

Daisychain Homecare Services (Bakewell) Limited

Daisychain Homecare Services

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 23, 24 and 27 November 2017 and was announced.

This was the first comprehensive inspection carried out at Daisychain Homecare Services.

Daisychain Homecare Services provides care and support to people who wish to remain in their own homes. Services include personal care, meal preparation, hospital discharge and medication support. At the time of our inspection there were 84 people receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's experiences of care were overwhelmingly positive. They told us they were supported by very kind, caring and compassionate staff that often went the extra mile to provide them with exceptional care. The staff were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. People's care was personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them. Each person was treated as an individual and as a result their care was tailored to meet their exact needs.

There was a strong culture within the service of treating people with dignity and respect. The staff and the registered manager were always available and listened to people and their relatives/friends, offered them choices and made them feel that they mattered.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice and met their diverse needs. There were sufficient numbers of staff, with the correct skill mix to support people with their care. Staff received an induction process when they first commenced work at the service and in addition also received on-going training to ensure they were able to provide care based on current practice when

supporting people.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed that people and their relatives were involved in the care planning process and the on-going reviews of their care. They were supported to take part in activities which they wanted to do, within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt they were well trained and supported by the provider and the registered manager. Staff received one to one supervision which gave them an opportunity to share ideas, and exchange information about possible areas for improvements. The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff had received safeguarding training and had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place to keep them safe.

There was sufficient staff to meet people's needs and keep them safe. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

Systems were in place for the safe management of medicines.

People were protected by the prevention and control of infection.

Staff understood their responsibilities to raise concerns and report them.

Good 

Is the service effective?

This service was effective.

People's needs and choices were assessed holistically to ensure their support achieved effective outcomes.

Staff were provided with on-going training, support and supervision to ensure they always delivered good care.

People supported to maintain a balanced diet and adequate hydration.

The service had good working relationships with other professionals to ensure that people received consistent, timely and co-ordinated care. People were supported to maintain good health and attend health appointments.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

Good 

Is the service caring?

This service was very caring.

The staff cared deeply for the people they provided care for. They were kind, caring and compassionate and often went the extra mile to improve people's quality of life.

Staff had an excellent understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

People were actively encouraged to make choices about how they lived their lives and the focus was on promoting independence and wellbeing.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

Is the service responsive?

This service was responsive.

Staff provided individualised care to people who clearly improved their quality of life and wellbeing.

People's individual care needs and preferences had been assessed and were being met whilst encouraging new opportunities and promoting independence.

People could be confident complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

The staff team had received training on end of life/palliative care and people and their families were properly supported when coming to the end of their life.

Good **Is the service well-led?**

This service was well-led

People benefitted from a person centred service which actively sought their views and promoted individual well-being, inclusion and openness.

The vision and values of the service were consistently demonstrated by staff.

Good leadership was demonstrated and staff told us the provider

Good 

and registered manager were supportive and approachable.

There was a range of quality audit systems in place to measure the quality and care delivered.

Daisychain Homecare Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This first comprehensive inspection of Daisychain Homecare Services took place on 23, 24 and 27 November 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

On the first day of our inspection we visited the office to look at records and talk with the registered manager and office support staff. On the 24 and 27 November we undertook telephone calls to 19 people using the service and 12 relatives. In addition we spoke with the provider and registered manager, the office manager, a NVQ assessor and six care and support staff.

We looked at the care records for nine people who used the service and two medication records. We also examined other records relating to the management and running of the service. These included seven staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook,

quality assurance audits and complaints records.

Is the service safe?

Our findings

People told us they felt safe when staff were in their home. One person said, "Yes the carers are lovely and I do feel safe with them." A second person told us, "They [meaning staff] watch me when I'm walking to make sure I'm safe at all times." Relatives we spoke with also told us they felt their family members were safe with staff. One relative commented, "I'm so confident that [name of relative] is safe I have stopped worrying. They would do anything to make sure [name of relative] is safe."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I would definitely raise any concerns I had, no matter who they were about." Records confirmed that staff had been provided with safeguarding training. The provider had a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered manager was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "They let me take small risks so I can improve. They keep a close eye on me. I'm so much better now than when I came out of hospital." A relative informed us, "[Name of relative] is very unsteady on their feet. I know the girls take extra care when [name of relative] is walking."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis to ensure the care being provided was still appropriate for each person. A member of staff described one person's risk assessment and told us why it was in place. They said, "[Name of person] is at risk of falls. We make sure we follow their falls risk assessment and as they improve we continually review this. ." We saw that staff had received regular training in moving and handling and fall prevention. This meant that staff knowledge was up to date and followed the most recent best practice guidance to keep people safe.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "I've never had a problem. My carers always turn up without fail. Very reliable." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One commented, "I don't have to worry that they [meaning staff] won't turn up. They are very punctual and are always there when they say they will be."

Staff confirmed the staffing numbers were adequate; and enabled them to support people safely. One staff member said, "I think the staffing is very good. We do have time to do our jobs and a little extra time to always talk to people." Staff told us that they were supported to extend the duration of calls if people required additional support or time to ensure they weren't rushed or placed at risk. The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met." We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had to wait quite a while before I could start. I was told this was because they had to wait for all my checks to come through." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show staff were suitable to work with vulnerable people.

Systems were in place to manage people's medicines safely. People told us they received their medicines when they expected them. One person said, "I get my medicines like clockwork." Another told us, "I get my tablets at the same time every day." Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "I had the medication training which was very good. I feel competent to give people their medicines."

Records confirmed staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw medication administration records (MAR) were completed accurately after each person had received their medicine. Regular auditing of medicines were carried out to ensure any errors could be rectified and dealt with in a timely manner.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. There was guidance and policies that were accessible to staff about Infection Control. In addition staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. There were systems in place for staff to report incidents and accidents and we saw these had been recorded and reported accurately. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team through team meetings and supervisions if required. The service reviewed and audited any issues were communicated with the staff team to ensure lessons were learnt and improvements made.

Is the service effective?

Our findings

People's care was assessed holistically to ensure their needs could be met effectively. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. The provider told us it was their role to complete the initial assessment for people before a care package was offered and said they always tried to involve family members and care managers, if appropriate. Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals the provider would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are very good, they have helped me to get my confidence back." Another person told us, "Brilliant. The staff just know what to do to help you." A relative commented that their family member had numerous healthcare needs and said, "I have been very impressed with the staff and feel confident that [name of relative] is in good hands. It has helped to make my life easier."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "The induction was very good but it doesn't stop there. We get lots of regular training as well. It's on-going all the time." Training records confirmed staff had received an induction and regular on-going training that was appropriate to their roles and the people they were supporting.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We get lots of support and there is always someone available to talk to." The registered manager confirmed each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

People were supported by staff to have sufficient food and drink when they carried out a mealtime call. They knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "They always ask me what I want and will go out of their way to make what I fancy. They always leave plenty of snacks and drinks before they go as well." Another explained, "They do really try to give me the food I like. They know what I prefer and are always willing to make it."

Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. One staff told us, "If I saw that someone was not eating their meals I would talk to them and their family and report it to the office. It might be that there is something wrong and they need to see the doctor." The care records for one person showed they had been referred to their GP because of a loss of appetite. Within the care plans we saw there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

The service worked and communicated with other agencies and staff to enable consistent and person centred care. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. For example, we saw one person had been referred for a continence assessment and on the morning of our visit an urgent situation had arisen where one person required a specific piece of equipment. The organisation had liaised with the relevant agency who agreed to provide the equipment on the same day to allow that person to stay in their home. We also saw the provider worked with funding authorities and safeguarding teams around any safeguarding alerts and concerns.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "I have had help from my carers to arrange for the doctor to come and see me." A relative told us, "If [name of relative] does not appear their usual self, they will contact me straight away. I will usually call the doctor but they have done it before and I'm really grateful for that." Staff told us if there was deterioration to a person's health they would seek their permission to report it to the registered manager or a relative and if needed, they would contact the GP or health care professional for support or advice. Records contained information about people's medical history and current health needs and their health needs were frequently monitored and discussed with them.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The registered manager had a good understanding of the principles of the MCA and when to make an application. The staff team explained they always sought people's consent before providing any care or support and people agreed with what staff told us. One person told us, "They always check how I'm feeling first, and then they tell me what they would like to do and is that okay with me?" A member of staff commented, "A staff member explained, "I always ask before I do anything, it is important to get people's consent."

Is the service caring?

Our findings

The service had a very positive, caring and compassionate culture which people, relatives and staff supported and promoted. People told us they were consistently well supported and well cared for. One person said, "My carers are excellent. They do extra things for me without having to ask. They help me so much I can't be more thankful." Another told us, "I never thought I would be happy with different people coming into my home but they have become like family and I look forward to their visits." A relative commented, "With our previous agency I used to have to stand over them and make sure they did the job properly. Now, I am so amazed at how good they are. I have peace of mind and life is getting back to normal for us as a family."

All of the relatives we spoke with told us they trusted the staff and the service in general with the care of their loved ones. They commented that their family members had made significant progress whilst being supported by the service and their lives, as well as their family member's lives, had been transformed. One relative told us, "I don't live close, but I have complete trust in the carers. They have gone above and beyond my expectations and I feel I can relax more."

We saw compliments received from relatives whose family members had used the service. One read, "Thank you so much for the amazing, caring and supportive services you provided whilst [name of relative] was ill. We couldn't have kept them at home until the end without your help and support. I have nothing but admiration for you all." Another compliment was, "You brought so much kindness and laughter into [name of relative] final years and you certainly helped me to be able to keep them at home. They always said it was due to their illness that they met so many lovely people to look after them."

Staff were passionate about their jobs and reflected pride in their work. They talked about people in a way that demonstrated how they were fully committed to supporting people in any way they could. One member of staff said, "My job is to make sure I help people have the best life they can. If I can make just a little difference to a person's life then I am happy. Pure job satisfaction." We saw that one person who lived alone would not leave the house on their own as they didn't feel safe. The person had built up trust with one particular staff member who, in their own time, started to take the person out each week for a meal, to a local pub/restaurant or shopping. This resulted in the person gaining confidence and becoming happy to try new experiences which had improved their quality of life.

There was a very strong person-centred culture and staff understood people were at the heart of the service. This was because the provider and registered manager promoted a consistently caring culture based on a range of clear policies and procedures they had in place. We saw numerous incidents where staff went over and above their roles. For example, one person receiving a service had no close family. Their friend and neighbour passed away very suddenly and they were very worried they would be unable to attend the funeral. After talking with the person, the company director arranged to take them to the funeral themselves so they could say goodbye to their friend which they found very comforting. Another example was when one person's health began to deteriorate and they had to go into hospital. This person had a dog and four staff members went out in their own time to make sure the dog was well fed and had water. They also cleaned

the home of the person to ensure it was hygienic and safe to return to.

Staff were kind and compassionate in their approach to the people they cared for. We were informed about one person who lived alone and had a special birthday. A staff member visited them on the morning of their birthday and spent the morning with them, on their day off, until their family arrived in the afternoon. They said they did this because they didn't want the person to be alone on their birthday. The member of staff went out of their way and paid for flowers and a birthday cake for the person.

Staff were keen to tell us about the people they cared for and we were informed about how a team of staff had rallied round to improve the living conditions for one person. The person used to sleep on a mattress with just a quilt and an electric heater to keep them warm. After a couple of weeks, the person had started to gain the trust of a few select staff members. Staff found there was a mouse infestation, so the staff formed a group and with the help of the person's advocate arranged for the pest control to visit and supported the person with a house clearance. The service liaised with other professionals to get the relevant equipment delivered so that the sleeping arrangements were more comfortable and safe. The service also purchased some white goods items so that food could be stored to meet food safety standards. Due to the staff's caring actions they had improved the quality of life and personal safety of the person.

Staff understood the importance of promoting equality and diversity. Through our discussions with people we noted arrangements had been made to meet their personal wishes and diverse needs. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support. For example, one person explained how they had lost confidence to go out to new places. With the help and support of the staff they had been out and experienced new situations and gained confidence. They told us how their self-esteem had increased greatly through the care they had received saying, "Some days I wouldn't see anybody or go out. Now I have fantastic support and my life has changed for the better. I'm like a different person. They [meaning staff] have given me a new life."

People said staff supported them to make their own decisions about their daily lives. One person told us, "The staff are willing to do absolutely anything I ask. I have a certain routine and like to do things my way. The staff respect that. It makes me feel that I have some control over my life still."

People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service could provide people with information about advocacy services if they needed support to make decisions or if they thought they were being discriminated against under the Equality Act.

Staff understood how to support people with dignity and they respected them. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "They always knock on my front door, and no-one ever just walks in." A relative told us they were confident that the staff promoted their relative's dignity and privacy. They said, "I have to say ten out of ten for how they treat [name of relative]. They are very respectful and she feels totally at ease in their company. There is no embarrassment or anything like that."

Staff gave examples of how they made sure they maintained people's privacy when supporting them with personal care. One member of staff told us, "Respect is about treating people how you want to be treated. It's everything from making sure you protect people's modesty, to using their preferred name, to respecting their preferred lifestyle."

The registered manager confirmed staff's care practices were regularly observed to ensure that they were

upholding people's privacy and dignity. This was done through on task supervision where staff were observed providing care to people. This is only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We all know about confidentiality and what can be discussed with whom." Information about people was shared on a need to know basis and with their agreement. Records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People consistently told us they received good quality care that met their needs. One person told us, "If it wasn't for the carers I don't know where I would be now. Thanks to them I have been able to stay in my own home which is the most important thing to me." A relative commented, "I was really worried that [name of relative] just wouldn't cope when they came out of hospital. I didn't need to worry. They have worked miracles and phone calls from [name of relative] have reduced so much I know it's because they don't need as much help now. It's all been down to the staff. The best service we could have hoped for."

There were numerous, creative and supportive approaches to enabling and empowering people to meet their needs. Staff told us instead of doing things for people, such as helping them get up and dressed, they supported people to re-learn new skills and encouraged them to do as much as possible for themselves. One member of staff told us, "Sometimes it's just about standing back and giving encouragement, or showing someone a new way of doing something because they have lost that skill."

The registered manager told us prior to receiving a care package people's needs were assessed. Information from the needs assessment was used to inform the care plan. We found that care plans were written with a person centred approach, were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. When there was a change to a person's needs the care plan was updated to reflect the change. We saw that people's entire care package was reviewed annually with them and their representatives to ensure the care they received was still relevant to their identified needs. Staff were made aware of any changes to ensure people received the relevant care and support.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they could provide literature in easy read format if it was required.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I don't have anything to complain about but I would feel very comfortable talking to someone if I wasn't happy." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome. For example, we found one person had complained about the attitude of a specific staff member. The action following the complaint was that the staff member was not sent to the person again and received further support with supervision and training. Complaints were reviewed with each person. For example, people were asked how they felt the complaint was handled, were they offered management input and did they feel the service had improved? This demonstrated that the provider listened and responded to complaints and used them to improve the quality of care.

The staff team had received training on end of life and palliative care and a policy was in place to help them support people appropriately. A staff member told us they had recently been supporting a person at the end of their life. They told us the management team had been very supportive. They told us, "You know there is always someone at the end of the phone if you need them. It was a difficult time but the family were so pleased they had been able to stay at home. I felt well prepared for it and I think altogether it was a positive and dignified experience."

Is the service well-led?

Our findings

People were very positive about the care they received. One said, "Me and my family agree it's the best care you could get. All care services should be like this one." Another person commented, "Top notch. You couldn't get better." A relative told us, "I'm very impressed. The best care so far. We have had peace of mind and [name of relative] has the right care they need."

People told us they felt that they were included and valued and they received the care and support they needed to help them live as independently as possible. One person said, "I wasn't very well when I came out of hospital. Now I'm so much better." Another person commented, "I think the service is second to none. It's well managed; [name of provider] is always available to talk with and has been really supportive." Many people complemented the registered provider for their kindness and support.

People talked to us about how staff included them in all decisions about their care and were always asking if they wanted anything done differently or if their care could be improved in any way. Relatives echoed these sentiments and praised how well staff cared for their family member. One relative told us, "It's all the special things that the staff do that really make a difference, such as picking up some milk on the way here because they know [name of relative] has run out."

Staff told us the management team ensured that the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us that the registered manager and provider were approachable and supportive and acted on suggestions made. Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is very open and always around if you want to talk with her. We are encouraged to be open and talk about things." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Staff told us that they felt valued and respected by the management team. One staff member said, "They [meaning the management team] treat us with respect and listen to what we have to say." We saw that regular staff meetings were held and staff were able to exchange information and share best practice ideas. This was to make them aware of any new initiatives or changes that were taking place in the service.

We found there were systems in place to check the quality of the care provided. Quality audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made. For example we saw that following an audit of a person care plan it became apparent that they were overdue for a review of their care. Records showed this had been arranged and completed shortly afterwards.

People were regularly asked to comment on the quality of their care. This was undertaken by satisfaction surveys and when staff received spot checks of their work. This was where they were observed working with a person and covered areas such as dignity, food hygiene, medication and infection control. Feedback was

gained from both the staff member and the person receiving care. One staff member told us, "I recently had a spot check. You don't know they [meaning senior staff] are coming. I thought it was really useful and I was shown a different way to support one person to be seated comfortably. This was better for them and me."

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.