their prescribed medicines and creams. We identified gaps on the MAR [Medication Administration Records] for both prescribed medicines and creams. We looked at four records for medicines and creams, three of the records contained gaps, however people we spoke with told us they had received their medicines and creams as prescribed. The manager told us some of the gaps were linked to family members who also gave out medicines without signing. We discussed our concerns in regards the recording of medicines and creams with the registered manager and manager who informed us, daily log and medicine records were returned to the office at the end of each month. They told us they had identified gaps, and were reviewing their systems.

Some people were prescribed nutritional drinks to help boost their weight. The directions were not clear. For example staff told us one person should have three drinks per day, yet on the MAR only one or two drinks had been signed for as given. This meant the person was at risk of not getting as much nutrition as the GP had directed increasing possible risk of malnutrition. Following the inspection information was shared whereby new audits had been actioned to mitigate this risk.

The provider told us lessons had been learnt, and steps taken to mitigate the risks for example. They told us, "During our monthly auditing we have identified gaps on the MAR charts were related to topical applications." They told us they were currently implementing changes to their recording systems including setting up new records, additional staff monitoring and training and updating care records to identify if family member were responsible for the signing of medicines and creams. However although measures were being implemented to improve the records for medicines, creams and drinks. Improvement were still required as the records remained inconsistent at the time of our inspection

People were protected from the risks of abuse by staff who understood the signs of potential abuse and were confident to report. Staff were vigilant about reporting any issues including medications errors or missed visits to the office and these were then followed up and used to learn and drive improvement. The registered manager informed us that they spoke about safeguarding and how to raise concerns regularly in team meetings to ensure staff were comfortable about raising concerns. Staff confirmed that safeguarding was a regular discussion in their team meetings and they would feel comfortable to raise any concerns.

Staff knew how to raise concerns about risks to people and poor practice in the service and knew about the whistleblowing procedure. Whistle blowing is where staff are able to raise concerns about poor practice and are protected in law from harassment and bullying.

Wisteria care actively participated in multi-agency risk management meetings to discuss vulnerable people at risk to ensure risks are managed to enable people to live independently as they choose within their own

home. One professional told us, "They take time to listen to any concerns we have, if someone needs a change to their support Wisteria Care will do it as long as they can continue to meet the person's needs." A care worker said, "If I felt there were any new risks or concerns I would contact the office immediately". Environmental risk assessments were completed for hazards in people's homes for example if there were trip hazards such as worn carpets.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management and internal behaviour support team.

People were supported by sufficient numbers of staff who were recruited with appropriate pre-employment checks in place. People received rota's letting them know which care worker would be visiting them and told us that they were supported by familiar staff who they had got to know and saw regularly. The registered manager explained that they had sufficient staff but were always recruiting and that new staff were usually recommended through word of mouth.

Recruitment files contained references from previous employers, identification checks and application forms. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. The registered manager informed us they ensured the correct staffing and equipment was in place before a package of care was agreed. Staff told us they were happy people were safe and felt there were sufficient staff to keep people safe. One member of staff told us, "When we are on doubles to support people to move or transfer we always have two staff." Staff were clear that people should only be helped to move in the way that had been assessed as being safe.

Records detailing the hours and time of care that would be provided including who to contact in an emergency was in place and what equipment was required. One member of staff told us, to ensure the safe use of the equipment, "We check when the equipment was last serviced before use" Should they have concerns regarding equipment staff have access to a number which they can use at all times.

Staff told us that their visits were well planned, with time to travel between people's homes so that they arrived on time and did not have to rush. A staff member told us, they walked to the people they visited and had their timings "Spot on". A relative told us their relative was supported at the correct times they said. "Very safe because most of the carers are very watchful over where she is, and what they are doing". Another person told us there had been an occasion when they had not been receiving support in line with the time they needed to take their medicines. They told us, "I had a review meeting with my social worker and manager of Wisteria Care. It all got changed so fine now."

Staff understood how to protect people from the spread of infection and used appropriate Personal Protective Equipment (PPE) when supporting people. Regular spot checks and competency checks of staff included monitoring hand washing procedures and that staff were wearing PPE appropriately. The service had an infection control policy in place which included processes for staff to follow and were available for staff in the office if needed.

Is the service effective?

Our findings

People told us they received effective support and made positive comments about the care workers competence and abilities. People told us they were happy with their approach. They told us they felt the care workers "Knew what they were doing."

A comprehensive induction programme was in place for new care workers and covered topics such as first aid, safeguarding, moving and handling, infection control, food hygiene, health and safety, fire safety, medication and dementia. New staff shadowed experienced members of staff when they started working in the service. New staff were supported to complete the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager told us, "All our staff have to complete an induction work book which is then signed off by a member of my senior team once they have been assessed as competent." Staff told us they had completed induction work books and felt supported within their roles.

All staff had undertaken training in equality and diversity and understood how to use this learning in practice. Staff understood how to advocate and support people to ensure that their views were heard and told us that they would ensure that people's religious or other beliefs were supported and protected.

People were confident that staff knew how to support them. A person told us, "When new carers start they come along with someone I already know to introduce me to them, they follow the instructions of the senior. A care worker told us, "I have completed my dementia training, it gave me a really good insight into how the person may be feeling, and the different stages of dementia". Another care worker told us, "I had some good training on how to keep people safe when using different equipment such as slide sheets".

People benefitted from being cared for by staff who were supervised and received annual appraisals, to ensure they were supporting people effectively. During supervision staff were encouraged to reflect on their practices and how they supported people. Unannounced spot checks were also completed to check whether staff continued to work with people safely. Where concerns were raised this was discussed at supervision and used to support further learning.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and where needed, whether applications had been made to the Court of Protection.

People who used the service had capacity to make decisions about their care and support and felt their liberty was not restricted. Where people had legal powers in place which provided relatives with the legal power to make decisions on their behalf, these were recorded and copies included in people's care plans. Staff told us how they would consider whether a person was able to make decisions about their care and treatment and what they would do if they were concerned that a person may lack the capacity to make certain decisions. The office team had relevant paperwork to assess capacity and make decisions in people's best interests where required and understood the principles of MCA and their role within the legal framework.

People were supported to maintain a healthy lifestyle. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. One care worker told us, "We support one person who is at risk of not eating, we adapt the way we offer food, for example I don't ask if they would like something to eat, I just encourage them to choose what they fancy." People told us staff prepared foods of their choosing. One person told us "I choose what I want for meals and staff heat something up for lunch for me". Staff had completed the necessary food and hygiene courses so that they were aware of how to prepare and provide food safely.

Wisteria Care worked with other healthcare professionals in the community to ensure people received effective care within their homes or within the community. The management team had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to check that the correct equipment was in place at a person's home. Care plans had been developed with the person or their family and other health professional's involvement, which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support.

Is the service caring?

Our findings

People and their family members were positive about the staff that supported them and said they were treated with consideration and respect. Comments included; They [staff] are pretty good if [relative] wants to chat they will stop and have a chat". "I have no problems we have a laugh, if I want them to do something I just ask". "They remember the things that matter to me. They are never clumsy towards me". "Generally they're pretty good. I take my hat off to them. If Mum wants a chat they'll have a chat". 'Very good, my dignity is well upheld'.

When we visited people's homes we observed staff providing kind and considerate help, appropriate to each person's care and support needs. People told us staff treated them respectfully and asked how they wanted their care and support to be provided and were respectful of their homes.

Staff had developed relationships with people and knew their individual preferences which enhanced the care they provided. One person told us, "They understand me and I trust them". A member of staff told us, "I have built up a good rapport with some of our clients, they feel confident with me. I always make sure that they are given choice in their lives." Another member of staff told us. "Our clients become like family members, if I notice someone is low on milk I will pop to the shop and drop some off later in the day." There were numerous examples given of staff helping people who received a service from Wisteria Care in their own time. Examples included, staff taking people to appointments in their own time, supporting people with their shopping, helping people who had addiction issues to lead healthier lives. Taking time to talk to people about different services available and getting leaflets to guide them.

During a recent period of bad weather the registered manager informed us that their staff went "above and beyond" assisting other agencies in the snow to make sure people were cared for. They told us, "I am proud of my team, one member of staff walked 10 miles to make sure people were cared for and then had to walk home again in the evening". They told us "This evidences the caring nature and commitment of the whole workforce at Wisteria care".

The provider told us in their PIR, "All carers are encouraged to report the extra support they provide for the service user especially when this is extra to their contracted hours. Carers are free to arrange outings to the shops etc. if they feel it would benefit the service user. These trips are funded by Wisteria Care."

One such funded trip included, staff supporting a person to fulfil a lifelong dream of seeing the Spanish horses. The registered manager told us of a person who had ill health and limited mobility had a lifelong dream of seeing the Spanish Horses. They told us the person told their care workers the horses were performing in London. They told us Wisteria Care had arranged tickets and two staff volunteered to escort the person from their home and back. The registered manager informed us the person no longer received a service due to a change in their circumstances but said "Whenever we went to see [person] they spoke about it as "One of the high lights of their life".

People were asked for consent before care was provided and were included in the decision making and the

actions required for care to be provided. When a person did not understand staff took the time to explain again with kindness and compassion in their tone of voice. People were observed to have a good rapport with the staff through good conversation and laughter. People told us that they were happy with the care they received. Comments included, "I get on with them they're all good" "I'm really happy with the care I get".

People told us care workers made sure they had enough time during their visits to provide care that they needed and they felt listened to and respected. Comments included, "Yes they [care workers] always have time and I don't feel rushed." "I always feel I shouldn't delay the carers, but I don't feel rushed." "Sometimes morning can be a bit tight, I don't know how the times are worked out."

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example care workers discussed how they were currently supporting someone within the community who required additional understanding to their personal situation. A care worker told us, "Initially I was worried about being able to meet this person's needs because of the diverse difference in the support package, but it has worked well for them and us as a team."

Staff understood people's complex communication needs. Alternative communication methods were used if following assessment it was identified there was a need for this. This included sign language, prompt cards and writing on paper. Assistive technology was used in the form of computers and phones to send and receive alerts. Staff frequently discussed concerns in a compassionate way and had the support where necessary to maintain professional boundaries. The registered manager shared an example of how they had met different communication needs with the use of, computers, cards to support speech, training session for staff in sign language. They said, "We frequently write things down for service users both as a form of direct communication and prompting".

The registered manager ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. For example, information in regards key codes to people homes were not recorded on care files, staff were directed to the office to gain this information.

Is the service responsive?

Our findings

People were involved with the assessments that had been undertaken to determine whether the service could support their needs. People had been asked how they wanted to be supported and individual care plans had been written from this information. The registered manager told us they did not take on any care packages if they were unable to meet individual needs.

Information in care plans was combined with details of people's specific needs identified during the initial assessment visits. The initial assessment visit was conducted by a member of the management team who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff then provided care and support in accordance with the interim care plan. The interim care plan was reviewed a few weeks later in light of experiences of both the person and their care staff. The initial care plan was updated and expanded to help ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs.

Care plans and assessments were reviewed at least six monthly with the people using the service to ensure they were actively involved in decisions about their care. A copy of the assessments and care plan were kept in their own home, and at the office. In addition to the paper copies Wisteria care had electronic copies of each individual care plan. This meant when there was a change to the care plan this was done quickly and copies printed for the copy in the person's home.

Care plans were signed by the person, or their representative to formally record their consent to the care as described. People showed us a copy of their care plan that they had in their home. The care records also informed staff of people's preferred method of communication and some background information including the person's hobbies, preferences and interests. This helped staff to get to know the person as well as understanding how the person wished to receive support and assistance from them. One team leader told us, "I do spot checks within the first three months, I have seen some exceptional practice. For example if a carer is worried about a client not drinking enough they will pop back in to offer more encouragement".

Wisteria Care operates an electronic system to alert all staff to ensure information is current and up to date. Staff can also use this system to raise any concerns they may have. Whilst we were out on inspection a member of staff used this system to raise concerns that one person they cared for had not seen a district nurse and needed to be seen. This information was fed back to the office who then organised for the visit to take place. The information was then handed over to other staff through communication sheets located in the person file in their home.

People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. Any deterioration in a person's condition was communicated verbally by staff or by text message. Daily care records were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs.

The service had a complaints procedure. People, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers and they would be responded to appropriately. The people and relatives we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The service had a policy and procedure in place for dealing with any concerns or complaints.

Records of complaints made were kept at the office including, a record of how these had been responded to. We reviewed the complaints received and saw that full investigations had been completed and appropriate liaison with health and social care professionals had occurred. The registered manager said when a complaint was made, the management team assessed the complaint and its findings and used the experience as an opportunity to learn from what had occurred for example through improving recordings of visits, managers checking that care procedures were carried out and regularly reviewed.

Where people had medical decisions in place around their end of life care, these were recorded. Some care plans reflected that end of life wishes and preferences had been discussed. The registered manager told us that they would ensure that people's choices and preferences were consistently discussed and reflected in people's care plans. At the time of this inspection the service was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

People, relatives and staff told us that Wisteria Care was well led and that the office was easy to contact with friendly staff who were responsive and helpful. There was phone support available out of hours for staff, people and their relatives. This was planned and covered by some of the senior team and the registered manager who had access to people's basic information and recorded all contacts outside office hours.

Quality assurance measures were in place and used to identify gaps and trends. For example people at risk of either not taking their medication or taking too many. The registered manager had taken action when this had been identified during monthly audits. They had developed a new MAR chart and body map following identification of gaps in MAR charts. The registered manager told us the changes in their auditing systems had prompted them to setting new company objectives for staff in the current year. They told us staff would be kept up to date through appraisals and supervisions.

The service had a registered manager who was also the provider/owner. They were supported by an office manager, team leaders, care coordinators, administration staff, senior carers and junior carers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and manager were accessible and approachable and feedback from staff was that they felt supported in their role. Staff were clear about their roles and responsibilities and understood the importance of joined up communication with the office. Comments from staff included, "For all the companies I have worked in this is the best, [registered manager name] really cares about people; it's not about money". "We have amazing caring managers, they want what is best for our clients. They are always reminding us about dignity, respect. There is a sense of meaning and you can tell they really care themselves."

We overheard phone communication with staff throughout our inspection and noted that where staff needed to be updated about changes to people's visits or needs, these were texted to staff. Staff were seen to be relaxed and supportive of each other when in the office. When people using the service contacted the office they were politely and respectfully spoken with. Any concerns were quickly passed on to care workers through text direct to their mobiles. The management team were able to locate where carer workers were through good communication and care workers logging in and out of people homes by way of an app on their phone. Staff understood the need to keep information confidential and told us that they deleted information sent by the service after they had read it.

People were happy with how the registered manager provided support. One health professional told us, "The service is well organised and demonstrates a commitment to providing a high standard of care".

Wisteria Care worked effectively with other agencies to provide people with joined up care. For example the

service had contacted the local authority to make them aware of a change in a person's needs, and were awaiting assessment by an Occupational Therapist. Staff explained that in the meantime the office had scheduled two staff to assist the person. This meant that both the person and staff were supported until assessments by external professionals could be completed. One professional explained that the service communicated well and responded to calls and queries quickly when needed. They explained that they were "Really responsive" and were positive about how the service was organised and managed. One team leader told us, "We have systems in place to review the support provided, if we are supporting someone with no family representatives we check the support is correct more frequently."

The management team spoke daily and had six weekly meetings to discuss and agree planned actions and identify priorities which were then escalated at the next staff meeting. This meant that the office team had a consistent, joined up approach.

The registered manager/owner although not based permanently at the office had oversight into the running of Wisteria Care participating regularly with the on call system including taking it every night from 22.00 to keep contact with people using the service. The manager took over all day to day management of the office including supervisions with staff, assessing people new to the service, rotas and reviews to people's homes to keep up to date with their needs. The registered manager told us they also had the support of a good team of team leaders, senior and junior care workers to meet the needs of people using the service and also office support to ensure the day to day running of the service.

The registered manager was passionate about providing good person centred care. They told us their values were for "Clients to have the best experience of care. Our clients are first in line, we need to ensure they have a say, and are treated with openness, fairness and equality". They told us they were "Proud of their staff team" who went the extra mile.

Staff told us they feel very supported by the management and are very comfortable to raise any concerns they have knowing they will be rectified. Comments from staff included, "[registered manager] is caring, very supportive and hands on.", "They're great I really enjoy working here, the management really understand" "All the staff are lovely I get on well with everyone." This evidences a positive open culture running through the company achieving good outcomes for people.

Staff were aware of the reporting process for any accidents or incidents that occurred and there was a system in place to record incidents. Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book. Audits were completed to see if any trends could be identified. The last audit completed between October 2017 March 2018 concluded, most accidents happen at night or early morning before care workers arrived. The recommendation from the audit indicated the management team were liaising closely with other professionals to reduce the risks.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this within their office.