Touch of Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 15 March 2017 and was announced.

Touch of care is a domiciliary care service providing support to people living in their own homes who are in receipt of the regulated activity of personal care. The service supports older people and people who are living with dementia or other conditions, to enable them to continue living in their own homes. Some people privately funded their care whilst others had their care funded by the local authority. The service is based in Worthing, West Sussex. .

The service is owned by a provider who is also the 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 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse as they were cared for by staff that had received training in safeguarding adults at risk and knew what to do if there were concerns over peoples' safety. There were sufficient staff to meet peoples' needs. There was a small staff team of nine, including the registered manager, who worked hard to ensure peoples' visits were covered and no calls were missed.

The registered manager had a good oversight of the systems and processes that were in place and had identified areas in need of improvement. However, there was a lack of formal quality assurance processes and those that were conducted were not documented. The registered manager had recognised this and had taken measures to improve this.

Records were not always completed sufficiently and care plans had not always been updated to reflect peoples' current needs. It was clear that the registered manager and staff had a good awareness of peoples' needs, however these had not been documented. This had been recognised and new records had been devised to improve the detail included within records.

People told us that they felt safe. Comments included, "I feel totally safe because they are such a good band of carers and they put me at ease" and "I feel safe as the carers are very nice ladies and do what I want them to do". Risk assessments had been undertaken, they considered peoples' physical and cognitive needs as well as hazards in the environment and provided guidance to staff in relation to how to support people safely. There were low incidences of accidents and incidents, those that had occurred had been recorded and were used to inform practice. People received their medicines on time, they were administered by staff that had undertaken relevant training and who had their competence assessed. People had access to relevant health professionals to maintain good health. People were supported with their hydration and nutrition and were offered support according to their needs and preferences.

Staff had undertaken training which the registered manager considered essential. People felt that the staff

were well trained and felt confident that they had the right skills to meet their needs. One person told us, "Yes, the carers are always skilled and most helpful". Another person told us, "I know the owner has 18 years' experience and on the whole carers are trained". People told us they were asked for their consent before being supported. For example, when being supported with their personal hygiene or to take medicine. The registered manager and staff understood that people should be supported to make their own decisions. People were involved in their care and decisions that related to this. People were asked their preferences when they first joined the service and these were respected and accommodated. Reviews ensured that peoples' care was current and appropriate for their needs.

There was a warm and friendly atmosphere within the service. People were complementary about the leadership and management. One member of staff told us, "She is so supportive. I get a lot of advice, she is a pretty good manager, and I can't fault her". People told us that staff respected their privacy ad dignity and that they were kind and caring. Comments included, "The carers are nice to talk to and kind" and "They chat and we have a laugh".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to meet peoples' needs.

There were effective systems in place to ensure that people were cared for by staff that were suitable to work in the sector. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Risks to peoples' safety were assessed and appropriate action taken to ensure their safety. Staff ensured that they supported people in a way that maintained infection control. People received their medicines on time, these were dispensed by staff that had undertaken relevant training and whose competence was assessed.

Is the service effective?

Good

The service was effective.

People were involved in day-to-day decisions that affected their care. The registered manager had a good understanding of the legal requirements in relation to gaining consent for people who lacked capacity, however, as yet, had not had to implement this for the people that used the service.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People who required support with their nutrition were able to choose what they had to eat and drink and were provided with support according to their needs.

Is the service caring?

Good

The service was caring.

People and relatives consistently commented on the kindness and caring nature of staff. People were actively involved in the

care that was provided to them. Staff had an awareness of peoples' individual needs and independence was encouraged.

Peoples' privacy and dignity were promoted and maintained.

There was consistent feedback regarding the respectful nature of staff.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was centred on them. Changes in peoples' needs were recognised and appropriate actions taken.

People were supported by staff to maintain their individuality and to participate and engage in pass times to reduce the risk of social isolation.

Feedback from people and their relatives was welcomed and encouraged. People felt that their views and opinions were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance checks were carried out by the registered manager, who was working towards formalising the process to ensure that the checks were documented. The registered manager monitored practice to ensure the delivery of high quality care and to drive improvement.

Records were not always completed in a timely manner to document peoples' current needs.

People and staff were positive about the management and culture of the service. People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the service and the delivery of the care they received.

Touch of Care Limited

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 the 15 March 2017 and was announced. This meant that the registered manager and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people, two relatives and four members of staff. Prior to the inspection we contacted a healthcare professional who has close links with the service. We reviewed a range of records about peoples' care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspection in January 2016 and received a rating of requires improvement.

Good

Is the service safe?

Our findings

At the previous inspection on 28 January 2016, there were concerns with regard to the lack of risk assessments to ensure peoples' safety when being supported by staff, missing signatures in medicine records to confirm people had received their medicines and a lack of formal recording when accidents and incidents had occurred. At this inspection it was evident that improvements had been made.

The National Institute for Health and Care Excellence (NICE) Guidance for home care: delivering personal care and practical support to older people living in their own homes, state that visit times should allow home care workers enough time to talk to the person and their carer. That there should be sufficient travel time between appointments and ensure that the worker has enough time to do their job without being rushed or compromising the dignity or wellbeing of the person who uses the service. The registered manager had worked in accordance with this guidance. Records showed that the registered manager had liaised with people and the local authority, who in some cases funded peoples' care, to ensure people received appropriate length of calls to meet their needs. Travel time was taken into consideration as well as the geographical area that people lived in when allocating work to staff. There was a small staff team of nine, which included the registered manager, who provided care to 26 people. The staff team worked hard to ensure peoples' calls were covered and there had been no missed calls. Although people told us that they were happy with the care they received and that staff were responsive to their needs, there were mixed responses with regard to staff spending sufficient time with people. Some people told us that staff spent the appropriate length of time with them, however other people told us that staff were sometimes rushed and did not always spend the allocated time with them. Comments included, "They don't always stay for the right amount of time, they can be rushed, they're usually done in a quarter of an hour and it is a rush, it would be nice if they could take a little more time over things", "They can't spend any time with you, they ask you to sign to say they have been, but they have not given me what I hoped for" and "One particular carer seems to have a tremendous number of calls, they can be rushed. No time to mess about, the pressure is on". There were suitable mechanisms in place to ensure that there were sufficient staff. People's comments were fed back to the registered manager to enable them to look into the matter further.

At the previous inspection there were concerns with regard to the lack of risk assessments that assured peoples' safety when being supported by staff. At this inspection staff records showed that appropriate checks had been undertaken to ensure people were supported by staff that were deemed safe to work within the health and social care sector. Staffs' employment history and references from previous employers were gained. Appropriate checks with the Disclosure and Barring Service (DBS) were also undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. This ensured that people were protected against the risk of unsuitable staff being recruited. When asked if they felt safe when being supported by staff, one person told us, "Never had any reason to doubt the carers' honesty".

At the previous inspection there were concerns with regard to missing signatures within peoples' medicine records, this caused concern as it was unclear if people had received their medicines or if staff had given the medicines and had failed to sign the records to confirm this. At this inspection there were no missing

signatures in peoples' medication records. People confirmed that they received their medicines on time and that they were happy with the support that they were provided with. One person told us, "The carers get a jug of water and glass for me and usually check whether I have taken my medication". Another person told us, "The carers help me to wash my back and legs and between us we cream my body. All the carers know what they are doing and are very good. They record this on the MAR sheet". A medicine administration record (MAR) is a form used to record the medication that is prescribed to people and should be completed after medicine is administered. The management team monitored the administration of medicines during regular observations of staffs' practice and MARs were also regularly collected and analysed to identify if there were any errors or areas of concern. People received support with their medicines according to their needs and preferences. Staff received training in medicine administration and had their competency assessed before being able to administer medicines on their own. The registered manager had demonstrated good practice as some people, who were able, were encouraged to self-administer their own medicines.

At the previous inspection accidents and incidents that had occurred had been recorded in peoples' daily care notes. This meant that records lacked detail with regards to the factors leading to the accident, how the accident occurred and what action was taken in response to the accident. There was also a risk, that by recording the accident and incident in such a way, that they would be lost in the main body of records. At this inspection it was apparent that the registered manager had taken action to ensure that the recording of accidents and incidents had improved. There had been one accident since the previous inspection, this had been recorded on an accident form and provided clear information with regard to the accident and what action had been taken in response.

People and relatives told us that people received a good service that made them feel safe. Comments included, "I feel totally safe because they are such a good band of carers and they put me at ease", "I feel safe as the carers are very nice ladies and do what I want them to do" and "We feel safe, I have confidence in them". Peoples' safety was maintained through the completion of risk assessments and the knowledge of staff. Records showed that risk assessments had been completed when people first joined the service and their care plan reviewed if there were any changes in their needs. Risk assessments recognised risks in the environment to both people and staff. There were mechanisms in place to ensure staffs' safety. For example, the registered manager had a lone working policy and staff were encouraged to maintain regular contact with one another through the use of mobile phones, to ensure their safety. Risk assessments in relation to peoples' individual needs were in place and there were plans to improve these to provide further detail. Records showed that staff were reminded to ensure that people were wearing their emergency lifeline pendants before leaving the calls.

People told us that staff maintained infection control when supporting them. One person told us, "They put gloves on, help me wash myself and my hair. They do this in a hygienic way". Another person told us, "The carers wear gloves and aprons. They are very good and work in a clean way". Measures to ensure staffs' competence and to check that staff worked in a way that minimised the risk of cross contamination were in place. Records showed that spot checks had been undertaken, by the registered manager, to ensure that staff were wearing their uniforms and disposable gloves. Staff confirmed that they were regularly observed by the registered manager, who sometimes worked alongside them undertaking care calls themselves.

People were supported by staff that had undertaken safeguarding adults at risk training which was updated regularly. Staff were aware of the signs and symptoms of abuse and how to report their concerns using the providers' policies and procedures. One member of staff told us, "I'd go to the registered manager or CQC". Staff told us that the management team operated an 'open door' policy and that they felt able to share any concerns they had in confidence.

Good

Is the service effective?

Our findings

At the previous inspection on 28 January 2016, there were concerns with regard to the lack of records to confirm that staff meetings had taken place and a lack of face-to-face training for staff. At this inspection it was evident that improvements had been made.

There was effective communication between the staff team. Records showed that staff meetings had taken place. The registered manager ensured that staff were kept up-to-date and provided with information about peoples' changing needs, as well as the running of the service to inform changes to their practice. Staff had regular communication with the registered manager and told us that they could contact the registered manager if they had any concerns or queries and our observations confirmed this. Records showed that regular telephone calls and texts were sent to staff to remind them of tasks to complete or to update them on peoples' needs and conditions.

People told us that they were cared for by competent, skilled and experienced staff. That they had regular carers, who they knew and who knew their needs well and that the service they received was effective. Comments from people included, "Yes, the carers are always skilled and most helpful" and "The way they do things, shows they are trained. Staff had access to learning and development opportunities to ensure that they were able to deliver care that was consistent with the registered managers' aims and vision for the service. New members of staff had completed training which the registered manager had considered essential before they started work, such as safeguarding adults and safe handling of medicines. The registered manager had introduced the care certificate and had arranged for a dedicated trainer to support staff, both new and existing, to complete this to ensure that all staff were working to the required standard; however, this had not yet been implemented. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff told us that they were happy with the training and development that was offered and told us about their experience of undertaking the induction process, one member of staff told us, "I had lots of training and was well-supported at induction". Another member of staff told us, "The manager explained what I needed to do and I went out with her before I started on my own. I also completed on-line courses and had to do some written questions". New staff were able to work alongside more experienced staff before then started to work alone. This was confirmed by a person who told us, "Some of them haven't been skilled when they start, quite a few of them are taking courses in care, and one is doing training on her own initiative, all have to be of a certain standard. Occasionally experienced carers have brought a new carer with them to see how things are done".

People were cared for by staff that had undertaken training which the registered manager felt essential. Although a majority of training was still provided via e-learning, which meant that staff undertook courses over the internet. A face-to-face training session had been provided to ensure staffs' understanding of a certain topic. There were plans in place to introduce training, in the form of written workbooks, which would provide training that was more specific to the needs of the people that they were supporting, such as diabetes awareness and catheter care. The registered manager had taken measures to ensure that staff were provided with sufficient guidance to enable them to support people effectively before they undertook

this additional, specific training. The registered manager had worked within the health and social care sector for many years and worked alongside staff to share their knowledge and practice. The registered manager had ensured that their skills and knowledge were up-to-date and current by completing the training that was available to staff as well as undertaking a 'Train the Trainer' course to enable them to deliver training to staff in relation to safe moving and positioning techniques. Regular observations were conducted so that the registered manager could monitor staffs' competence and interaction with people. Supervision meetings were conducted to review staffs' performance and identify further areas of learning and development. Staff told us that they were supported well within their roles. Some staff had also completed diplomas in health and social care.

People told us that they had access to relevant healthcare professionals to ensure their health and well-being. Records showed that staff had contacted peoples' GP or their relatives if there were concerns about a person's well-being. People told us that they were confident in the abilities of staff to be able to recognise when they were not well and contact healthcare professionals if required. Comments included, "I had only been home from hospital for a few days and I had a chest infection. The carer said you need to see a doctor and they called the doctor. The doctor came out, I was happy with how the carer dealt with this", "One carer came in to wash me, they saw I had a few spots, I hadn't noticed them. They called the doctor to check this and I thought this was good", "The carers have phoned the chemist to check my medicine is coming" and "Yesterday a carer came in and immediately said 'what is wrong?' They knew I was not well, the next day they came in and knew I was better. They know me well". People, who required assistance with their communication, were provided with appropriate support. Records provided guidance to staff with regard to how to support people effectively. Records for one person stated, 'Hears clearly and speaks clearly. Their sight is fine but sometimes needs glasses to read'.

Records showed that people who required support to maintain their nutrition and hydration received appropriate support according to their needs. For example, records for one person advised staff to remind the person to drink regularly. People told us that they were happy with the support that the received with regard to meal preparation. Comments included, "They help with my breakfast and evening meal and they do this well, it is nice and hot" and "The carers prepare breakfast for me they wear gloves all the time and do this well. I complimented the carer on how she arranged the sandwiches; they stacked them like they do in a restaurant. The carer said 'We try to make everything nice for everyone".

People told us that they were asked for their consent and were involved in day-to-day decisions that affected their care. One person told us, "They always ask me if it is okay to do certain things and if they have done it in the right way". A relative told us, "They say to them what they are going to do before they do it. So they know what is happening". The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the registered manager was working within the principles of the MCA. No people lacked capacity and all people were involved in decisions that affected their care. Staff had undertaken training in relation to the MCA and told us of the importance of involving people, and those that were involved in their care, if appropriate, in decisions that affected their care.

Good

Is the service caring?

Our findings

People and relatives told us that people were supported by kind, caring and compassionate staff. People were happy with the care they received and consistently told us that staff were kind and caring. Comments included, "I have a team of regular carers who meet my needs", "The carers are nice to talk to and kind" and "They chat and we have a laugh"

The service was small and friendly and it was evident that a caring attitude was at the core of the service provided and that this was cascaded to staff and people using the service. New members of staff or staff that had not supported a person before were formally introduced to people by familiar members of staff, before being allocated to support them. This demonstrated respect for people, enabling them to meet staff before they provided support to them. People told us that members of staff were rarely late for their visits. One person told us, "If they are late they will let me know, traffic can be a problem". A relative told us, "On time yes, most times they stay for the right amount of time". When staff were running late people received a telephone call advising them of the reasons for this and of the time to expect the member of staff to arrive. This demonstrated respect for peoples' time and acknowledged the anxieties and disruption that a late call might create for people.

People told us that they were happy with the caring approach of staff. People and relatives were able to express their needs and wishes and were fully involved in peoples' care. Records showed that meetings with the person and their relative, if appropriate, took place and provided an opportunity for people to comment on the care they received and suggest areas that they wanted changed. For people who were unable to express their wishes, referrals to advocacy services could be made to enable them to access additional support to express their needs and wishes. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' differences were respected and support was adapted to meet their needs. People used the service for various reasons, some requiring minimal support, receiving a visit twice per week whereas others had several calls each day. Some people had their care funded by the local authority, whereas others privately funded their care. Records showed that people were treated fairly and that the support provided to people, regardless of how their care had been funded, was person-centred and enabled them to receive the type of support they chose. Diversity with regard to peoples' religion was also respected as records advised staff of peoples' religion.

Peoples' privacy and dignity was respected. People consistently told us how staff maintained their privacy and dignity. Comments included, "Yes with dignity they are quite careful about that", "The carers respect my privacy, I dress in my bathroom and if I forget an item of clothes I am happy to let them help as I know them well enough now" and "The carers treat me with respect, they are always very pleasant and helpful". Observations of interactions between staff, handing over information about people, further demonstrated that staff had a respectful attitude and people were treated in a dignified way. Confidentiality was promoted and records were stored in locked cabinets within the office. People confirmed that staff respected peoples'

privacy and that other peoples' needs were never discussed in front of them. One person told us, "I don't hear about other clients, from the carers".

People were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. Comments from people included, "Yes they say they are there to help me and where possible allow me to do things for myself", "I used to leave my washing up for the carers to do and now I wash up myself. They encourage me to do this" and "They are helping me to be independent by helping me with my exercises, they do it with me".

Good

Is the service responsive?

Our findings

People and relatives told us that people received a service that was responsive to their needs and that if they needed assistance this was provided. One person told us, "They try to address anything I have asked for very quickly". A relative told us, "I have to make changes to when I visit. We chop and change and the manager always fits us in, she's very good".

Records showed and people and relatives confirmed that peoples' care was person-centred and specific to them. People told us that when they first joined the service their needs and preferences were discussed and respected. Records showed that most people had an initial assessment of their needs and this was used to devise the person's individual plan of care. The assessment was enabling and person-centred, encouraging the person to discuss their preferences and identify areas that were important to them. It recognised the skills and abilities that people had, whilst also identifying aspects of peoples' lives that they required further support with. Peoples' needs were assessed holistically. Peoples' emotional, social and physical needs were taken into consideration and risk assessments had been completed to ensure that people were supported in a safe manner. Care records provided pertinent information that provided staff with guidance as to how the person liked to be supported. The registered manager was in the process of introducing other forms of documentation to improve the records even further.

Peoples' needs were reviewed and support was adapted in response to peoples' changing needs. Records showed that people were involved in reviews to ensure they were happy with the care being delivered. Peoples' support requirements were monitored on a daily basis. Records showed staff passing on information to one another about any changes in the person's needs or condition. There were also regular texts sent to all staff if they needed to be alerted to any changes in peoples' condition.

People were able to choose, as much as possible, what times they had their visits and if appropriate, which members of staff visited them. People were complimentary about the flexibility and responsiveness of staff. The registered manager had a complaints policy which was provided to people when they first joined the service. There had been no formal complaints since the previous inspection. People told us that they were happy with the service they received and could contact the registered manager if they had any questions or concerns. Comments from people included, "The lady who runs the service is very good you can always speak to her on the phone, she is very approachable", "I have talked to the manager as I had one call before 8 am. I rang her to make sure I didn't have calls before 8am. Since then they have done what I wanted. I am happy with how this was dealt with and if I need an early call they usually organise this for me" and "I raised an issue, as the carer didn't set up my catheter properly and this was raised with the manager. The next day it was resolved, the manager took control straight away and sorted it out".

Although most people used the service to access support with their physical needs, peoples' social needs were taken into consideration to reduce the risk of social isolation. The provider and staff ensured that, even when this type of support was not included in their care package, people had access to the community. A relative told us, "They are very good I ring and ask them if they can take her for a walk, if I can't' get there". Another relative told us, "They will take them out for a walk and coffee. They took them to the museum, the

carers gave this quite a lot of thought".

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection on 28 January 2016, there were concerns with regard to the lack of recording of staff meetings as well as the lack of quality assurance processes and audits that took place to enable the registered manager to have oversight of the service to ensure it was providing an effective service that met peoples' needs. At this inspection it was evident that improvements had been made, staff meetings that had occurred had been recorded and the registered manager had a good knowledge of the systems and processes that were in place to ensure that people received a service they had a right to expect. However, we found an area of practice that required further improvement.

The service was owned by a provider who was also the registered manager. As well as managing the service the registered manager continued to provide care to people. It was evident that the registered manager was fully involved in the operation of the service. Observations demonstrated that the registered manager had an awareness of peoples' needs and told us that their main concern and priority was to ensure that people received their care calls and that their needs were met. This was echoed within one person's comment, who told us, "They are doing what they should be doing, offering a caring service".

It was apparent that the registered manager had oversight of the systems and processes in place. Visual checks of the records had been conducted and the registered manager had identified, within the records, improvements that needed to be made. For example, the registered manager had identified that a member of staff had not completed all of the updated training that the registered manager had deemed essential and had taken measures to ensure that the member of staff completed the training in a timely manner. The registered manager had also identified that a member of staff had not provided them with their updated car insurance to assure the registered manager that when using their own car for the purposes of work, the member of staff was fully insured. The registered manager was yet to implement any formal, documented audits of peoples' care plans or medication records to ensure that these were up-to-date and met peoples' current needs. Although these checks were not yet recorded, the registered manager had oversight of the systems and processes to ensure that they were working effectively and was working towards documenting the checks undertaken.

Records had not always been completed or reviewed and amended in a timely manner and did not always contain sufficient detail. The registered manager had recognised this and had started to take measures to ensure their improvement. There had been some changes in the staff team and the registered manager told us that this had impacted on their ability to keep fully up-to-date with the records. People who had started to use the service did not always have a formal care plan in place. The registered manager told us that people who were new to the service, who had transferred from the intermediate care team (ICT) had a plan of care, devised by the ICT team that was followed by members of staff. They recognised that a formal reassessment of peoples' needs needed to take place and were working to ensure that all people, who were new to the service, had a care plan in place. However, it was evident that the registered manager and staff knew peoples' needs, abilities and preferences. This was echoed within a person's comment, they told us, "In the first week the manager came in the morning and I got to know her and feel I can go straight to her if there was a problem". Records for other people showed that reviews of their care had not taken place as

frequently as the providers' policy required; however, the registered manager was in contact with people when providing care and was in communication with them over the telephone to ensure their care needs were being met. The registered manager had prioritised and had ensured that peoples' needs were met, and had an action plan to ensure that records of peoples' care were updated and in place.

The registered manager kept their knowledge and skills up to date by undertaking training which they considered essential and through their membership with the United Kingdom Homecare Association (UKHCA). The UKHCA promote high quality, sustainable care services so that people can continue to live at home and in their local community". They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. People, staff and relatives were complimentary about the leadership and management of the service. Comments from people included, "The lady who runs the service is very good and you can always speak to her on the phone, she is very approachable" and "I think the manager manages the whole team very well". Staff were equally as positive about the management. One member of staff told us, "She is so supportive. I get a lot of advice, she is a pretty good manager, and I can't fault her".

The registered manager told us that they wanted to provide a service to a small number of people and do it well. It was evident that this was at the core of the service provided. When people and relatives were asked what the service did well, a relative told us, "They are very happy and a nice friendly, small company". When staff were asked the same question, comments included, "We're very caring and we do look after our clients and make sure everything is done as to the best of our abilities" and "I feel like we are a little family, we work from deep in our hearts and we do it like we would do for our own. The manager treats the clients like her own parents and she is caring about us too".

It was evident that this was embedded in the culture of the organisation, through the attitudes of staff and in the delivery of care. The office had a friendly and welcoming atmosphere. Staff were welcomed and took time to spend with the registered manager. Observations of telephone conversations demonstrated that it was apparent that this warm and friendly approach also extended to the people who used the service. People were involved in their care. There were annual quality assurance surveys sent to people and people were able to contact the registered manager and discuss their care needs and make their opinions known. Staff told us that they were treated with respect and that their suggestions and input was valued. Staff told us that when they raised concerns and issues that these were dealt with effectively and promptly.